1730 East Northern Ave. Suite 120 Phoenix, Arizona 85020 www.rcthornton.com (602) 678-7067 FAX (602) 395-0299

## **Electronic Filing Opt-Out Statement**

R.C. Thornton & Associates, LLC has informed me that they may be required to electronically file my 2020 trust income tax return Form 1041 if they file it with the IRS on my behalf (e.g. submits it by mail to the IRS). I understand that electronic filing may provide a number of benefits to taxpayers, including an acknowledgement that the IRS received the returns, a reduced chance of errors in processing the returns, and faster refunds. I do not want to have my return electronically filed, and I choose to file my return on paper forms. I will mail or otherwise submit my paper return to the IRS myself. My preparer will not file or otherwise mail or submit my paper return to the IRS.

Signature of Trustee: Printed Name of Trustee:	
Date:	
Name of Trust(s) covered by the Opt-Out:	



## Organizer

## Estate and trust

This organizer is designed to assist you in gathering the information required for preparation of fiduciary tax returns. Please complete it in full and provide details and documentation as requested.

The Internal Revenue Service (IRS) matches information returns/forms with amounts reported on tax returns. A negligence penalty may be assessed when income is underreported or when deductions are overstated. Accordingly, all information returns reflecting amounts reported to the IRS are also mailed or delivered to taxpayers in an envelope clearly marked "Important Tax Documents Enclosed" and should be submitted with this organizer. Include the following, if applicable:

- 1099-G (government payments) - Schedules K-1 (Forms 1065, 1120-S, 1041) - 1099-INT (interest) - 1098 (mortgage interest) - 1099-DIV (dividends) - 8886 (reportable transactions)

- 1099-B (brokerage sales) - Copies of any tax elections or revocations in effect - 1099-MISC (rents, etc.) - Closing Disclosure (real estate sales/purchases)

- 1099 (any other) - Any other tax information statements

- Annual brokerage statements

The filing deadline for your income tax return is

Also, enclosed is an engagement letter which explains the services that will be provided to you. Please sign a copy of the engagement letter and return it in the enclosed envelope. Keep the other copy for your records.

later than	Any information received after that date may require an extension to be filed for this return.
	ne to file is required, any tax that may be due with this return must be paid with that extension. Any taxes deadline may be subject to late-payment penalties and interest.
	providing services to you. Should you have questions regarding any items, please do not hesitate to
Email	Phone
If you are uncertain o	of the appropriate response for any of the requested items, please consult the contact above.
Certification:	
The undersigned cer organizer is complet	rtifies, to the best of his or her knowledge, that the information documented in and provided with this te and accurate.
Certified by	

Your completed tax organizer needs to be received no

Address  City, town or post office County State ZIP code  Home/mobile telephone no. Fax no.  Office telephone no. Email address  Fiduciary name(s) and title(s) Federal ID no.  State of residence of fiduciary for 2020  Done N/A  If this is the first year we will prepare the tax return(s), provide the following from your file(s) or prior accountant:  1. Will or trust agreement and amendments, if any  2. Tax returns for the prior three years  3. Name(s), Social Security number(s), state of residence for 2020 and current address(es) of beneficiaries  4. Depreciation schedules  5. Passive loss carryover information  6. Net operating loss (NOL) carryovers  7. Basis computations  8. Capital loss carryovers  9. Name, address and telephone of attorney  10. Permission to contact predecessor preparer for this tax return if permission is granted, please provide the predecessor's contact information:  If not previously furnished, provide copies of:  1. Death certification of decedent, grantor or beneficiaries  2. Marriage certificates of beneficiaries	Trust/estate name(s)		Federal ID no	
Home/mobile telephone no.  Fax no.  Office telephone no.  Email address  Federal ID no.  State of residence of fiduciary for 2020  Done N/A  If this is the first year we will prepare the tax return(s), provide the following from your file(s) or prior accountant:  1. Will or trust agreement and amendments, if any  2. Tax returns for the prior three years  3. Name(s), Social Security number(s), state of residence for 2020 and current address(es) of beneficiaries  4. Depreciation schedules  5. Passive loss carryover information  6. Net operating loss (NOL) carryovers  7. Basis computations  8. Capital loss carryovers  9. Name, address and telephone of attorney  10. Permission to contact predecessor preparer for this tax return If permission is granted, please provide the predecessor's contact information:  If not previously furnished, provide copies of:  1. Death certification of decedent, grantor or beneficiaries	Address			
Office telephone no.	City, town or post office	County	State	ZIP code
Office telephone no. Email address Federal ID no.  State of residence of fiduciary for 2020  Done N/A  If this is the first year we will prepare the tax return(s), provide the following from your file(s) or prior accountant:  1. Will or trust agreement and amendments, if any  2. Tax returns for the prior three years  3. Name(s), Social Security number(s), state of residence for 2020 and current address(es) of beneficiaries  4. Depreciation schedules  5. Passive loss carryover information  6. Net operating loss (NOL) carryovers  7. Basis computations  8. Capital loss carryovers  9. Name, address and telephone of attorney  10. Permission to contact predecessor preparer for this tax return If permission is granted, please provide the predecessor's contact information:  If not previously furnished, provide copies of:  1. Death certification of decedent, grantor or beneficiaries	Home/mobile telephone no.		Fax no	
Done N/A  If this is the first year we will prepare the tax return(s), provide the following from your file(s) or prior accountant:  1. Will or trust agreement and amendments, if any  2. Tax returns for the prior three years  3. Name(s), Social Security number(s), state of residence for 2020 and current address(es) of beneficiaries  4. Depreciation schedules  5. Passive loss carryover information  6. Net operating loss (NOL) carryovers  7. Basis computations  8. Capital loss carryovers  9. Name, address and telephone of attorney  10. Permission to contact predecessor preparer for this tax return If permission is granted, please provide the predecessor's contact information:  If not previously furnished, provide copies of:  1. Death certification of decedent, grantor or beneficiaries				
Done N/A  If this is the first year we will prepare the tax return(s), provide the following from your file(s) or prior accountant:  1. Will or trust agreement and amendments, if any  2. Tax returns for the prior three years  3. Name(s), Social Security number(s), state of residence for 2020 and current address(es) of beneficiaries  4. Depreciation schedules  5. Passive loss carryover information  6. Net operating loss (NOL) carryovers  7. Basis computations  8. Capital loss carryovers  9. Name, address and telephone of attorney  10. Permission to contact predecessor preparer for this tax return If permission is granted, please provide the predecessor's contact information:  If not previously furnished, provide copies of:  1. Death certification of decedent, grantor or beneficiaries	Fiduciary name(s) and title(s)		Federal ID no.	
If this is the first year we will prepare the tax return(s), provide the following from your file(s) or prior accountant:  1. Will or trust agreement and amendments, if any  2. Tax returns for the prior three years  3. Name(s), Social Security number(s), state of residence for 2020 and current address(es) of beneficiaries  4. Depreciation schedules  5. Passive loss carryover information  6. Net operating loss (NOL) carryovers  7. Basis computations  8. Capital loss carryovers  9. Name, address and telephone of attorney  10. Permission to contact predecessor preparer for this tax return If permission is granted, please provide the predecessor's contact information:  If not previously furnished, provide copies of:  1. Death certification of decedent, grantor or beneficiaries	State of residence of fiduciary	for 2020		
If this is the first year we will prepare the tax return(s), provide the following from your file(s) or prior accountant:  1. Will or trust agreement and amendments, if any  2. Tax returns for the prior three years  3. Name(s), Social Security number(s), state of residence for 2020 and current address(es) of beneficiaries  4. Depreciation schedules  5. Passive loss carryover information  6. Net operating loss (NOL) carryovers  7. Basis computations  8. Capital loss carryovers  9. Name, address and telephone of attorney  10. Permission to contact predecessor preparer for this tax return If permission is granted, please provide the predecessor's contact information:  If not previously furnished, provide copies of:  1. Death certification of decedent, grantor or beneficiaries				Done N/A
2. Tax returns for the prior three years  3. Name(s), Social Security number(s), state of residence for 2020 and current address(es) of beneficiaries  4. Depreciation schedules  5. Passive loss carryover information  6. Net operating loss (NOL) carryovers  7. Basis computations  8. Capital loss carryovers  9. Name, address and telephone of attorney  10. Permission to contact predecessor preparer for this tax return If permission is granted, please provide the predecessor's contact information:  If not previously furnished, provide copies of:  1. Death certification of decedent, grantor or beneficiaries				
3. Name(s), Social Security number(s), state of residence for 2020 and current address(es) of beneficiaries  4. Depreciation schedules  5. Passive loss carryover information  6. Net operating loss (NOL) carryovers  7. Basis computations  8. Capital loss carryovers  9. Name, address and telephone of attorney  10. Permission to contact predecessor preparer for this tax return If permission is granted, please provide the predecessor's contact information:  If not previously furnished, provide copies of:  1. Death certification of decedent, grantor or beneficiaries	1. Will or trust agreem	ent and amendments, if	any	
3. Name(s), Social Security number(s), state of residence for 2020 and current address(es) of beneficiaries  4. Depreciation schedules  5. Passive loss carryover information  6. Net operating loss (NOL) carryovers  7. Basis computations  8. Capital loss carryovers  9. Name, address and telephone of attorney  10. Permission to contact predecessor preparer for this tax return If permission is granted, please provide the predecessor's contact information:  If not previously furnished, provide copies of:  1. Death certification of decedent, grantor or beneficiaries	2. Tax returns for the	orior three years		
5. Passive loss carryover information 6. Net operating loss (NOL) carryovers 7. Basis computations 8. Capital loss carryovers 9. Name, address and telephone of attorney 10. Permission to contact predecessor preparer for this tax return If permission is granted, please provide the predecessor's contact information:  If not previously furnished, provide copies of:  1. Death certification of decedent, grantor or beneficiaries	, ,	curity number(s), state of	residence for 2020 and current address(e	s)
6. Net operating loss (NOL) carryovers  7. Basis computations  8. Capital loss carryovers  9. Name, address and telephone of attorney  10. Permission to contact predecessor preparer for this tax return If permission is granted, please provide the predecessor's contact information:  If not previously furnished, provide copies of:  1. Death certification of decedent, grantor or beneficiaries	4. Depreciation sched	ules		
7. Basis computations  8. Capital loss carryovers  9. Name, address and telephone of attorney  10. Permission to contact predecessor preparer for this tax return If permission is granted, please provide the predecessor's contact information:  If not previously furnished, provide copies of:  1. Death certification of decedent, grantor or beneficiaries	5. Passive loss carryo	ver information		
8. Capital loss carryovers  9. Name, address and telephone of attorney  10. Permission to contact predecessor preparer for this tax return If permission is granted, please provide the predecessor's contact information:  If not previously furnished, provide copies of:  1. Death certification of decedent, grantor or beneficiaries	6. Net operating loss (	(NOL) carryovers		
9. Name, address and telephone of attorney  10. Permission to contact predecessor preparer for this tax return If permission is granted, please provide the predecessor's contact information:  If not previously furnished, provide copies of:  1. Death certification of decedent, grantor or beneficiaries	7. Basis computations	\$		
10. Permission to contact predecessor preparer for this tax return If permission is granted, please provide the predecessor's contact information:  If not previously furnished, provide copies of:  1. Death certification of decedent, grantor or beneficiaries	8. Capital loss carryov	/ers		
If permission is granted, please provide the predecessor's contact information:  If not previously furnished, provide copies of:  1. Death certification of decedent, grantor or beneficiaries	9. Name, address and	telephone of attorney		
Death certification of decedent, grantor or beneficiaries				
	If not previously furnished, prov	/ide copies of:		
2. Marriage certificates of beneficiaries	1. Death certification (	of decedent, grantor or be	eneficiaries	
	2. Marriage certificate	es of beneficiaries		
If an estate tax return (Federal Form 706 or state form) has been filed, please provide a copy.	If an estate tax return (Federal	Form 706 or state form) h	nas been filed, please provide a copy.	

		Yes/ Done	No
▶ 1)	Is the fiduciary a U.S. citizen? If no, provide further details.		
▶ 2)	Has there been a change in fiduciary? If yes, provide name, address and Federal ID number.		
<b>▶</b> 3)	Has there been a change in beneficiaries (including a name or address change)? If yes, provide details.		
	If this is a trust, has there been any change to the trust document? If yes, provide a copy of the updated document.		
<b>&gt;</b> 5)	Have there been any court filings? If yes, provide copies.		
<b>▶</b> 6)	Has the trust/estate terminated or are there plans to terminate it soon? If yes, provide details.		
	Did the trust/estate receive income from, or own property in, more than one state during the year? If yes, provide a list of activities by state.		
	Have there been any changes to the state residency for the fiduciary or any beneficiaries? If yes, provide details.		
▶ 9)	Do you expect any fluctuations in income, deductions or withholding? If yes, provide details.		
▶ 10)	Did the trust/estate receive any funds/loans/grants (local, state, federal or other) related to the COVID-19 pandemic and economic recovery, such as Paycheck Protection Program (PPP) funds or an Economic Injury Disaster Loan (EIDL)? If yes, provide details.		
<b>▶</b> 11)	Do you want any overpayment of taxes applied to next year's estimated taxes?	•••••	•••••
► 12)	Do you want a refund deposited directly into your bank account? If yes, enclose a voided check or bank routing and account information.	••••••	••••••
	1. Do you want any balance due directly withdrawn from this same bank account on the due date?		
	2. Do you want next year's estimated taxes withdrawn from this same bank account on the due dates?		
▶ 13)	During this tax year, did you have any securities that became worthless or loans that became uncollectible? If yes, provide details.		•••••
<b>▶</b> 14)	Did the trust/estate acquire, use, dispose of or hold any virtual currency (such as bitcoin)? If yes, provide details.		
▶ 15)	Do you agree to have your return filed electronically?	· · · · · · · · · · · · · · · · · · ·	

