## **Business Tax Organizer**

(See next page for Organizer)



General In	forr	nation									
Legal name	of B	usiness						EIN	-		
Business ad	ldres	ss (check if new add	ress)								
Business Re	epre	sentative			Title						
					Email			Pho	ne		
		ness activity									
		uct or service	6.1 1		11 0:0						
	_			Other (analis)	ilize a profit?						
Accounting Yes N				Other (specify) ndar year? (If no, wh	at is the fiscal i	10ar2)					
Yes N	$\overline{}$			to be taxed as a cor		<i>(cur.)</i>					
		an S corporation, p				Business	Corporation, ar	d the accept	tance le	tter from th	e IRS.
		cific Questions	or or rac a copy o				,				
	Jo			ng agreement? (If th	is is the first yea	r of the bus	siness' existence, j	please provide	a copy of	the operating	1
Yes N	Jo	Are all members	actively partic	ipating in the busi	ness?						
Yes N	Jo	Is any member in t	he business a di	sregarded entity, a p	artnership, a tr	ust, an S c	orporation, or a	n estate?			
Yes N	_	Is the business a pa			_						
Yes N	_	indirectly 50% or	more of the p	rporation, partners rofit, loss, or capita	al of the busing	ess?					y or
Yes N				or more, or own dir		tly, 50% o	r more of the to	tal voting pov	ver of al	l classes of	
Yes N	-			eign or domestic co		on had tl	h a tarma madi	find an ag to	madu.aa	nuinainal an	nount of d
Yes N	$\rightarrow$		iness have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce principal amount of de luring the year, did the business have an interest in, or signature authority over a financial account in a foreign country?								
	-	, ,	listribution of property or a transfer (by sale or death) of the business interest during the tax year?								
Yes N		<ul><li>The business' tota</li><li>The business' tota</li></ul>	al receipts for thal assets at the $\epsilon$	llowing conditions ne tax year were less and of the tax year we to any individual? I	than \$250,000, ere less than \$1	million.	orm 1099-MISC	for each.			
	_			-	1 y co, morado a	оору отто					
Name	Al Members Ownership Information  Tax ID number (SSN or EIN)  Address  Ownership Member or percentage member-mana					U.S. citizen?					
								0.00%		-	
								0.00%			
								0.00%			
								0.00%			
								0.00%			
								0.00%			
Business (	Othe	er Transactions									
		Health insurance premiums paid	Capital contr from member		Distributions to member	Member lo	oans to	Loans repaid to member	by business		
All Clients	e	Additional informat	ion and door	ente roquired		Now C	lients – <i>Additi</i>	onal informat	tion and	documente	oguirod
				the year (per book	rs) halanco	+	C/business forn		ivii aliü	นบบนเทยเหริ โ	equireu
sheet, de	pred	riation schedule p	er books, and	cash reconciliation	of business	F	.C/business form				

- bank accounts with ending cash balance.
- If the business has employees or paid independent contractors, provide a copy of all W-2, W-3, 940, 941, 1096, 1099-MISC, and any other forms issued to
- If any members live in a different state or outside the U.S., provide details. The business may be subject to withholding requirements.
- Provide copies of business' Articles of Organization and Operating Agreement (if any).
- Provide copies of depreciation schedules for book, tax, and
- Provide copies of tax returns for last two years, including state returns (if applicable).

Business Balance Sheet			
Business assets at year end		Business debts and equity at year end	
Bank account end of year balance	\$	Accounts payable at year end	\$
Accounts receivable at end of year	\$	Payables less than one year	\$
Loans to members	\$	Payables more than one year	\$
Mortgages and loans held by business	\$	Mortgages, notes payable	\$
Stocks, bonds, and securities	\$	Loans from members	\$
Other current assets (include list)	\$	Business capital accounts	\$
Inventories	\$		
Business Income (include all Forms 1099-K recei	ved)	·	<u> </u>
Gross receipts or sales	\$	Dividends income (include all 1099-DIV Forms)	\$
Returns and allowances	\$(	) Capital gain/loss (include all 1099-B Forms)	\$
Interest income (include all 1099-INT Forms)	\$	Other income (loss) (include a statement)	\$
Business Cost of Goods Sold (for manufacture	ers, wholesalers, an	d businesses that make, buy, or sell goods)	<u> </u>
Inventory at beginning of the year	\$	Materials and supplies	\$
Purchases	\$	Inventory at the end of the year	\$
Cost of labor	\$		
Business Expenses	'		'
Advertising	\$	Management fees	\$
Bad debts	\$	Meals – business	\$
Bank charges	\$	Office supplies	\$
Business licenses	\$	Organization costs	\$
Commissions and fees	\$	Pension and profit sharing plans	\$
Contract labor	\$	Rent or lease – car, machinery, equipment	\$
Employee benefit programs	\$	Rent or lease – other business property	\$
Employee health care plans	\$	Repairs and maintenance	\$
*Entertainment	\$	Taxes – payroll	\$
Gifts	\$	Taxes – property	\$
Guaranteed payments to members	\$	Taxes – sales	\$
Insurance (other than health insurance)	\$	Taxes – state	\$
Interest – mortgage	\$	Telephone	\$
Interest – other	\$	Utilities	\$
Internet service	\$	Wages	\$
Legal and professional services	\$	Other expense	\$
*Entertainment is no longer deductible for taxes			

Car Expenses (use a separate form for each vehicle)						
Make/	Make/Model			Date car placed in service		
Yes	No	Car available for	personal use during off-duty hours?			
Yes	No	Do you (or your s	spouse) have any other cars for personal use?	Did you trade in your car this year? Yes No		
Yes	No	Do you have evid	lence?	Cost of trade-in Trade-in value		
Yes	No	Is your evidence	written?	\$	\$	
Mileage			Mileage	Actual Expenses		
Beginn	Beginning of year odometer		Gas/oil	\$		
End of	End of year odometer		Insurance \$			
Busines	Business mileage		Parking fees/tolls	\$		
Commi	Commuting mileage		Registration/fees	\$		
Other r	Other mileage		Repairs	\$		

Generally, you can use either the standard mileage rate or actual expenses to figure the deductible costs of operating your car for business purposes. However, to use the standard mileage rate, it must be used in the first year the car is available for business. In later years, you can then choose between either the standard mileage rate method or actual expenses.

Equipment Purchases — Enter the following information for depreciable assets purchased that have a useful life greater than one year							
Asset Date purchased Cost Date placed in service New or used?							
		\$					
		\$					
		\$					
		\$					
		\$					
		\$					



Equip	nent S	old or Disposed of During Year					
Asset			Date or	ut of service	Date sold	Selling price/FM	V Trade-in?
						\$	
						\$	
						\$	
						\$	
						\$	
						\$	
Busine	ss Cre	edits (if answered Yes for any of the below	v, please provide a state	ment with d	letails)		
Yes	es No Did the business pay expenses to make it accessible b			als with dis	sabilities?		
Yes	No						
Yes	No						
Yes	No	Did the business incur any research and experimental expenditures during the tax year?					
Yes	No	Did the business have employer pension p	olan start-up costs?		Total number of employees		
Yes	No	Did the business pay health insurance pre-	miums for employees	Total number of employees			
Estima	ted Ta	x Payments — Tax Year 2019					
Installment			Date paid	Fea	deral	Date paid	State
First				\$		\$	
Second				\$		\$	
Third				\$		\$	
Fourth				\$		\$	
Amount applied from 2018 overpayment?				\$		\$	
Total				\$		\$	

## **Tax Return Preparation**

We will prepare the 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 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.

Taxpayer Title Date	D : 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.

