## **S-Corporation Tax Organizer**

	EIN	Name		Date Incorporated	Date of S-Election
Address:					
	Mailing Address	Suite #	City	State	Zip Code
Contact Name:			Email:		
Contact Phones:					
	(Office)		(Home)		(Mobile)
Contact Ma	iling Address	Suite #	City	State	Zip Code

This Organizer is provided to help you gather and organize information relating to preparation of your corporate income tax returns. Please provide us with a copy of the corporation's tax returns for the last year filed if you are a first-time client.

If you maintain your organization's books using a bookkeeping system such as QuickBooks, Quicken or Excel, you can provide us with a profit and loss statement and balance sheet rather than completing the income and expense and balance sheet sections of this organizer.

If you would like our accounting staff to prepare organizational income and expense reports for you, there will be an additional fee to do so. If you prefer this option, please provide us with the following documents:

- o Business bank statements for all months of the year
- Credit card statements (for business-use credit cards)
- o Receipts for cash purchases not shown on bank or credit card statements
- Checkbook register
  - Identify all checks by entering an expense category in the memo section
  - Identify a personal withdrawal of funds from your business account as "Shareholder Distribution
  - Identify a deposit of personal funds to your business account as "Shareholder Contribution." If contributions and distributions were made for more than one shareholder during the year, provide separate information for each shareholder.

Filing Information. Please answer "Yes" or "No" to ALL of the following questions.	Y <sub>(</sub> No
Is this the Corporation's first year as an s corporation?	
What is the state of incorporation? What is the Corporation's state of residence?	
What date was the Corporation first authorized to do business in the resident state?	
Did the Corporation have a change of business name during the year?	
Was the Corporation's s-election terminated or revoked during the year?	
Is there a change of address for the year?	
What is the principal business activity of the Corporation?	
What accounting method does the Corporation use? Cash Accrual Other	
(describe)	
Does the Corporation file under a calendar year? (If not, what is the fiscal year?)	

Shareholder Information								
First Name–Last Name (Enter information for all shareholders who owned shares at any time during the year)	Social Security Number	Shareholder Mailing Address Street Address City, State, Zip	% of shares owned at start of year	% of shares owned at end of year	Dates of share ownership change (if any)			
How many shareholders were	there on the last day	of the year?						

Provide the following info the year.	rmation for any sh		was an officer or	2% or more ow	ner of the Corpo	
Shareholder/officer name	Wages paid to the shareholder or officer	Health insurance premiums paid for shareholder during the year	Capital contributions made by the shareholder during the year	Distributions made to the shareholder during the year	Shareholder loans to the Corporation during the year	Loans repaid by the Corporation to the shareholder during the year

Dusings in some from other states						
Business income from other states						
Did the Corporation conduct business in mo	re than one state	? Yes No				
If yes, please apportion income by state.						
State name Income apportionment \$ Payroll apportionment \$						
State name Income apportionm	nent \$	Payroll apportionment \$				
State name Income apportionm						
State name Income apportionm						
State name meome apportions						
Income						
What were the business gross receipts or sa	les for the year?	\$				
What portion of receipts were reported on F	orm 1099-K?	\$				
What portion of gross sales listed above was	refunded or retu	urned? \$				
What were the gross receipts from rental pr		· -				
(Do not include rental income in gross receipts for		·				
		ss activity not included in gross receipts above	 e?			
(If the Corporation had investment or capital	l gain income for	the year, complete the Yes No				
Interest/Dividend and/or Capital Gains Work	sheets in this Or	ganizer)				
Describe any other income of the Corporation	on not included e	lsewhere in this Organizer.				
Cost of Goods Sold (COGS)						
		ers generally must account for COGS. COGS	include all costs			
associated with manufacturing a product or						
Do you manufacture or produce a product f						
Do you operate a wholesale or retail busine	•		· 🔲			
What was the opening cost of inventory on	•	· · · · · · · · · · · · · · · · · · ·				
What was the cost of purchases of product	•	· · · · · · · · · · · · · · · · · · ·				
Cost of labor related to sale or production o						
Materials and supplies used in manufacture						
Other costs of goods not listed above (list th	ese on separate de	•				
Closing inventory at end of year		\$				
Business Expenses		usiness Expenses				
Advertising		rofessional education & training	\$			
Auto (Complete <u>auto worksheet</u> )		tent (office, leasehold, storage)	\$			
Bank fees and charges	Ÿ	1099-MISC to unincorporated payees required)	1			
Cell phone (100% of cost) \$ (x		Rent or lease (vehicles, machinery, and equipment) \$				
Business use%) =	Ψ		<b>A</b>			
Commissions and fees \$ Repairs and maintenance \$						
Computers, equipment, furniture	_	oftware (Enter on depreciation worksheet)				
(Complete the Asset Depreciation Worksheet)		upplies and small tools	\$			
Contract labor		Do not include equipment purchases – use Asset Repreciation Worksheet below)				
(You must issue a 1099 Misc. to any	Ċ	axes - Local & business licenses	\$			
unincorporated entity to whom you paid \$600			\$			
or more for the year) Taxes - Payroll (941, 940 & State)						

