S-Corporation Tax Organizer

EI	N	Name		Date Incorporated	Date of S-Election
Address:					
	Mailing Address	Suite #	City	State	Zip Code
Contact Name:			Email:		
Contact Phones:					
	(Office)		(Home)		(Mobile)
Contact Mailin	g 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 of L.Griffin Consulting, LLC.

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
- o 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.	Υι 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?)	

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 shar owners chang (if an

Provide the following information for any shareholder who was an officer or 2% or more owner of the Corporation during the year.

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 Ioans to the Corporation during the year	Loans repaid by the Corporation to the shareholder during the year

Business income from other states			
Did the Corporation conduct business in mor	e than one state	? Yes No	
If yes, please apportion income by state.			
State name Income apportionm	ent \$	Payroll apportionment \$	
State name Income apportionm	ent \$	Payroll apportionment \$	
State name Income apportionm	ent \$	Payroll apportionment \$	
State name Income apportionm	ent \$	Payroll apportionment \$	
Income			
		A	
What were the business gross receipts or sal	es 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	irned? \$	
What were the gross receipts from rental pro			
(Do not include rental income in gross receipts fo		•	
Did the Corporation have any other income f	from this business	s activity not included in gross receipts abo	ove?
(If the Corporation had investment or capital			No 🗌
Interest/Dividend and/or Capital Gains Work		-	
Describe any other income of the Corporatio	n not included el	sewhere in this Organizer.	
Cost of Goods Sold (COGS)			
Businesses such as restaurants, retail sellers			S include all costs
Businesses such as restaurants, retail sellers associated with manufacturing a product or	purchasing a pro	duct for resale.	S include all costs
Businesses such as restaurants, retail sellers associated with manufacturing a product or Do you manufacture or produce a product for	purchasing a pro- or sale to custome	duct for resale. ers? Yes No	
Businesses such as restaurants, retail sellers associated with manufacturing a product or Do you manufacture or produce a product fo Do you operate a wholesale or retail busines	purchasing a pro- or sale to customo ss where you main	duct for resale. ers? Yes No ntain an inventory of goods?	SS include all costs
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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)	\$	
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 Depreciation Worksheet

You must report the purchase and disposition of all assets you used in your business. For each asset bought or sold, provide the following information:

Assets purchased during the year			Assets sold or disp	Assets sold or disposed of during the year			
Description	Date Bought	Cost	Description	Disposition date	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			
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 infor	mation as				
applicable.			Yes	No	Details	
Did the Corporation purchase a plug-in ele						
Did the Corporation pay wages to any emp	oloyees who were mer	nbers of a				
targeted group?						
Did the Corporation initiate a new 401K pla						
Did the Corporation pay for disabled acces	s equipment or impro	vements				
during the year? Did the Corporation provide for or reimbu	rso omployoos for chil	deara avpancas				
during the year?	ise employees for chin	ucare expenses				
Did the Corporation make energy-efficience	v improvements?					
Did the Corporation manufacture or buil		ne United				
States? If so, the following additional i	•					
complete the Corporation's return:						
 Gross receipts from sales of domes 	stically produced prod	uct				
 Cost of domestically produced good 						
• Expenses, deductions or losses dire		lomestic				
product						
 Expenses, deductions or losses ind 	irectly allocable to the	e domestic				
product.						
 Wages paid for the year. 						

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.
 - 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.
 - o If the business provided a vehicle for employee use, complete Section B below.

For any vehicle that was used by a 5% or more owner of the business, additional information must be reported to IRS. Complete Section A shown below.

		Section A	
Provide the following information for	each vehicle used	by a 5% or more owner of the b	usiness
Purchase price of vehicle		Ş	
Description (Model and year of vehicle)			
Date vehicle was first used in your bus			
For this tax year only, enter the number			
	Business miles (no	t including commute miles)	
		Commuting miles	
	Al	l other personal-use miles	
Interest paid on auto loan used to pure	chase this vehicle	\$	
Was the vehicle available for personal	use? Yes 📃 No		
Was the vehicle used primarily by a 5%	or more owner o	f the Corporation? Yes 📃 🛛 No 🗌	
Is another personal-use auto available	? Yes 📄 No 📄		
Was the standard mileage rate used la	st year?Yes 📃 🛛 I	No 🗌	
		Section B	
Additional Questions for Corporation			
Does the Corporation maintain a writte	en policy prohibitii		
			Yes No
Does the Corporation maintain a writte	en policy prohibiti	ng all use except commuting?	Yes 📄 No 📃
Does the Corporation treat all use of ve	ehicles by employe	ee as personal use?	Yes 📃 No 🗌
Does the Corporation provide more th	an five vehicles to	employees and keep records?	Yes 🗌 No 🗌
Automobile Expenses			
Mileage reimbursement amount paid	to shareholders ar	nd 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 Worksheet

- Please attach copies of all interest and dividend statements the Corporation received for the year.
- If the Corporation received interest payments under a seller financed mortgage, we will need the name, address, and SSN or EIN of the party making payments.
- For each payer of interest or dividends, enter the total interest or dividend amount received.

Do you have money in or ownership	Interest	in a foreign country? Yes No	Dividends Received
Name of bank or other payer	Received	Name of corporation or other payer	
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Does the Corporation have ownershi	p or control over a fo	oreign financial account or trust? Yes 📃 N	o 🗌

If yes, provide the name(s) of the foreign country and maximum account values for the year \$_

Sale of stock, real estate or other property

- Please attach copies of year-end brokerage statements relating to stock sales
- If real estate was sold during the year, provide copies of closing papers

Description of property sold	Date purchased	Purchase Price	Date Sold	Sales Price	

Corporation Balance Sheet

If the Corporation gross receipts and/or assets at the end of the year were greater than \$250,000 the following information must be provided to the IRS. Even if the Corporation is not required to provide this information, we request you provide it if possible.

Assets at year end		Debts and Equity at year-end	
Bank account end of year balance	ć	Accounts payable at year end	خ
Accounts receivable at end of year	\$	Payables less than 1 year	\$
Loans to Shareholders	\$	Payables more than 1 year	\$
Mortgages and loans held by Corp.	\$	Capital Stock	\$
Stocks, bonds and securities	\$	Loans from shareholders	\$
Other current assets (describe)	\$	Retained Earnings	\$

I affirm that the information contained in this tax organizer, submitted to L.Griffin Consulting, LLC for preparing tax returns, is true, correct, and complete to the best of my knowledge. I further affirm that I have documentation/receipts to support this information.

Signature

Print Name

Title

Date