

ESTATE/TRUST CLIENT INFORMATION SHEET

DATE IN _____

ESTATE/TRUST INFORMATION

ESTATE/TRUST NAME _____

FEIN NUMBER _____

DECEDENTS NAME _____

PHYSICAL ADDRESS _____

DECEDENTS SOCIAL SECURITY # _____

DECEDENTS DATE OF BIRTH _____

MAILING ADDRESS _____

DECEDENTS DATE OF DEATH _____

ADMINISTRATOR/FIDUCIARY/TRUSTEE/EXECUTOR INFORMATION

NAME _____

SOCIAL SECURITY # _____

ADDRESS _____

DATE OF BIRTH _____

PHONE # _____

EMAIL ADDRESS _____

HOW DO YOU PREFER TO RECEIVE YOUR COMPLETED TAX RETURN? (CIRCLE ONE)

PICK UP IN PERSON

MAIL

If applicable, please list contact information for Estate/Trust lawyer:

Law Firm Name

Lawyer Phone Number

Lawyer Name

Lawyer Email Address

2022 ESTATE/TRUST CLIENT TAX APPOINTMENT WORKSHEET

REQUIRED Have you included all bank statements and all check images for all associated accounts?

YES _____ NO _____

REQUIRED Have you provided a copy of the will?

YES _____ NO _____

REQUIRED Have you provided copies of the documents showing the court appointed Administrator/Fiduciary/Trustee/Executor?

YES _____ NO _____

REQUIRED Have you provided a copy of the FEIN letter from the IRS?

YES _____ NO _____

Heir/Beneficiary Information

Please use next page for additional Heirs/Beneficiaries if needed. All listed information is REQUIRED.

NAME _____	SOCIAL SECURITY # _____
ADDRESS _____	DATE OF BIRTH _____
_____	RELATION TO DECENDENT _____
_____	% OWNED _____
PHONE # _____	EMAIL ADDRESS _____

NAME _____	SOCIAL SECURITY # _____
ADDRESS _____	DATE OF BIRTH _____
_____	RELATION TO DECENDENT _____
_____	% OWNED _____
PHONE # _____	EMAIL ADDRESS _____

NAME _____	SOCIAL SECURITY # _____
ADDRESS _____	DATE OF BIRTH _____
_____	RELATION TO DECENDENT _____
_____	% OWNED _____
PHONE # _____	EMAIL ADDRESS _____

NAME _____	SOCIAL SECURITY # _____
ADDRESS _____	DATE OF BIRTH _____
_____	RELATION TO DECENDENT _____
_____	% OWNED _____
PHONE # _____	EMAIL ADDRESS _____

NAME _____	SOCIAL SECURITY # _____
ADDRESS _____	DATE OF BIRTH _____
_____	RELATION TO DECENDENT _____
_____	% OWNED _____
PHONE # _____	EMAIL ADDRESS _____

2022 ESTATE/TRUST CLIENT TAX APPOINTMENT WORKSHEET CONTINUED

NAME _____	SOCIAL SECURITY # _____
ADDRESS _____	DATE OF BIRTH _____
_____	RELATION TO DECEDENT _____
_____	% OWNED _____
PHONE # _____	EMAIL ADDRESS _____

NAME _____	SOCIAL SECURITY # _____
ADDRESS _____	DATE OF BIRTH _____
_____	RELATION TO DECEDENT _____
_____	% OWNED _____
PHONE # _____	EMAIL ADDRESS _____

NAME _____	SOCIAL SECURITY # _____
ADDRESS _____	DATE OF BIRTH _____
_____	RELATION TO DECEDENT _____
_____	% OWNED _____
PHONE # _____	EMAIL ADDRESS _____

NAME _____	SOCIAL SECURITY # _____
ADDRESS _____	DATE OF BIRTH _____
_____	RELATION TO DECEDENT _____
_____	% OWNED _____
PHONE # _____	EMAIL ADDRESS _____

NAME _____	SOCIAL SECURITY # _____
ADDRESS _____	DATE OF BIRTH _____
_____	RELATION TO DECEDENT _____
_____	% OWNED _____
PHONE # _____	EMAIL ADDRESS _____

NAME _____	SOCIAL SECURITY # _____
ADDRESS _____	DATE OF BIRTH _____
_____	RELATION TO DECEDENT _____
_____	% OWNED _____
PHONE # _____	EMAIL ADDRESS _____

NAME _____	SOCIAL SECURITY # _____
ADDRESS _____	DATE OF BIRTH _____
_____	RELATION TO DECEDENT _____
_____	% OWNED _____
PHONE # _____	EMAIL ADDRESS _____

NAME _____	SOCIAL SECURITY # _____
ADDRESS _____	DATE OF BIRTH _____
_____	RELATION TO DECEDENT _____
_____	% OWNED _____
PHONE # _____	EMAIL ADDRESS _____

Davis & Hessel Tax Services
125 Clay Drive, Suite B
Berea, KY 40403
(859)986-1717

TAX RETURN ENGAGEMENT LETTER

IT IS UNDERSTOOD AND AGREED THAT YOUR RESPONSIBILITY AS THE TAXPAYER IS AS FOLLOWS:

(a) The accuracy of the information and completeness of the representations reflected in your return is your responsibility under the *Income Tax Act*. You represent that the information supplied to us is, to your knowledge, correct and complete, and fully discloses all of your reporting requirements under the *Income Tax Act*.

(b) You confirm that all income and deduction items included in your tax return are correct and complete. You confirm that all sources of income have been disclosed, all deductions were incurred to earn income, and all credits claimed are supported by receipts.

IT IS UNDERSTOOD AND AGREED THAT OUR ROLE AS YOUR TAX RETURN PREPARER IS AS FOLLOWS:

(a) We will not audit, review or otherwise attempt to verify the accuracy or completeness of any information provided. It is up to you to provide us with accurate and complete information necessary to prepare such personal income tax return(s).

FEES

Upon completion of your income tax return or after providing advice or other service on any matters respecting same, we will render you a bill for services at our usual billing rate. It is agreed this invoice will be paid upon receipt. Changes in tax laws may result in changes to reporting and procedural requirements that may affect our usual billing rates. Therefore, changes in fee structure do not negate this agreement.

If the services outlined are in accordance with your requirements and if the above terms are acceptable to you, please sign this letter in the space provided. We appreciate the opportunity of continuing to be of service to you (and your family) in the preparation of your income tax return(s).

PRIVACY POLICY

Types of Nonpublic Personal Information We Collect

We collect nonpublic personal information about you that is provided to us by you or obtained by us from third parties with your authorization.

Parties to Whom We Disclose Information

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees, and in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you, such as the bank through which all refund transfers are issued. In all such situations, we stress the confidential nature of information being shared.

Protecting the Confidentiality and Security of Current and Former Clients' Information

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

While efforts are made to maintain security of both electronic and physical records retained by our facility, it is the responsibility of the client to maintain the security of the items provided to them both in physical and electronic format once they have taken possession. By signing below, you, the client, acknowledge that you understand it is your responsibility to safeguard physical documents, flash drives, and electronic copies of records once they have been provided to you by our facility.

Please advise us if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

PLEASE SIGN INSIDE THE BOX(ES) BELOW:

By signing below, you authorize Davis & Hessel Tax Services to electronically sign all applicable tax documents on your behalf using this signature. You also agree to the services and terms set above, acknowledge, and accept your responsibilities as the taxpayer and understand the privacy policy.

AUTHORIZED SIGNATURE