

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 | _____ | _____ | _____ |

