

Tax Organizer

Business Entities (C Corporation, S Corporation, Partnerships)

Tax Planning

1. New clients: Complete all sections completely with all information that applies.
2. Returning client: Update Tax Organizer with any changes or additional inform not provided in prior years.
3. All clients:
 - a. Attach current Income Statement & Balance Sheet
 - b. Complete any attached statements for assets, loans, contributions and distribution that apply

See more detailed requirements list below depending on your business profile.

Part 1 - Entity Information			
Name of Business filed on SS-4	<input style="width: 100%;" type="text"/>		
Address	<input style="width: 100%;" type="text"/>		
Contact Person	<input style="width: 100%;" type="text"/>		
E-mail Address	<input style="width: 60%;" type="text"/>	Phone	<input style="width: 20%;" type="text"/>
Tax Return Signer/Managing Partner	<input style="width: 100%;" type="text"/>		
Check One	Corporation <input type="checkbox"/>	S-Corporation <input type="checkbox"/>	General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/>
	LLC (Single Member) <input type="checkbox"/>	LLC (Multiple Member) <input type="checkbox"/>	Limited Liability Partnership <input type="checkbox"/>
Principle Business Activity	<input style="width: 100%;" type="text"/>		
Principle Product or Service	<input style="width: 100%;" type="text"/>		
Business Code	<input style="width: 100%;" type="text"/>		
Business Start Date	<input style="width: 20%;" type="text"/>	Date Business Started in State	<input style="width: 20%;" type="text"/>
Method of accounting (keep books as)	Cash <input type="checkbox"/>	Accrual <input type="checkbox"/>	Other -Describe <input style="width: 20%;" type="text"/>

Part 2 - Corporation Information			
State Incorporated	<input style="width: 20%;" type="text"/>	State ID (if any)	<input style="width: 20%;" type="text"/>
Date Incorporated	<input style="width: 20%;" type="text"/>	If S Corp, Effective Date of Election	<input style="width: 20%;" type="text"/>

Part 3 - Principal Shareholders or Partners			
Name	Tax ID Number	Address	Own %

Part 4 - Additional Information and Documents Required

1. If this is your first year of existence or a new client:
 - a. A copy of the state incorporation or partnership agreement
 - b. A copy of the letter received from the IRS after filing SS-4 showing Entity EIN number & official name
 - c. If an S-Corp, the filed IRS Form 2553 - Election, & copy of IRS acceptance letter allowing S-Corp status
2. See the attached statement list and include all that apply:
 - a. Asset additions and changes

- b. Notes, Loans and mortgages held either in assets or liabilities
- c. Capital/Cash contributions to the business by shareholder or partner
- d. Capital/Cash distributions to shareholders or partners
- e. Non-standard contributions or distributions
- f. Employer and officer payroll information
- g. Final Bank statement or bank reconsolidation showing cash in bank
- h. Real property loan and real estate information
- i. If the business employed independent contractors or made payment to unincorporated services/suppliers, provide copies of 1099-Misc issued.
- j. If any shareholders or partners are residents of states not where business located or reside outside the US, provide details. There may be withholding requirements.

Part 5 - Questions Related to all entities - If yes check any that apply - if No DON'T check

- ♦ At any time during the year, did the business have an interest in or signature or other authority over a financial account in a foreign country (such as a bank, securities, or financial account)?
- ♦ During the year, did this business have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the loan?
- ♦ Was there a change in determining quantities, cost or valuations between opening & ending inventory?
- ♦ Was there any write-down of subnormal goods as described in Regulations Sec 1.471-2(c)?
- ♦ Do the IRC Sec 263A uniform capitalization rules apply to this business?
- ♦ Does the business have any foreign partners or shareholders?
- ♦ Did this business pay any taxes to a foreign government during the tax year?
- ♦ Did the business pay any expenses during the tax year to make the business accessible or usable by individuals with disabilities?
- ♦ Did this employer pay any FICA on employee wages for tips above the minimum wage?
- ♦ Did this business incur any research and experimental expenditures during the tax year?
- ♦ Does this business own any residential rental buildings providing qualified low-income housing?
- ♦ Does the business provide child care facilities or services to its employees?
- ♦ Has this business filed or is it required to file, form 8918, a Material Advisor Disclosure Statement?

ADDITIONAL QUESTIONS RELATED TO TANGIBLE PROPERTY OR BUILDING REPAIR AND MAINTENANCE

- ♦ Did you in the current tax year purchase tangible personal property costing greater than \$500 per item?
- ♦ If you did purchase tangible property of greater than \$500 per item, have you filed a certified financial statement to the SEC or any state or federal government agency or had a CPA certified audit and financial statements used for credit, reporting to shareholder/partners, or use for non-tax purposes? Safe harbor rules for greater than
- ♦ Do you have a accounting procedure in place for purchase of tangible property?
- ♦ Does the business own any real commercial property valued less \$1 million and made total repairs or maintenance costing less than \$10,000 or 2% of the adjusted basis of the building?

SMALL EMPLOYER HEALTHCARE COVERAGE - (Questions 1 & 2 applied to 2015 and forward)

1. Do you have 50 or more full-time equivalent employees? (If you say yes, required healthcare coverage or shared responsibility payments may apply starting in 2015) Yes No
2. If yes to the prior question, do you or do you plan to provide minimum value coverage or do all employees received premium tax credit or cost sharing reduction? Yes No
3. Do you have 25 or less full-time equivalent employees and offer healthcare to employees obtained through a SHOP plan (Marketplace)? Yes No
4. If yes to the prior question, your average annual wages per full-time equivalent are less than \$50,000 and you paid as least 50% of premiums for single health insurance under a qualifying arrangement? Yes No

Part 6 - Questions Related Only to Partnerships

1. At any time during the year was any partner a disregarded entity (sole proprietor), partnership, trust, S Corp, estate, or a nominee or similar person? Yes No
2. At the end of the year, did any foreign or domestic corporation, partnership or entity treated as a partnership, trust, individual or estate own directly or indirectly 50% or more of the profit loss or capital of the partnership? If yes, provide details including tax ID. Yes No

