

Instructions - EZ Accounting

Two different reporting forms have been prepared for use by guardians of the estate, the EZ Accounting form, and the Comprehensive Accounting form. If you were appointed as guardian after the publication of these forms in 2014, then the Judgment of Incapacity should specify which form you are required to file, as well as the deadline for filing. If you were appointed as guardian of an incapacitated person's estate prior to 2014, then the Judgment of Incapacity may simply direct the filing of an annual report. To determine whether you must file any report as to the estate of the incapacitated person, look to the Judgment to see if you were appointed as guardian of the person only, or as guardian of the person and estate (or person and property). Unless you were appointed as guardian of the person only, your reporting requirement includes a requirement to report as to the estate of the incapacitated person. The only exception to this rule is if you were appointed as guardian of the person and estate but the Judgment specifies that no letters of guardianship of the estate (or no letters of guardianship of the property) will issue absent further application to the Superior Court. If the Judgment does not specify a type of accounting and you are unsure which form to utilize, you can file the EZ Accounting and then wait for any further direction from the Guardianship Monitoring Program and/or court staff.

The EZ Accounting form is a three-page document to which additional pages may be attached if necessary. Item 1 asks if a bond is required, and if so, if one is filed covering the period of this report. If you were appointed as guardian of the estate but the Judgment waived the requirement of bond, then you should select "N/A". Even if no bond was imposed, if your Judgment requires the filing of a report, then you must file the report by the specified deadline.

Item 2 inquires if you have identified, traced and collected all of the incapacitated person's assets since your appointment. If you answer "No" to this question, you must provide further explanation. For example, if you are aware of assets belonging to the incapacitated person but in the custody of someone else, you should explain what steps you have taken to retrieve those assets and bring them into the guardianship estate.

Item 3 addresses the status of the filing of the incapacitated person's past and current state and federal tax returns, as well as tax payments. If no tax returns are delinquent as of the filing of your report, then you should answer yes to this question even if tax returns for a subsequent year will soon be due. For example, if your reporting deadline is in February, then in 2014 you may report that you have filed all past and current returns and made all payments if everything is current through 2013, even though you will shortly be filing the 2014 returns.

Below items 1-3 is a SUMMARY table. In the line numbered 4, you should report the beginning cash balance of the incapacitated person's estate. In line 5, you should state the amount reflected under SCHEDULE A - EZ: INCOME, which amount is the Total Income Received. Remember to list all sources of income, even if some sources (such as Social Security benefits) may have been excluded for purposes of setting bond. Below is an example showing the aggregate amount received for Social Security Disability for nine (9) months.

Line Number	Source of Income (e.g. employment, social security)	Description (e.g. number of months times dollar amount)	Total Income Amount
<i>Sample</i>	<i>Social Security Disability</i>	<i>9 months x \$689.00</i>	<i>\$6201.00</i>

If you are required to report annually, then income will generally cover twelve (12) months. You may wish to add a brief explanation if certain income is received for a shorter period of time (i.e., the incapacitated person participates through school in a structured work program for ten (10) months of the year, earning a stipend of \$100/month for that 10-month period, for a total of \$1000/year, but the incapacitated person has no earned income during the other two (2) months of the year).

Instructions - EZ Accounting

Schedule B-EZ: DISBURSEMENTS should reflect the payments made from the guardianship estate for the reporting period. Some disbursements, like food and utilities, are for regular, recurring expenses. If food is purchased solely for the incapacitated person, then the amount spent will likely vary from month to month. In this situation, the category of disbursements should be reported on a monthly basis, but it is not necessary to list check numbers or dates of purchase. The following is sufficient:

Line Number	Category	Check Number	Payment Date	Payee	Amount Spent
1	Monthly Grocery - January		Jan. 2014	ACME / Shoprite	\$293.77
2	Monthly Grocery - February		Feb. 2014	Shoprite	\$301.23
3	Monthly Grocery - March		March 2014	ACME	\$256.85

If the incapacitated person resides with the guardian(s) as part of a family unit, then it is permissible for a set amount of the incapacitated person's funds to be utilized each month to cover his or her share of food purchases. In this case, for SCHEDULE B-EZ, you may report as follows:

Line Number	Category	Check Number	Payment Date	Payee	Amount Spent
1	Grocery - 12 months	auto-debit	Jan - Dec. 2014	ACME/Shoprite	12 x \$225/mo = \$2700

Other recurring monthly expenses, like a cell phone or cable plan, can also be reported in this manner.

Line Number	Category	Check Number	Payment Date	Payee	Amount Spent
1	Jitterbug Plus (cellphone basic plan 29)	auto-debit	Jan - Dec. 2014	Sprint	12 x \$29.99/mo = \$359.88

Some disbursements will reflect occasional purchases, such as new clothes at the beginning of a season or for special events. For these items, all fields of the SCHEDULE B-EZ: DISBURSEMENTS should be completed, as follows:

Line Number	Category	Check Number	Payment Date	Payee	Amount Spent
1	Clothing (winter coat, gloves, snow boots)		Jan. 2014	ACME / Shoprite	\$293.77
2	Clothing (sister's wedding)		Feb. 2014	Shoprite	\$301.23

Keep in mind that reports are reviewed through the New Jersey Guardianship Monitoring Program. While the forms are designed for simplicity and ease of use, if the entries are unclear or raise questions in the minds of reviewers, then you may be asked to provide further explanation or substantiation.

The next section of the report is SCHEDULE C-EZ: Bank Account Reconciliation. In this table, you should report the beginning cash balance (same as given for number 4 of the SUMMARY), the Schedule A: Income reflected at the bottom of SCHEDULE A-EZ (in the bold box), and the Schedule B: Disbursements reflected at the bottom of SCHEDULE B-EZ (in the bold box). The purpose of SCHEDULE C-EZ is to ensure that the internal math provided is correct prior to the filing of your report. If these figures do not result in an ending cash balance matching the amount of cash in the guardianship estate, then you should go back and review your entries for any error.

Instructions - EZ Accounting

The last item of page 2 is BANK STATEMENT RECONCILIATION. If there are deposits in transit (not yet credited to account) and/or outstanding checks (delivered for payment but not cleared), then this table will show these amounts and should explain any apparent discrepancy as to the ending balance reflected on the most recent bank statement.

The last section of the EZ Accounting form is a certification of service in which you as guardian must specify when and how the report was served on the parties in interest. As noted at the beginning of the Report of Guardian Cover Page, you must file the original report with the Surrogate and serve copies of the report on the interested parties. Remember that there is a fee of \$5/page for all documents filed with the Surrogate, including the Cover Page. In terms of service, you should consult the Judgment to see if any particular method of service is required (i.e., by certified mail). If nothing is stated in the Judgment, then use your discretion as to the method of service.

Note: Interested Parties

The term “Interested Parties” (or parties-in-interest) includes the nearest of kin of the incapacitated person, meaning those relatives served with notice of the underlying guardianship action, including any relatives identified or located after the filing of the complaint and prior to entry of the judgment. Note that a child of an incapacitated person need not be served during minority but must be served upon reaching the age of eighteen (18) years, even if such child was a minor at the time of the guardianship proceeding and therefore not listed as an interested party in the verified complaint. Interested parties may also include any agent(s) appointed pursuant to a power of attorney or advance directive, as well as the director of a residential care facility having custody of the incapacitated person, and/or the attorney appointed for the incapacitated person in the guardianship action. If an interested party is under a guardianship or has died, then this should be noted in the certification of service section.

Note: Reporting Period

Most guardians are directed to report annually, at or before the anniversary date of the Judgment of Incapacity, so most reports will cover a 12-month period. Strict adherence to this time period may be difficult depending on the timing of the guardianship judgment and the nature of the guardianship reporting. For example, a guardian appointed on April 13th might decide to file her first accounting for the period of April 13th - March 31st, and then start the next accounting as of the following April 1st. Even though the first accounting covers less than 12 months, this is acceptable. After the first accounting, the guardian will file reports for a full 12-month period, with bank account statements as of the beginning (April 1st) and end (March 31st) of each yearly period.

