



Gifts Exceeding Annual Exclusion Amount

Giftor Name:

Social Security Number:

Full Address:

Spouse Name (if applicable):

Spouse SSN:

Full Address (if different from Giftor):

Have you previously filed a gift tax return?

☐

Yes

☐

No

Beneficiary #1 Information

Relationship to Giftor: _____

Beneficiary Name:

Beneficiary SSN:

Full Address:

Gift Type (i.e. cash, stocks, etc.)

Gift Amount/FMV:

Gift Date:

Beneficiary #2 Information

Relationship to Giftor: _____

Beneficiary Name:

Beneficiary SSN:

Full Address:

Gift Type (i.e. cash, stocks, etc.)

Gift Amount or FMV:

Gift Date:

Beneficiary #3 Information

Relationship to Giftor: _____

Beneficiary Name:

Beneficiary SSN:

Full Address:

Gift Type (i.e. cash, stocks, etc.)

Gift Amount or FMV:

Gift Date: