**FORM 417.02 TRUSTEE’S ACCOUNTING**

**State of Minnesota District Court**

**County: Judicial District:**

**Court File No.:**

**Case Type:**

**In the Matter of the Trust Created under Article**

**\_\_\_\_\_\_\_\_\_\_ of the Last Will of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**ALTERNATIVE FOR INTER VIVOS TRUSTS:**

**In the Matter of the Trust Created under**

**Agreement By and Between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

**Settlor, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

**Trustees, dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**TRUSTEE’S ANNUAL ACCOUNT**

Principal Income

Assets on hand as of \_\_\_\_\_\_\_\_\_\_\_ (Schedule 1) $ $

Increases to Assets:

Interest (Schedule 2) $ $

Dividends (Schedule 3) $ $

Capital gains distributions (Schedule 4) $ $

Gains on sales and other dispositions (Schedule 5) $ $

Return of capital (Schedule 6) $ $

Other increases (Schedule 7) $ $

Decreases to Assets:

Losses on sales and other dispositions (Schedule 8) ($ ) ($ )

Administration expenses (Schedule 9) ($ ) ($ )

Taxes (Schedule 10) ($ ) ($ )

Trustee fees ($ ) ($ )

Attorney fees ($ ) ($ )

Other decreases (Schedule 11) ($ ) ($ )

Balance Before Distributions $ $

Distributions to Beneficiaries (Schedule 12) ($ ) ($ )

Principal and Income Balances $ $

Total Assets on Hand as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $

(Income plus principal) (Schedule 13)

[FORM CONTINUED ON NEXT PAGE]

[NAME OF TRUST]

ASSETS ON HAND

[Beginning DATE]

Schedule 1

Values at Cost Values at Cost

Market Value or Basis or Basis

as of [DATE] Principal Income

Cash or Cash Equivalents

Checking account $ $ $

Savings account $ $ $

Money market account $ $ $

Stocks and Bonds

Stocks $ $ $ 0.00

Corporate bonds $ $ $ 0.00

Municipal bonds $ $ $ 0.00

Real Estate $ $ $ 0.00

Other Assets

Life insurance policies (cash value) $ $ $

Other assets $ $ $

Total Assets on Hand as of [DATE] $ $ $

Note: This schedule reflects assets on hand at the **beginning** of the period. Identify each asset thoroughly. Provide the name of the bank and account number for each account holding cash or cash equivalents. Under Minn. Gen. R. Prac. 11, financial account numbers must be submitted on a separate Form 11.1 Confidential Information Form that is not accessible to the public. Provide the number of shares or par value of each security. Provide the address of each parcel of real estate.

[NAME OF TRUST]

INTEREST

Schedule 2

Income

Checking account(s)

1. $

2. $

Savings account(s)

1. $

2. $

Corporate bonds

1. $

2. $

3. $

Municipal bonds

1. $

2. $

3. $

Other interest

1. $

2. $

3. $

Total interest $

Identify each interest-producing asset. List each bank account by name and account number. Under Minn. Gen. R. Prac. 11, financial account numbers must be submitted on a separate Form 11.1 Confidential Information Form that is not accessible to the public. Identify each bond or other asset that pays interest.

[NAME OF TRUST]

DIVIDENDS

Schedule 3

Income

Stocks

1 $

2 $

3 $

4 $

5 $

6 $

7 $

8 $

9 $

10 $

11 $

12 $

13 $

14 $

15 $

Total Dividends

Identify each security that paid dividends.

[NAME OF TRUST]

CAPITAL GAINS DISTRIBUTIONS

Schedule 4

Principal

Capital gains distributions:

1 $

2 $

3 $

4 $

5 $

6 $

7 $

8 $

9 $

10 $

11 $

12 $

13 $

14 $

Total Capital Gains Distributions

Identify each security that paid a capital gains distribution.

[NAME OF TRUST]

GAINS ON SALES AND OTHER DISPOSITIONS

Schedule 5

Principal

Sale of \_\_\_\_\_\_\_ shares of \_\_\_\_\_\_\_\_\_\_\_\_:

Proceeds received $

Less cost or basis ($ ) $

Sale of \_\_\_\_\_\_\_ shares of \_\_\_\_\_\_\_\_\_\_\_\_:

Proceeds received $

Less cost or basis ($ ) $

Sale of \_\_\_\_\_\_\_ shares of \_\_\_\_\_\_\_\_\_\_\_\_:

Proceeds received $

Less cost or basis ($ ) $

Sale of \_\_\_\_\_\_\_ shares of \_\_\_\_\_\_\_\_\_\_\_\_:

Proceeds received $

Less cost or basis ($ ) $

Sale of \_\_\_\_\_\_\_ shares of \_\_\_\_\_\_\_\_\_\_\_\_:

Proceeds received $

Less cost or basis ($ ) $

Sale of \_\_\_\_\_\_\_ shares of \_\_\_\_\_\_\_\_\_\_\_\_:

Proceeds received $

Less cost or basis ($ ) $

Sale of \_\_\_\_\_\_\_ shares of \_\_\_\_\_\_\_\_\_\_\_\_:

Proceeds received $

Less cost or basis ($ ) $

Sale of \_\_\_\_\_\_\_ shares of \_\_\_\_\_\_\_\_\_\_\_\_:

Proceeds received $

Less cost or basis ($ ) $

Sale of \_\_\_\_\_\_\_ shares of \_\_\_\_\_\_\_\_\_\_\_\_:

Proceeds received $

Less cost or basis ($ ) $

Sale of \_\_\_\_\_\_\_ shares of \_\_\_\_\_\_\_\_\_\_\_\_:

Proceeds received $

Less cost or basis ($ ) $

Total Gains $

[NAME OF TRUST]

RETURN OF CAPITAL

Schedule 6

Principal

Return of capital:

1. $

2. $

3. $

4. $

5. $

6. $

7. $

8. $

9. $

10. $

11. $

12. $

13. $

14. $

Total Return of Capital $

Identify each security that paid a return of capital.

