TAX ORGANIZER FOR CORPORATIONS, S CORPORATIONS, PARTNERSHIPS & LIMITED LIABILITY CORPORATIONS (OR PARTNERSHIPS)

Name:
Address:
Type of Entity:
Email Address:
Client Contact Name:
Phone Number:

Year Ending:
Federal EIN:

INSTRUCTIONS: Please complete the organizer and submit with your tax source documents via mail, fax, or e-mail. If any items are not applicable to your business, please indicate so under the "N/A" column. If you are unsure about any questions reflected on this organizer, please contact our office at 301-948-9825 for additional help.

Are you interested in speaking with someone regarding your health plan options or other employee benefits? ***Yes: [ ] No: [ ]***

NEW CLIENTS ONLY

Provide copies of the following:

		Done	N/A
1.	Federal, state, and local tax returns for prior three years, including amended returns.	____	____
2.	Articles of incorporation, bylaws, partnership or operating agreement, certificate of limited partnership, or articles of organization, including any amendments.	____	____
3.	Deferred tax workpapers from prior tax accountant.	____	____
4.	Schedules for carryovers of losses, deductions, or credits.	____	____
5.	For S corporations: Election (Form 2553), QSub election (Form 8869), built-in gains tax information, and accumulated earnings and profits.	____	____
6.	For partnerships: Partners' inside and outside basis, and details of Section 754 election in effect and book-tax differences for property contributed in prior years.	____	____

GENERAL INFORMATION

Former and current information if there has been a change to the entity's name, address, type of entity, or contact information: [___]

Schedule of beginning of year (BOY) and end of year (EOY) ownership: please use blank document for further space

Name	Address	EIN/SSN	Individual/Type Entity	Foreign or Domestic	BOY Ownership %	EOY Ownership %

For each change in ownership, provide date of transfer, parties involved, and interest acquired or sold (common or preferred stock, general or limited partnership interest, etc.). [___]

Schedule of entities owned using the following format: please use blank document for further space

Name	Address	EIN	Type of Entity	Foreign or Domestic	Ownership %

Please provide the following information:

	Done	N/A
1. Amendments (written or describe if oral) to articles of incorporation, bylaws, partnership or operating agreement, certificate of limited partnership, or articles of organization.	____	____
2. Copy of notices from federal, state, or local taxing authorities with any changes noted.	____	____
3. Copy of federal and state payroll tax reports, including quarterly and annual reports and forms (I.e. W2's, W2, 941, 940's)	____	____
4. Copy of Form 3115 if there has been a change in accounting method.	____	____
5. Copy of Form 1128 if there has been a change in tax year.	____	____
6. Copy of Form 970 if the LIFO method was adopted or terminated.	____	____
7. Copy of Form 8832 (entity classification election) if a check-the-box election was filed.	____	____

FINANCIAL INFORMATION

Please provide the following information **preferably in Microsoft Excel format:**

1. General ledger.	____	____
2. Detailed trial balance with account numbers.	____	____
3. Balance sheet and income statement.	____	____
4. Audited financial statements, if available.	____	____

NOTE: If Intuit QuickBooks software is used, we prefer to receive a backup version of the current fiscal year end. Please note that the bank and credit card accounts should be reconciled using the reconciliation function in QuickBooks prior to us receiving the backup.

Schedule of federal estimated tax payments:

Payment	Date Paid	Amount Paid
First Quarter Estimated		
Second Quarter Estimated		
Third Quarter Estimated		
Fourth Quarter Estimated		
Extension		
Additional Payment(s)		
Additional Payment(s)		

INCOME AND DEDUCTIONS

Please provide the following information:

	Done	N/A
1. Form 1099s filed (please let us know if 1099's have NOT been filed)	____	____
2. Form 1099s or Schedule K-1s received	____	____
3. Schedule of LIFO and/or UNICAP inventory calculations, if applicable.	____	____
4. Depreciation schedules (federal asset depreciation report) for book, tax, AMT, ACE, and state purposes, including a rollforward of additions and disposals and a calculation of current-year expense.	____	____
5. For property acquired: description of property, date of acquisition, purchase price, and trade-in allowances. The property invoice, or purchase document is acceptable.	____	____
6. For property disposed of: description of property; calculation of book, tax, AMT, ACE, and state gain (loss); date of acquisition and disposition; cost and sales proceeds; accumulated depreciation; and trade-in allowance.	____	____
7. For domestic production activities deduction: domestic production gross receipts, qualified production activities income, and qualified W-2 wages, including amounts from Schedule K-1s received.		
8. For multi-state business operations; provide state allocations for income, salaries/wages, and fixed assets.	____	____
9. Foreign income, expenses, and foreign taxes paid.	____	____
10. Fringe benefits provided or paid to partners or more than 2% S corporation shareholders, including amounts treated as guaranteed payments or wages. These include, but are not limited to, health insurance premiums, life insurance premiums, housing/auto allowances, and pension schemes.		
11. Indicate whether fringe benefits provided or paid to partners or more than 2% S Corporation shareholders were included in W2 wages, if applicable.	____	____

Charitable contributions using the following format: please use blank document for further space

Donee	Cash	Description and FMV of Other Property	Appraisal attached?	Substantiation attached?

Vehicles using the following format: please use blank document for further space

Vehicle	Individual Using Vehicle	Date Placed in Service	Business Miles	Commuting Miles	Other Personal Miles

ASSETS, LIABILITIES, AND CAPITAL

	Done	N/A
1. Was there a change in the method of determining quantities, cost, or valuations between opening and closing inventory? If so, provide details.	____	____
2. Was there a write-down of “subnormal” goods? If so, provide details.	____	____
3. Were there any changes to debt in the current year? If so, indicate the amount of new debt acquired, amount of debt paid off, or changes in debt terms.	____	____
Please provide the following information:		
1. Detail of prepaid expenses and accrued expenses, include date of payment for accrued expenses paid after year-end.	____	____
2. Detail of loans to/from owners and/or related parties.	____	____
3. Detail of any other related-party transactions.	____	____
4. Detail of any large or unusual transactions.	____	____
5. Roll forward of corporate retained earnings, including increases, decreases, and distributions.	____	____
6. Roll forward of partner’s capital accounts, including contributions or distributions.	____	____

CLIENT SIGNATURE

By: Date:
Title: