

GIFT TAX RETURN INFORMATION

File No. _____

Donor's Name: _____ SSN _____

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 _____

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: _____

Relationship to Donor: _____

Value of Gift: \$ _____

Include month and year of gift: _____

Description of Gift: