



TCPA, PLC

CERTIFIED PUBLIC ACCOUNTANTS

Final Return of Decedent Checklist

Fiduciary Name: _____

Fiduciary Address: _____

Fiduciary SSN: _____

Fiduciary Email Address: _____

Fiduciary Phone Number: _____

Decedent Name: _____

Decedent Address: _____

Decedent SSN: _____

Decedent Date of Birth: _____

Decedent Date of Death: _____

Surviving Spouse Name (if applicable): _____

Surviving Spouse Address: _____

Surviving Spouse SSN: _____

Surviving Spouse Date of Birth: _____

Decedent Assets/Liabilities:

Description (<i>please include SOLD status if applicable</i>)	Fair Market Value



TCPA, PLC

CERTIFIED PUBLIC ACCOUNTANTS

****Please send us the following items soon as possible (if applicable):*

****Will or Other Designated Documents***

****Settlement statements for ALL sold assets***

****Decedent's prior year tax return***

W-2 forms

1099 forms

1098 forms

Social Security forms

Medical Expenses

Property tax paid

Charitable contributions