C Corporation Tax Organizer

(See next page for Organizer)



www.taxusign.com

253.234.7180 Phone 206.973.5375 Fax

		oration lax organizer		Use a separate organizer for each C corporation					
		n General Information		EINI					
Legal n	iame o	f C corporation		EIN					
C corpo	oration	address (check if new address)							
Date in	corpo	rated	State of incorporation	Corp. state residence					
Corpor	ation 1	Representative	Title						
			Email	Phone					
Yes	No	Did the corporation have a change of business na	me during the year?						
Princip	al bus	iness activity							
Princip	al pro	duct or service							
Yes	No	Was the primary purpose of the corporation's act	vity to realize a profit?						
Yes	No	Is the corporation a Personal Service Corporation	(PSC)?						
Accour	nting n								
Yes	No	Does the corporation file under a calendar year? (If no, what is the fiscal year?)						
\$		Total assets of the corporation at the end of the tax		·					
New Cli	ients	 Provide a copy of the Articles of Incorporation, Provide a copy of the depreciation schedules for returns. 							
C Corp	oratio	n Specific Questions							
Yes	No	Has the corporation been notified of any changes	to previous returns by any taxir	ng authority? If yes, provide copies of all					
		correspondence.							
Yes	No	Provide a schedule of ownership changes during	•						
Yes	No	Have there been any changes to the shareholder's	<u> </u>	1 2					
Yes	No	Did the corporation hold an annual meeting with shareholders with a record of minutes maintained?							
Yes	No	Has the corporation updated its minute book for the year? If yes, provide a copy.							
Yes	No	Did the corporation purchase or sell a business or	business segment during the ye	ear? If yes, provide a copy of the contract or					
Voc	No	agreement.	during the year? If year describe	the new business on an attached sheet					
Yes Yes	No No	Did the corporation engage in any new activities during the year? If yes, describe the new business on an attached sheet.							
168	110	Did the corporation discontinue operations this year? If yes, provide details. Does the corporation have any of the following employee benefit plans? If yes provide copies of plan documents.							
Yes	No	Qualified retirement plan?	ilployee beliefit plans: if yes pro	Sylde copies of plan documents.					
Yes	No	*							
Yes	No	• SEP (simplified employee pension) or SIMPLE (savings incentive match plan for employees) plan? If yes, do contributions need to be calculated?							
Yes	No	• Cafeteria plan?							
Yes	No	Non-qualified deferred compensation plan or as	reement?						
Yes	No	Other benefit plan not described above?							
Yes	No	Did the corporation include taxable fringe or welfare benefits such as health insurance, group-term life insurance, educational assistance, non-accountable expense allowances, and personal use of corporate vehicles in compensation on employees' Forms W-2 and, if applicable, subject such amounts to payroll taxes?							
Yes	No	Is the corporation a subsidiary in an affiliated gro	up or a parent-subsidiary contro	olled group?					
Yes	No	Is any shareholder in the corporation a disregarde	ed entity, a partnership, a trust, a	an S corporation, or an estate?					
Yes	No	Did any foreign or domestic corporation, partners directly or indirectly, 50% or more of the total vot	ship, trust, or tax-exempt organiing power of all classes of the co	zation own directly 20% or more, or own, orporation's stock entitled to vote?					
Yes	No	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote?							
Yes	No	Did the corporation own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not already included in a listing of affiliated groups?							
Yes	No	Did the corporation own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership or in the beneficial interest of a trust?							
Yes	No	At any time during the tax year, did one foreign p classes of the corporation's stock entitled to vote of	or the total value of all classes of	f the corporation's stock?					
Yes	No	Did the corporation have an 80% or more change		*					
Yes	No	Did the corporation dispose of more than 65% of							
Yes	No	Did the corporation receive assets in a property-fe market basis or fair market value of more than \$1	million?	·					
Yes	No	At any time during the year, did the corporation l country?							
Yes	No	Was there a distribution of property or a transfer	(by sale or death) of a sharehold	er interest during the tax year?					