Although it is acceptable to slightly adjust the reporting period for convenience, it is not acceptable to deviate substantially from the reporting deadline imposed by the Judgment of Incapacity. For example, a guardian appointed on April 13th may not decide to report through December 31st in order to achieve a future reporting period of January 1st through December 31st. If all guardians were allowed to determine the periods for reporting, many guardians would opt for a period coinciding with the calendar year. This would result in an influx of reports at the same time and would inhibit prompt review of submissions by the volunteers of the Guardianship Monitoring Program.

EZ Accounting Form**If You Are Guardian of the Estate, Complete the Following Questions**

If the Court has granted powers regarding the control and management of the incapacitated person's estate, please provide the following information, consistent with your order of appointment, concerning your fulfillment of your responsibilities to the incapacitated person.

Guardian's Name: _____

Docket Number: _____

Management of the Incapacitated Person's Estate

1. If a bond is required, is one filed that covers this period? ☐ Yes ☐ No ☐ N/A
2. Have you identified, traced and collected all of the incapacitated person's assets since your appointment? If no, please explain. ☐ Yes ☐ No
- _____
3. Have all of the incapacitated person's past and current state and federal tax returns been prepared and filed and all tax payments made? If no, please explain. ☐ Yes ☐ No
- _____

Complete schedules A-EZ & B-EZ and enter the Summary information below. If you have nothing to list on a schedule, state "NONE."

Summary

4.	Beginning Cash Balance	\$
5.	Schedule A- EZ: Income	\$
6.	Schedule B- EZ: Disbursements	\$
7.	Ending Cash Balance (Add lines 1 & 2 and subtract line 3)	\$

Schedule A-EZ: Income

Deposited into account # _____

Line #	Source of Income (e.g. employment, social security)	Description (e.g. number of months times dollar amount)	Total Income Amount
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

Total Income Received (Schedule A-EZ: Income)

\$0**Schedule B-EZ: Disbursements**

Withdrawn from account # _____

Line #	Category	Check(s) Number	Payment Date(s)	Payee	Amount Spent
1.					\$
2.					\$

EZ Accounting Form

Guardian's Name: _____

Docket Number: _____

Line #	Category	Check(s) Number	Payment Date(s)	Payee	Amount Spent
3.					\$
4.					\$
5.					\$
Total All Disbursements (Schedule B-EZ: Disbursements)					\$ 0

Schedule C-EZ: Bank Account Reconciliation

Account # _____

Beginning Cash Balance		\$
Plus: Income (Schedule A- EZ)	+	\$
Minus: Disbursements (Schedule B- EZ)	-	\$
Equals: Ending Cash Balance	=	\$

Bank Statement Reconciliation (Information Verification Tool)

Ending Balance per Bank Statement		\$
Plus: Deposits in Transit (Deposits not yet credited by date of statement)	+	\$
Less: Outstanding Checks (Checks not yet cleared by date of statement)		
Check #	\$	
Check #	\$	
Total: Outstanding Checks	-	\$0
Ending Cash Balance	=	\$

EZ Accounting Form

Guardian's Name: _____

Docket Number: _____

Service

I certify that on _____ (date), a copy of this report was served on each of the following interested parties (e.g., incapacitated person's spouse, parents, siblings, children *et cetera*):

Name of Interested Party	Relationship to Incapacitated Person	Address	Manner of Service

(attach additional information as necessary)

Certification

_____ (*insert your name*), certifies that I am the Guardian of the within named incapacitated person and that the attached annual report and schedule(s) (is) (are), to the best of my personal knowledge, complete and true statement of my activities as such Guardian. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

Date_____
Signature of Guardian_____
Print Name