Dues and Subscriptions	\$ Taxes - State	\$
Employee benefit programs	\$ Annual corporation fees	\$
Health Insurance (employee)	\$ Telephone expense (Do not include cost of	\$
Health Insurance (shareholder)	\$ main home phone line)	
Insurance (other than health)	\$ Travel (Complete Travel Europea Morkehoet on Page	
Internet service	\$ Travel (Complete <u>Travel Expense Worksheet</u> on Page 5 of this organizer)	
Interest – Mortgage (business)	\$ Utilities (Do not include home office)	\$
Interest – Business credit cards	\$ Wages (W-2s issued to employees)	\$
Interest – Business loans/credit line	\$	
Laundry/cleaning/janitorial	\$ Other Expenses	
Legal and professional services	\$	\$
Local (in-town) meals	\$	\$
Entertainment	\$	\$
Merchant credit card fees	\$	\$
Office expense	\$	\$
(Do not include equipment purchases – use <u>Asset</u> <u>Depreciation Worksheet</u> below)		\$
Parking & tolls	\$	\$
Postage & shipping	\$	\$

asset bought or solo	• •		Assets sold or disp	osed of during the year		
		Cost	•		Sales price	

## **Travel Expense Worksheet**

## **Meal Per Diem (Important facts)**

- For each day a 2% shareholder of the company traveled away from home for business outside the metro area, the Corporation may claim the actual cost of shareholder lodging and meals. For meals only, the Corporation may reimburse the shareholder a daily per diem amount instead of actual costs.
- For each day a non-shareholder employee of the company traveled away from home for business outside the metro area, the Corporation may choose between claiming the actual cost of employee meals and lodging; or it can reimburse the employee a daily per diem amount for meals and lodging.
- The daily per diem amount varies depending on the city and country the employee traveled to. To calculate the per diem, amount the Corporation is entitled to reimburse, provide a detailing of each city the employee travelled to for business during the year and the number of days in each city.
- The Corporation can alternate between actual expenses and the per diem method for each business trip; however, it may not use both per diem and actual for the same business trip.
- The Corporation may reimburse a partial per diem if an employee or shareholder traveled outside metro area for less than a full day.

City visited (for per diem)	# of days in city	City visited (for	per dier	n)	# (	of days in city
Travel Expenses		Travel Expens	ses		<u> </u>	
Airfare	\$	Lodging			\$	
Bus, train, taxi	\$	Parking & tolls			\$	
Entertainment	\$	Other travel (a	lescribe	below)	)	
Meals - actual receipts					\$	
(Do not include cost of meals where you are					\$	
claiming the daily per diem rate)	\$				\$	
Information relating to deductions and						
qualify for. Answer "Yes" or "No"	and provide info	rmation as				- · ·
applicable.			Yes	No		Details
Did the Corporation purchase a plug-in ele	<u> </u>			Ш		
Did the Corporation pay wages to any emp	oloyees who were me	mbers of a				
targeted group?  Did the Corporation initiate a new 401K pla	an during the year?					
Did the Corporation initiate a new 401k pro		vements				
during the year?	3 equipment of impre	vernents		Ш		
Did the Corporation provide for or reimbu	rse employees for chil	dcare expenses				
during the year?						
Did the Corporation make energy-efficience				Ш		
Did the Corporation manufacture or buil	•					
States? If so, the following additional is	information will be r	needed to				
complete the Corporation's return:						
<ul> <li>Gross receipts from sales of domes</li> </ul>		luct				
<ul> <li>Cost of domestically produced good</li> </ul>						
<ul> <li>Expenses, deductions or losses directions</li> </ul>	ectly allocable to the o	domestic				
product						
Expenses, deductions or losses ind	irectly allocable to the	e domestic				
product.						
<ul> <li>Wages paid for the year.</li> </ul>						

## **Business Use of Automobile**

Documentation must be kept proving business use of Corporation-owned or shareholder-owned vehicles.

