

S Corporation Tax Organizer

Use a separate sheet for each S corporation

S Corporation General Information

Legal name of S corporation EIN# -

S corporation address (check if new address)

Tax Matters Individual Title Phone ()

Yes No Did the corporation have a change of business name during the year?

Principal business activity

Principal product or service

Yes No Was the primary purpose of the S corporation's activity to realize a profit?

Accounting method: Cash Accrual Other (specify)

Yes No Does the corporation file under a calendar year? (If no, what is the fiscal year?)

S Corporation Specific Questions

Yes No Did the corporation hold an annual meeting with shareholders with a record of minutes maintained?

Yes No Was the corporation a C corporation before it elected to be an S corporation?

Yes No Is any shareholder in the corporation a disregarded entity, a partnership, a trust, an S corporation, or an estate?

Yes No Did the corporation own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation?

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 the profit, loss, or capital in any foreign or domestic partnership or in the beneficial interest of a trust?

Yes No Did the corporation have any outstanding shares of restricted stock at the end of the tax year?

Yes No Did the corporation have any outstanding stock options, warrants, or similar instruments at the end of the tax year?

Yes No Did the corporation have any non-shareholder debt that was cancelled, forgiven, or had terms modified to reduce amount of principal?

Yes No Was the corporation's S election terminated or revoked during the year?

Yes No At any time during the year, did the corporation have an interest in, or signature authority over a financial account in a foreign country?

Yes No Was there a distribution of property or a transfer (by sale or death) of a shareholder interest during the tax year?

Yes No Does the corporation satisfy the following conditions?

- The corporation's total receipts for the tax year were less than \$250,000.
- The corporation's total assets at the end of the tax year were less than \$250,000.

Principal Shareholders Ownership Information

Name/Title	Tax ID number (SSN or EIN)	Address	Ownership percentage	Shareholder stock basis	U.S. citizen?

How many shareholders were there on the last day of the year?

Shareholders – Provide the following information for any shareholder who was an officer or 2% or more owner of the corporation during the year

Shareholder/Office name	Wages paid	Health insurance premiums paid	Capital contributions from shareholder	Distributions to shareholder	Shareholder loans to corporation	Loans repaid by corporation to shareholder

All Clients – Additional information and documents required

- Provide the business income/financial statements for the year (per books), balance sheet, depreciation schedule per books, and cash reconciliation of all business bank accounts with ending cash balances.
- If the S corporation has employees, provide a copy of Form W-3, Form 940, Form 941, and any state quarterly tax filing reports.
- If the S corporation made payments of \$600 or more to independent contractors, provide copies of Form 1099-MISC issued.
- If any shareholders live in a different state or outside the United States, provide details. The corporation may be subject to withholding requirements.

New Clients – Additional information and documents required

- Date incorporated
- State of incorporation
- Date of S corporation election
- Corporation state residence
- Provide a copy of the Articles of Incorporation, bylaws, and any corporate resolutions.
- Provide a copy of the depreciation schedules for book, tax, and AMT.
- Provide copies of returns for the last two years, including state returns. Enclose a copy of IRS Form 2553, *Election by a Small Business Corporation*, and IRS acceptance.

S Corporation Income	
Gross receipts or sales	\$
Returns and allowances	\$ ()
Interest income (include all 1099-INT Forms)	\$
Dividend income (include all 1099-DIV Forms)	\$
Capital gain/loss (include all 1099-B Forms)	\$
Other income (loss) (include a statement)	\$

S Corporation Cost of Goods Sold (for manufacturers, wholesalers, and businesses that make, buy, or sell goods)	
Inventory at beginning of the year	\$
Purchases	\$
Cost of labor	\$
Materials and supplies	\$
Inventory at the end of the year	\$

S Corporation Expenses			
Advertising	\$	Internet service	\$
Annual corporation fees	\$	Legal and professional services	\$
Bad debts	\$	Management fees	\$
Bank charges	\$	Office supplies	\$
Business (in town) meals	\$	Organization costs	\$
Business licenses	\$	Pension and profit sharing plans – employee	\$
Cleaning/janitorial	\$	Pension and profit sharing plans – shareholder	\$
Commissions and fees	\$	Professional education and training	\$
Compensation of officers	\$	Rent or lease – car, machinery, equipment	\$
Contract labor (include Forms 1099-MISC)	\$	Rent or lease – other business property	\$
Employee benefit programs	\$	Rent paid	\$
Entertainment	\$	Repairs and maintenance	\$
Health care plans – employee	\$	Salaries and wages (include Forms W-2)	\$
Health care plans – shareholder	\$	Taxes – payroll	\$
Insurance (other than health insurance)	\$	Taxes – property	\$
Interest – business credit cards	\$	Taxes – sales	\$
Interest – business loans/credit lines	\$	Telephone	\$
Interest – mortgage	\$	Utilities	\$

Other Expenses – List out type and expense amount			
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

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?
		\$		
		\$		
		\$		
		\$		

Equipment Sold or Disposed of During Year				
Asset	Date out of service	Date sold	Selling price/FMV	Trade-in?
			\$	
			\$	
			\$	
			\$	

S Corporation Business Credits	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the corporation pay expenses to make it accessible by individuals with disabilities?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the corporation pay any FICA on employee wages for tips above minimum wage?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the corporation own any residential rental buildings providing qualified low-income housing?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the corporation incur any research and experimental expenditures during the tax year?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the corporation have employer pension plan start-up costs?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the corporation pay health insurance premiums for employees?
	Total number of employees
	Total number of employees

If answered Yes for any of the above, please provide a statement with details.