

TRUST AND ESTATE TAX RETURN SERVICES AGREEMENT

This Agreement is entered into on this _____ day of _____, 20_____, by and between:

Tax Services Provider:

Firm Name: _____

Representative: _____

Address: _____

Email/Phone: _____

And

Client:

Name (Trustee/Executor/Administrator): _____

Capacity: _____ of the _____

Address: _____

Email/Phone: _____

1. ENGAGEMENT & SCOPE OF SERVICES

The Client hereby retains the Provider to prepare the federal and state fiduciary income tax returns, estate tax returns, or associated filings for the tax year(s) ending _____. Specifically, the Provider shall prepare the following returns (checked boxes apply):

- Form 1041 (U.S. Income Tax Return for Estates and Trusts)
- State Fiduciary Income Tax Return(s) for the State(s) of: _____
- Form 706 (United States Estate and Generation-Skipping Transfer Tax Return)
- Form 709 (United States Gift and Generation-Skipping Transfer Tax Return)
- Schedule K-1 distribution statements for beneficiaries
- Other: _____

2. CLIENT RESPONSIBILITIES

The Client agrees to provide the Provider with all necessary financial records, trust agreements, wills, inventory of assets, valuations, income statements, expense receipts, and other information required to complete the tax returns in a timely manner. The Provider will not audit or verify the information submitted, and the Client remains solely responsible for the accuracy and completeness of the data provided.

3. FEES AND BILLING

The fee for the services rendered under this Agreement shall be determined as follows:

- Fixed Fee of \$ _____
- Hourly Rate of \$ _____ per hour
- Retainer of \$ _____ due upon execution of this Agreement

Invoices are due and payable upon receipt. Work will not be filed or finalized until all outstanding invoices are paid in full.

4. TIMELINES AND FILING

The Provider will make reasonable efforts to complete the tax returns by the applicable statutory filing deadlines, provided that the Client delivers all necessary information no later than _____. If information is received after this date, the Provider may file an extension request on behalf of the Estate or Trust, subject to additional processing fees.

5. LIMITATION OF LIABILITY

The Provider's liability for any errors, omissions, or negligent acts in connection with the services provided under this Agreement shall be strictly limited to the total fees paid by the Client to the Provider under this Agreement.

6. TERM AND TERMINATION

This Agreement will terminate upon the completion of the tax filing services for the specified tax year(s), unless terminated earlier by either party upon written notice.

7. GOVERNING LAW

This Agreement shall be governed by, and construed in accordance with, the laws of the State of _____.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date first written above.

TAX SERVICES PROVIDER

CLIENT

Authorized Signature

Signature

Printed Name

Printed Name

Title / Date

Capacity (Trustee/Executor) / Date