

Tax Organizer for Corporations, Partnerships & LLC's

Instructions: Fill out the informational questions below and send us a printed copy of your end of year income statement and balance sheet reports.

Name _____
Address _____

Federal EIN _____
State EIN _____
State Sales Tax # _____
Business Activity _____
Product or service _____
S-corp C-corp Partnership
Date of Incorporation _____
Date of S-corp election _____
If LLC, How is your LLC recognized for tax purposes?
S-corp C-corp Partnership

Yes No

- Has this corporation ever changed its subchapter election (C to S, or S to C) ?
- Does this corporation own 50% or more of the voting stock of another corporation?
- Is this corporation a subsidiary in an affiliated group?
- Does any individual or entity own 50% or more of this corporation's stock?
- Did this corporation declare and pay a dividend this year?
- Did this corporation distribute any property to shareholders?
- Did this corporation own shares of any controlled foreign corporations?
- Did this corporation have an interest in a foreign financial account?
- Did this corporation receive a distribution from or transfer a distribution to a foreign trust?
- Did a foreign person own 25% of this corporation?

Number of shares outstanding _____

List each shareholder and the number of shares owned along with address and SS#

Income & Expenses

You are required to account for your income and expenses. This takes commitment and consistency, but worth the time and effort. You should have your receipts and other forms of documentation to support your tax write-offs. If for some reason you lost or misplaced any receipt, ensure that you record the date, the amount incurred, and the purpose of the expense. There are always third party forms of substantiation.

Good Advice....

Whether you do your accounting (bookkeeping) manually on ledger paper, or by use of the computer, it would be imperative that you perform these functions regularly.

You'll be glad you did. Now, let's get this reporting accomplished!

Gross Receipts & Sales not reported to you on a 1099	\$ _____
Gross Receipts & Sales reported to you on a 1099	\$ _____
Returns & Allowances	\$ _____
Beginning Inventory (If any) (Always 0 in first year of business)	\$ _____
Purchases of items to resell as they are	\$ _____
Personal Use Items	\$ _____
Cost of Contract Labor	\$ _____
Cost of Materials that went into your finished product	\$ _____
Ending Inventory (Physical count of inventory on hand on 12/31 at your cost)	\$ _____

Business Expenses

Advertising	\$ _____
Bad debts (Accrual only)	\$ _____
Commissions <i>Paid By</i> you	\$ _____
Medical Expenses reimbursed to employees	\$ _____
Education Expenses reimbursed to employees	\$ _____
Employee Business Expense Reimbursements	\$ _____
Insurance	\$ _____
Interest	\$ _____
Legal/Professional	\$ _____
Office expense	\$ _____
Pension plans for employees	\$ _____
Rent of Vehicles or Equipment	\$ _____
Rent of property	\$ _____
Repairs & Maintenance	\$ _____
Supplies	\$ _____
Taxes & Licenses	\$ _____
Travel Expense	\$ _____
Meals & Entertainment	\$ _____
Utilities	\$ _____
Wages	\$ _____

Other expenses: (Make separate list if too many to list below)

Accounting	\$ _____	_____	\$ _____
Bank Charges	\$ _____	_____	\$ _____
Credit & Collection	\$ _____	_____	\$ _____
Delivery & Freight	\$ _____	_____	\$ _____
Dues & Subscriptions	\$ _____	_____	\$ _____
Gifts	\$ _____	_____	\$ _____
Internet	\$ _____	_____	\$ _____
Janitorial	\$ _____	_____	\$ _____
Laundry & Cleaning	\$ _____	_____	\$ _____
Meeting Fees	\$ _____	_____	\$ _____
Outside Services	\$ _____	_____	\$ _____
Permits & Fees	\$ _____	_____	\$ _____
Postage	\$ _____	_____	\$ _____
Printing	\$ _____	_____	\$ _____
Seminars	\$ _____	_____	\$ _____
Telephone	\$ _____	_____	\$ _____
Cell Phone	\$ _____	_____	\$ _____
Voicemail	\$ _____	_____	\$ _____
Pager	\$ _____	_____	\$ _____
Web Hosting	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Assets purchased for business use during this tax year:

Asset	% business use	Month / Year Purchased	Price
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Additional assets - list on separate sheet.

Auto and Truck Expenses

This is probably the hardest area to keep track and consistency of...your auto mileage and expenses. Our recommendation is to keep current tally of your travels from point "A" to point "B". By doing this, you won't have to recall it from memory.

* Did you use your automobile for your business or for your employer (excluding commuting) during this tax year? YES NO

If **yes**, complete the following:

How many autos do you own? _____

Do you use more than one automobile at the same time for business?

Answer **NO** if you use various vehicles at different times. YES NO

Did you buy or trade in or sell a vehicle used for business this year? YES NO

If yes - send us copies of the sale and purchase contracts.

	Auto #1	Auto #2	Auto#3
Primary business or job in which auto is used.	_____	_____	_____
Do you own the automobile? YES or NO	_____	_____	_____
Do you have a written mileage log? YES or NO	_____	_____	_____
If leased, annual lease payment	_____	_____	_____
Period of lease (in months)	_____	_____	_____
Date lease began	_____	_____	_____
Make, Model and year of automobile	_____	_____	_____
Total miles driven during the year for each car	_____	_____	_____
Employee miles driven during the year	_____	_____	_____
Business miles driven during the year	_____	_____	_____
Total miles driven between similar jobs	_____	_____	_____
Charitable miles driven during the year	_____	_____	_____
Real Estate rental miles driven	_____	_____	_____
Medical miles driven during the year	_____	_____	_____
Miles driven for another business if more than one	_____	_____	_____
Date first used for business	_____	_____	_____
Purchase price of automobile at purchase (Including leased vehicles)	_____	_____	_____
Date Purchased:	_____	_____	_____
Expenses of operation:			
Gas	_____	_____	_____
Oil	_____	_____	_____
Repairs	_____	_____	_____
Insurance	_____	_____	_____
Property Tax	_____	_____	_____
License/Registration	_____	_____	_____
Parking/Tolls	_____	_____	_____
Interest paid on auto loan	_____	_____	_____