▶ 16) Does the trust/estate have any interest or signature authority over a bank, securities or other financial account in a foreign country? If the aggregate value of all the accounts exceeded U.S. \$10,000 at any time during the year, please complete the following:

Name and address of financial institution	Account type (bank/securities/other)**	Account number	Maximum value during the year*	Currency	Held separately (S) or jointly (J) or signature authority (SA)	Joint owner's name(s), address and U.S. taxpayer identification number (if any)

- \* Please provide the highest value at any time during the year in the foreign currency.
- \*\* Treasury guidance presently (Form 114, Report of Foreign Bank and Financial Accounts) defines a foreign financial account as any bank, securities, securities derivatives or other financial instruments account. These accounts generally encompass any accounts in which the assets are held in a commingled fund and the account owner holds an equity interest in the fund (mutual fund). The term also means any savings, demand, checking, deposit, time deposit, debit card or credit card maintained with a financial institution or other person engaged in the business of a financial institution. A financial account also includes a commodity futures or options account, an insurance policy with cash surrender value (whole life) and an annuity policy with cash surrender value.
- ▶ 17) Does the trust/estate have an interest in specified foreign financial assets valued at more than \$50,000 on the last day of the tax year, or more than \$75,000 at any time during the tax year? If yes, please complete the following schedule (only include assets not previously listed on the above question for FinCEN 114 reporting).

Description of asset	Identifying number	Date asset acquired or disposed of during the year	Maximum value of asset during the tax year	Currency/ exchange rate	If asset is stock of a foreign entity, provide name, type and mailing address	If asset is not a stock of a foreign entity, provide name of issuer, type and mailing address

Yes/	No
Oone	N/A

<b>&gt;</b>	18)	Did the trust/estate have foreign income, pay any foreign taxes or file any foreign information reporting or tax return forms? If yes, provide details.
<b>&gt;</b>	19)	Is this a foreign trust? Generally, a trust organized in a foreign country and is subject to that country's laws and courts is a foreign trust.
		If yes, is the grantor or any beneficiary a U.S. person?
<b>&gt;</b>	20)	Did the trust/estate receive a distribution from, or was it the grantor of or transferor to, a foreign trust? If yes, provide details.
<b>&gt;</b>	21)	Has the IRS or any state or local taxing authority notified you of changes to a prior year's tax return? If yes, provide copies of all notices/correspondence received from any tax authority.
<b>&gt;</b>	22)	Are you aware of any changes to income, deductions and credits reported on a prior year's return? If yes, provide details.
<b>&gt;</b>	23)	Can the IRS discuss questions about this return with the preparer?
<b>&gt;</b>	24)	Were any distributions made to beneficiaries during the tax year or within 65 days following year end? If yes, provide details including the dates the distributions were made.
<b>&gt;</b>	25)	Did the trust/estate receive all or any part of the earnings (salary, wages and any other compensation) of any individual, by reason of a contract assignment or similar arrangement? If yes, provide details.
<b>&gt;</b>	26)	Did the trust/estate receive a distribution from an annuity or retirement account (IRA, KEOGH, SIMPLE or SEP)?
<b>&gt;</b>	27)	Did the trust/estate receive or pay any mortgage interest on seller-provided financing? If yes, provide details.
<b>&gt;</b>	28)	If this is a decedent's estate, has the estate been open for more than two years? If yes, provide an explanation for the delay in closing the estate.