C Corpo	oration	Specific Question	ns continued												
Yes	No														
		 The corporation's total receipts for the tax year were less than \$250,000, and The corporation's total assets at the end of the tax year were less than \$250,000. 													
Yes	No	· · · · · · · · · · · · · · · · · · ·													
103	140	If yes, include a copy of Form 1099-MISC for each.													
Yes	No	Did the corporation use any vehicles for business us? If yes, include total business miles for each vehicle.													
		Vehicle		al Miles				hicle			Total λ	<u> </u>			
Princi	pal Sh	areholders Ov	•		e a	dditional sheets	_					ı			1
Name/T	Γi+l _o		Tax ID numbe (SSN or EIN)	r Address		# Shares owned # Shares owned Dividends issu at start of year at end of year holder during t					U.S. citizen?				
1 vuitte/ 1	ше		(SSIV OF LIIV)	21441655		at start of year			at end of year holder during the			усиг	CILIZETI:		
How n	nany sl	hareholders we	re there on the	last day of the	yea	ar?									
Sharel	holder	s – Provide the t	following inforn	nation for any sha	arei	holder who wa	s aı	n office	er or 2%	or more	owner of	the corpor	ation dui	ing the y	ear
				Health insuran		Capital contr	ibu			outions	utions Shareholder loans Loans			epaid by	
Shareho	older/O	ffice name	Wages paid	premiums paid		from sharehol	lder					corpora	ition to sh	ıareholder	
C Corn	orotio	n Balance She													
C COIP	UIALIU		oration assets a	t waar and						Cornor	ation daht	s and equi	tu at 1100	r and	
Bank a	ccount	t end of year ba		i yeur enu	9	\		Acco	uints na		t year en		y ui yeu	\$	
		eivable at end o			4						one year	<i>.</i>		\$	
		eholders	1) 001		4						one year			\$	
		nd loans held by	corporation		4			Loans from shareholders				\$			
		s, and securities			4			Capital stock (preferred)				\$			
Other o	curren	t assets (include	list)		4	,		Capital stock (common)					\$		
Invento	ories				\$,		Retained earnings					\$		
C Corp	oratio	n Income (incl	ude all Forms 10	99-K received)											
Gross receipts or sales				4	;		Divi	dend in	come (i	nclude all	1099-DIV	Forms)	\$		
Returns or refunds				_	5 ()	_				1099-В Fo		\$		
Gross income from rental property owned by corporation				_			Othe	r incom	ne (loss)	(include i	statemen	t)	\$		
Interest income (include all 1099-INT Forms) C Corporation Cost of Goods Sold (only for manufacturers,				\$									\$		
				or manufacturers	$\overline{}$		l bu							l .	
Inventory at beginning of the year				\$						d of the y			\$		
Purcha		1 , 1 , 1	1	6 1 1 1 1	\$			Materials and supplies used in manufacture or sales production						\$	
Cost of labor related to sale or production of goods held for sale				4)		01 50	ies proc	auction						
		n Expenses												l	
Advert		жронооо			4	<u> </u>		Lega	l and p	rofessio	nal servi	ces		\$	
		oration fees			4				agemer					\$	
Bank fees and charges				4			Meal	ls – bus	iness				\$		
Charitable contributions				\$;		Offic	e suppl	ies				\$		
Cleaning/janitorial				\$,		Organization costs						\$		
Commissions and fees				\$			Pension & profit sharing plans – employee					\$			
Contract labor (include Forms 1099-MISC)				\$			Pension & profit sharing plans – shareholder				holder				
Employee benefit programs				\$			Professional education and training				\$				
*Entertainment				\$			Rent or lease – car, machinery, equipment				\$				
Health care plans – employee Health care plans – shareholder				\$			Rent or lease – other business property			7	\$				
Insurance (other than health)				\$			Repairs and maintenance			١	\$				
Interest – business credit cards				\$			Salaries and wages (include Forms W-2) Taxes – payroll			,	\$				
Interest – business credit cards Interest – business loans/credit lines				9			Taxes – property				\$				
Interest – mortgage			4			Taxes – sales				\$					
Internet service			4			Telephone				\$					
		ent is no longer	deductible for	taxes.	1 7			Utilities				\$			
		ses – List out ty													
	•		\$					\$						\$	
			\$					\$						\$	

Equipment Purchases – Enter the following information for depreciable assets purchased that have a useful life greater than one year								
Asset			Date purchased	C	Cost	Date placed in service	New or used?	
				\$				
Equipment Sold or Disposed of During Year								
Asset			Date out of service	out of service Date sold		Selling price/FMV	Trade-in?	
						\$		
C Corporation Business Credits (if answered Yes for any of the below, please provide a statement with details)								
Yes	No	Did the corporation pay expenses to make it accessible by individuals with disabilities?						
Yes	No	Did the corporation pay any FICA on employee wages for tips above minimum wage?						
Yes	No	Did the corporation own any residential rental buildings providing qualified low-income housing?						
Yes	No Did the corporation incur any research and experimental expenditures during the tax year?							
Yes	No	Did the corporation have employer pension plan start-up costs?			Total number of employees			
Yes	No	Did the corporation pay health insurance premiums for employees?			Total number of	employees		
All Clients - Additional information and documents required								

All Clients — Additional information and documents required

- Provide the business income/financial statements for the year (per books), balance sheet, dividends paid out, estimated tax payments (include amounts and date paid), depreciation schedule per books, and cash reconciliation of all business bank accounts with ending cash balances.
- Provide copies of Form W-3, Form 940, Form 941, Form 1096, Form 1099-MISC (independent contractors), and any state tax filing reports.

Estimated Tax Payments — Tax Year 2019							
Installment	Date paid	Federal	Date paid	State			
First		\$		\$			
Second		\$		\$			
Third		\$		\$			
Fourth		\$		\$			
Amount applied from 2018 overpayment?		\$		\$			
Total		\$		\$			

Tax Return Preparation

We will prepare the corporation's tax return based on information provided. In the event the return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of the corporation's return do not include auditing, review, or any other verification or assurance.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If additional information is received after we begin working on the return, you will contact us immediately to ensure the completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review documentation.
- You must be able to provide written records of all items included on the return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- · Fees must be paid before the tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of late returns.
- You should keep a copy of the tax return and any related tax documents. You may be assessed a fee if you request a copy in the future.

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities.

D :		
Taxpayer	Title	Date

Privacy Policy

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.