- If a shareholder or an employee used his or her automobile for active conduct of Corporation business:
  - The Corporation can provide reimbursement for actual operational expenses of the vehicle or it can reimburse using an allowable standard mileage rate.
  - A written log or other record must be maintained and submitted to the Corporation. o For each shareholder or employee for whom the Corporation paid auto-expense reimbursements during the year, the Corporation should maintain a written record of the expenses incurred and the reimbursements paid.
- The Corporation may claim actual operational expenses incurred for vehicles that are owned by the Corporation.
  - o Proof of business use in the form of a mileage log or a written calendar must be maintained unless it can be shown the vehicle was 100% business use.

<ul> <li>If the business provided a vehi</li> </ul>	cle for employee ι	ise, complete Section B below.		
For any vehicle that was used by a 5%	or more owner of	the business, additional inform	nation must be rep	orted to IRS.
Complete Section A shown below.				
		Section A		
Provide the following information for	each vehicle used		business	
Purchase price of vehicle		\$		
Description (Model and year of vehicle)				
Date vehicle was first used in your busi				
For this tax year only, enter the numbe	•			
E	Business miles (not	including commute miles)		
		Commuting miles		
	All	other personal-use miles		
Interest paid on auto loan used to purc	hase this vehicle	9	5	
Was the vehicle available for personal of	use? Yes 🔲 No [			
Was the vehicle used primarily by a 5%	or more owner of	the Corporation? Yes No		
Is another personal-use auto available?	Yes No			
Was the standard mileage rate used las	st year? Yes 🔲 N	lo 🗌		
		Section B		
<b>Additional Questions for Corporations</b>	Providing Vehicle	es for Use by Employees		
Does the Corporation maintain a writte	n policy prohibitir	ng all personal use of company v	vehicles?	
			Yes No	
Does the Corporation maintain a writte	n policy prohibitir	ng all use except commuting?	Yes No No	
Does the Corporation treat all use of ve	chicles by employe	e as personal use?	Yes No No	
Does the Corporation provide more tha	an five vehicles to	employees and keep records?	Yes No	
Automobile Expenses				
Mileage reimbursement amount paid t	o shareholders an	d employees for the year \$		_
Garage rent	\$	Repairs		\$
Gas	\$	Tires		\$
Insurance	\$	Tolls		\$
Licenses	\$	Registration fees		\$
Oil	\$	Other expenses (list):		\$
Parking fees	\$			\$
Lease payments	\$			\$

Interest and Dividend Income Worksh	neet				
Please attach copies of all interest and		•		•	
If the Corporation received interest p		a seller financed	mortgage, we w	ill need the n	ame, address, and
SSN or EIN of the party making payme		al interest or div	idand amaunt ra	aniwa d	
For each payer of interest or dividence	· ·				
Do you have money in or ownership over		in a foreign cour	itry? Yes 🔝 N	lo 🔲	
No. of the describer of the control	Interest				Dividends Received
Name of bank or other payer	Received	Name of corp	oration or other		<u> </u>
	\$				\$
	\$				\$ \$
	\$				\$
Describe Comment of house comments of	,	union financial a			_
Does the Corporation have ownership or o	ontroi over a to	reign financiai a	ccount or trust?	Yes No	
If was provide the name (s) of the foreign s	auntry and may	dimension accounts	aluas far tha vaa	~ ¢	
If yes, provide the name(s) of the foreign of	country and max	kimum account v	raiues for the yea	Γ \$	
Sale of stock, real estate or other prop		ta valationa ta ata	al. aalaa		
Please attach copies of year-end brok     If real estate was sald during the year	~				
If real estate was sold during the year	, provide copies				
Description of property cold		Date	Purchase Price	Date Solo	d Sales Price
Description of property sold		purchased	Price	Date Soit	3 Sales Price
Company ion Polones Chart					
Corporation Balance Sheet					
If the Corporation gross receipts and/or a	ssets at the end	l of the year wer	e greater than \$2	250,000 the fo	ollowing information
must be provided to the IRS. Even if the 0	Corporation is n	ot required to pr	rovide this inform	nation, we red	quest you provide it
if possible.					
Assets at year end		Debts a	nd Equity at yea	r-end	
Bank account end of year balance	\$		ts payable at yea		\$
Accounts receivable at end of year	\$		es less than 1 year		\$
Loans to Shareholders	\$	Payables more than 1 year		ar	\$
Mortgages and loans held by Corp.	\$	Capital Stock			\$
Stocks, bonds and securities			s from shareholders		\$
Other current assets (describe)	\$	Retaine	d Earnings		\$
I affirm that the information contained in this	_				
complete to the best of my knowledge. I furth	er attirm that I ha	ave documentation	n/receipts to suppo	ort this informa	ation.
Signature	rint Name		Title		
Signature P	init ivallie		ritie	Date	=