## ► Estimated tax payments made

	Federal		Sta	ate
Prior year overpayment applied	Date paid	Amount paid	Date paid	Amount paid
1st quarter				
2nd quarter				
3rd quarter				
4th quarter				
Extension				

► <u>Interest income</u> — Enclose Form 1099-INT and/or statements for all interest income, including tax-exempt interest income. If not available, complete the following:									
	Banks, savings	Calley fine				Tax-exempt			
Name of payer	and loan (S&L), etc.	Seller-fina mortgage		U.S. bo	onds, T-bills	In-state			Out-of-state
* Provide name, taxpayer id	lentification numb	per and addre	ess.						
► <u>Dividend income</u> — Encloavailable, complete the f		DIV and/or s	tatemen	its for a	ll dividends, i	nclud	ing ta	x-exempt divi	dends. If not
	Ordinary dividends	Qualified dividends	Capital distribu		Exempt-inte dividends	rest	Fede withl	ral tax neld	Foreign tax paid
				•••••					
▶ <u>Miscellaneous income</u> — Enclose related Forms 1099 or other forms/correspondence.									
Description								Amount	
State and local income tax	refund(s)								
Other miscellaneous incor	me (include descr	iption):							

Incor	me from business or	profession (Schedule C)			
	Principal trade or l	business			
	Business name				
	Business taxpayer	ridentification number			
	Business address				
	Method(s) used to	o value closing inventory:			
	Cost	Lower of cost or market	Other (describe)	N/A	
	Accounting metho	od:			
	Cash	Accrual	Other (describe)		
				Yes/ Done	No/ N/A
▶ 1)	=	ge in determining quantities, of tach an explanation.	costs or valuations between the opening and closing		······································
▶ 2)	sold, sales price, ex	penses of sale, depreciation s	f yes, list assets sold, including date acquired, date schedule (if depreciable) and original cost.		
▶ 3)	Were any business	assets purchased during the y	vear? If yes, list assets acquired. Include date placed include copies of purchase invoices.	in	
<b>▶</b> 4)	Was the business s	till in operation at the end of th	he year?		
<b>▶</b> 5)			ted and provide income and expenses by state.		
<b>▶</b> 6)		ertification for members of tai	rget groups and associated wages paid that qualify fo		
▶ 7)	Did the fiduciary pa (including hours wo		e business during the year? If yes, provide details		
▶ 8)	Was the business ro	egistered with the state in whi	ch it was doing business?		
▶ 9)	Did the business m	ake any payments that would I	require it to file Forms 1099?		
	If yes, did the busin	ess file Forms 1099? (provide	copies)		
	=	rm 1099 will be required to be ner situations for which Form 1	issued to each person to whom was paid at least 1099 will be required.		
				· · • · · · · · · · · · · · · · · · · ·	

 $\underline{Income\ and\ expenses\ (Schedule\ C)}-Attach\ a\ financial\ statement\ of\ the\ business\ or\ complete\ the\ following\ worksheet.$ Include all Forms 1099 received by the business. Complete a separate schedule for each business.

Description	Amount
Part I — Income	
Gross receipts or sales	
Returns and allowances	
Other income (list type and amount; add schedules if needed)	
Part II — Cost of goods sold	
Inventory at beginning of year (should agree to the prior year's ending inventory)	
Purchases less cost of items withdrawn for personal use	
Cost of labor	
Materials and supplies	
Other costs (list type and amount; add schedules if needed)	
Inventory at end of year	
Part III — Expenses	
Advertising	
Bad debts from sales or services (accrual basis taxpayers only)	
Car and truck expenses (provide details on separate sheet)	
Commissions and fees	
Depletion	
Depreciation (provide depreciation schedules)	
Employee:	
1. Health insurance and other benefits	
2. Retirement contributions	
Insurance (other than health)	
Interest:	
1. Mortgage (paid to banks, etc.)	
2. Other	

Description	Amount
Legal and professional fees	
Office expense	
Rent or lease:	
1. Vehicles, machinery and equipment	
2. Other business property	
Repairs and maintenance	
Supplies	
Taxes and licenses (enclose copies of payroll tax returns)	
State taxes	
Travel, meals and entertainment:	
1. Travel	
2. Business meals	
3. Entertainment expenses	
Utilities	
Wages (enclose copies of Forms W-3/W-2)	
Club dues:	
1. Civic club dues	
2. Social or entertainment club dues	
Other expenses (list type and amount)	

<u> Capital gains and losses</u> — Enc	lose all Forms 1099-B, 1099-S a	and Closing Disclosure(s). If	not available, complet	e the following schedule
or provide brokerage account s	tatements and transaction slip	s for sales and purchases an	d provide any missing	ı tax basis.

Description	Date acquired	Date sold	Sales proceeds	Cost or basis	Gain (loss)	Wash sale adjustment

Enter any sales NOT reported on Forms 1099-B and 1099-S or Closing Disclosure statements.

▶ Did the rental activity make any payments that would require it to file Forms 1099?

If yes, did the rental activity file Forms 1099? (provide copies)

Description	Date acquired	Date sold	Sales proceeds	Cost or basis	Gain (loss)	Wash sale adjustment

Rental and royalty income (Schedule E) — Complete a separate schedule for each property. Include all Forms 1099 associated

with rental and royalty activities. Description and location of property Number of days rented at fair market value during the year Residential property Yes No Commercial property Yes No ▶ Did the fiduciary participate in the rental activity? No If yes, provide information related to hours worked. ..... Was there personal use of the rental property? Yes No If yes, complete the information below. Number of days the property was occupied by you, or a related party not paying rent, at the fair market value Number of days the property was not occupied

No

Yes

No

Yes

Income	Amount		Amount
Rents received		Royalties received	
Expenses			
Mortgage interest		Legal and other professional fees	
Other interest		Cleaning and maintenance	
Insurance		Commissions	
Repairs (provide detail for large repairs)		Utilities	
Auto and travel		Management fees	
Advertising		Supplies	
Taxes (provide detail by type)		Other (itemize)	
Depreciation (attach depreciation schedules)			

Income from partnerships, estates, trusts, LLCs or S corporations (Schedule E) — Provide a list of all entities that the trust owns. Enclose all Schedules K-1 (both federal and state) and include basis schedules. If you haven't received a Schedule K-1, please indicate when you expect to receive it. In addition, for each entity, indicate the number of hours the trustee participated in the activity during the year.

Name	Source code*	Federal ID no.	Hours participated

<sup>\*</sup> Source code: P = Partnership E = Estate/trust F = Foreign trust L = LLC S = S corporation

Contributions			
► Cash contributions allowed by the will o	r trust document for whic	ch you have receipts, canceled che	ecks, etc.
Note: You must have written acknowledge or more during the year. If a value was re an estimate of such value. You must have	eceived in exchange for a	contribution, acknowledgement fro	
Donee	Amount	Donee	Amount
► Other than cash contributions (enclose	receipts):		
Organization name and address			
Description of property			
Date acquired			
How acquired			
Cost or basis			
Date contributed			
Fair market value (FMV)			
How FMV is determined			
For contributions over \$5,000, include a cononcash contributions, if applicable.	py of the appraisal and c	onfirmation from the charity. Encl	ose a signed Form 8283 for
Interest expense			
► Mortgage interest expense (attach Form	ns 1098)		
Payee*	Property**		Amount

- \* Include the address and Social Security number if the payee is an individual.
- \*\* Describe the property securing the related obligation, e.g., principal residence, motor home, boat, etc.

Payee	Purpose	Amount	
1 dyce	1 ui pose	Amount	
► Investment interest expense			••••
Payee	Investment purpose	Amount	
<u>Deductible taxes</u>			•••
Description		Amount	
State and local income tax payments made	this year for prior year(s):		
4 <sup>th</sup> quarter 2019 paid in January 2020	0		
Extension payment			
Balance due			
Real estate taxes			
Personal property taxes			
Intangible tax			
Other taxes			
Foreign tax withheld (may be used as a cred	lit) that you have not already included above		

▶ Unamortized points. Include a copy of the refinancing statement and the length of the mortgage.

Deductions associated with the administration of the estate/trust	
Description	Amount
Fiduciary fees or expenses	
Tax preparation fees	
Other legal and professional fees	
Other deductions paid or incurred in the administration of an estate or trust	
Comments/explanations	

This copyrighted resource is provided exclusively to AICPA Tax Section members and should not be shared, reproduced or used by anyone who is not a member of the AICPA Tax Section without explicit consent from the AICPA Tax Section. See our terms and conditions. For  $information\ about\ content\ licensing,\ please\ email\ \underline{copyright\text{-}permissions@aicpa-cima.com}.$ 

