

Date: \_\_\_\_\_



**NEW ESTATE/TRUST CLIENT FORM**

Estate Name: \_\_\_\_\_ Estate EIN #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Administrator Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street City State Zip

Billing Address: \_\_\_\_\_

**Please Check Preferred Contact Method:**

Office #: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Alternate: \_\_\_\_\_ E-mail: \_\_\_\_\_

Other Important Contacts: \_\_\_\_\_

**Current/Former Accountant:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Attorney:**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Were you referred to us? \_\_\_ YES NO By Whom? \_\_\_\_\_

OFFICE USE ONLY: OT \_\_\_\_\_ LACERTE \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_ STAFF \_\_\_\_\_ CLIENT # \_\_\_\_\_