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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: \_\_\_\_\_

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