[NAME OF TRUST]

OTHER INCREASES

Schedule 7

Principal Income

Securities added to trust by Settlor

1 $ $

2 $ $

3 $ $

4 $ $

5 $ $

6 $ $

7 $ $

8 $ $

9 $ $

Income transferred to principal $ $

Other increases:

1 $ $

2 $ $

3 $ $

4 $ $

5 $ $

6 $ $

7 $ $

8 $ $

9 $ $

Total Other Increases

[NAME OF TRUST]

LOSSES ON SALES AND OTHER DISPOSITIONS

Schedule 8

Principal

Sale of \_\_\_\_\_\_\_ shares of \_\_\_\_\_\_\_\_\_\_\_\_:

Proceeds received $

Less cost or basis ($ ) $

Sale of \_\_\_\_\_\_\_ shares of \_\_\_\_\_\_\_\_\_\_\_\_:

Proceeds received $

Less cost or basis ($ ) $

Sale of \_\_\_\_\_\_\_ shares of \_\_\_\_\_\_\_\_\_\_\_\_:

Proceeds received $

Less cost or basis ($ ) $

Sale of \_\_\_\_\_\_\_ shares of \_\_\_\_\_\_\_\_\_\_\_\_:

Proceeds received $

Less cost or basis ($ ) $

Sale of \_\_\_\_\_\_\_ shares of \_\_\_\_\_\_\_\_\_\_\_\_:

Proceeds received $

Less cost or basis ($ ) $

Sale of \_\_\_\_\_\_\_ shares of \_\_\_\_\_\_\_\_\_\_\_\_:

Proceeds received $

Less cost or basis ($ ) $

Sale of \_\_\_\_\_\_\_ shares of \_\_\_\_\_\_\_\_\_\_\_\_:

Proceeds received $

Less cost or basis ($ ) $

Sale of \_\_\_\_\_\_\_ shares of \_\_\_\_\_\_\_\_\_\_\_\_:

Proceeds received $

Less cost or basis ($ ) $

Sale of \_\_\_\_\_\_\_ shares of \_\_\_\_\_\_\_\_\_\_\_\_:

Proceeds received $

Less cost or basis ($ ) $

Total Losses $

[NAME OF TRUST]

ADMINISTRATIVE EXPENSES

Schedule 9

Principal Income

Bank account fees $ $

Check charges $ $

Broker annual fees $ $

Photocopies $ $

Postage $ $

Maintenance of real estate (schedule attached) $ $

Other (schedule attached) $ $

Total Administrative Expenses $ $

[NAME OF TRUST]

TAXES

Schedule 10

Principal Income

Foreign dividend tax $ $

U.S. fiduciary income tax $ $

Minnesota fiduciary income tax $ $

Total taxes $ $

Note: The portion of fiduciary income tax allocated to capital gains is charged against principal. The portion of foreign dividend tax is allocated to income.

[NAME OF TRUST]

OTHER DECREASES

Schedule 11

Principal Income

Income transferred to principal $ $

Other decreases:

1. $ $

2. $ $

3. $ $

4. $ $

5. $ $

6. $ $

7. $ $

8. $ $

9. $ $

10. $ $

Total other decreases $ $

[NAME OF TRUST]

DISTRIBUTIONS TO BENEFICIARIES

Schedule 12

Principal Income

Name of each beneficiary and date and description of

distribution:

1. $ $

2. $ $

3. $ $

4. $ $

5. $ $

6. $ $

7. $ $

8. $ $

9. $ $ 10. $ $

11. $ $

12. $ $

13. $ $

14. $ $

15. $ $

Total Distributions to Beneficiaries

[NAME OF TRUST]

ASSETS ON HAND

[ending DATE]

Schedule 13

Values at Cost Values at Cost

Market Value or Basis or Basis

as of [DATE] Principal Income

Cash or Cash Equivalents

Checking account $ $ $

Savings account $ $ $

Money market account $ $ $

Stocks and Bonds

Stocks $ $ $

Corporate bonds $ $ $

Municipal bonds $ $ $

Real Estate $ $ $

Other Assets

Life insurance policies (cash value) $ $ $

Other assets $ $ $

Total Assets on Hand as of [DATE] $ $ $

Note: This schedule reflects assets on hand at the **end** of the accounting period. Identify each asset thoroughly. Provide the name of the bank and account number for each account holding cash or cash equivalents. Under Minn. Gen. R. Prac. 11, financial account numbers must be submitted on a separate Form 11.1 Confidential Information Form that is not accessible to the public. Provide the number of shares or par value of each security. Provide the address of each parcel of real estate.

**I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.**

Signed at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, \_\_\_\_\_\_\_\_\_\_\_

State.

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

Agency or Business Name, if applicable

Address

City/State/Zip

Telephone ( )