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GIFT TAX RETURN INFORMATION

Client Name: _____

Donor's Name: _____ SSN _____

Address: _____

Telephone number: _____

Email address: _____

Donor's date of birth: _____

Donor's basis in the property: _____

If widow - husband's date of death: _____

If gift splitting is elected: _____

Spouse Name: _____ SSN _____

Telephone number: _____

Email address: _____

Spouse's date of birth: _____

Have any previous gifts been made by donor?

Yes

No

If yes, date of previous gift: _____
(Need a copy of previous gift tax return)

Donee(s) name: _____

