S Corporation Tax Organizer

(See next page for Organizer)

4-Serenity, Inc. PO Box 390428

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S Corporation Tax Organizer

Use a separate organizer for each S corporation

Integer	S Corporation General Information												
S Corporation Representative Title Phone () If yes U No Did the corporation have a change of business name or address during the year? Phone () Principal Dusiness activity Phindip I product or service Phindip I product or service If yes U No Did the corporation file under a calendar year? [// no, sheat is star ficeal year?] Scounting methods: U Cash U Acromal U Other (specify) If yes U No Date the corporation file under a calendar year? [// no, sheat is star ficeal year?] Scounting methods: U Cash U Acromal U Other (specify) If yes U No Date the corporation file under a calendar year? [// no, sheat is star ficeal year?] Scounting methods: U Cash U Acromal U Other (specify) If yes U No Date the corporation before it elected to be an Scorporation? Yes U No No is the corporation or adirectly a interset of 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outsidning of any foreign or domestica partnership or inthe beneficial interest of a trust? Yes U No Yes U No Did the corporation have any outstanding data protein or domestical interest of a trust? Yes U No Yes U No No in the second the second the second interest of a trust? Yes U No No in the corporation have any outstanding data protein the second interest of a trust? Yes U No No in the corporation have any outstanding data protein the protein the protein the protein the protein the second interest of a tr	Legal name of S corporation						EIN –						
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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 corporation Shareholder loans Loans repaid by corporation to shareholder Shareholder/Office name Wages paid Health insurance premiums paid Capital contributions from shareholder Shareholder loans Loans repaid by corporation to shareholder All Clients – Additional information and documents required New Clients – Additional information and documents required Date incorporated • 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. New Clients – Additional information and documents required Date incorporated Date incorporated State of incorporation Date of S corporation election If the S corporation made payments of \$600 or more to independent contractors, provide copies of Form 1099-MISC issued. • Provide a copy of the Articles of Incorporation, bylaws, and any corporate resolutions. • Provide a copy of the last two years, including state returns for the last two years, including state retures													
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	• If any share	holders live in a d	ifferent state	or outsic	de the Uni		• Provide	a copy of the d	epreciatio	on schedu	les fo	or book, tax,	and AMT.
and IRS acceptance.	States, provide details. The corporation may be subject to withholding requirements.					Enclose a copy of IRS Form 2553, Election by a Small Business Corporation,							

S Corporatio	n Balance Sheet						
	Corporation assets at year en				ts and equity at year e	end \$	
	end of year balance	\$		nts payable at year end			
	eivable at end of year	\$	Payables less than one year			\$	
Loans to shar		\$	Payables more than one year			\$	
	d loans held by corporation	\$	Mortgages, notes payable			\$	
Stocks, bonds	s, and securities	\$	Loans	from shareholders		\$	
Other current	assets (include list)	\$	Capital stock (common)			\$	
Inventories		\$	Retain	ed earnings		\$	
S Corporatio	n Income (include all Forms 1099-1	K received)					
Gross receipts	s or sales	\$	Dividend income (include all 1099-DIV Forms)			\$	
Returns and a	allowances	\$()	Capital gain/loss (include all 1099-B Forms)			\$	
Interest incon	ne (include all 1099-INT Forms)	\$	Other income (loss) (<i>include a statement</i>)			\$	
S Corporatio	n Cost of Goods Sold (for manufa	acturers, wholesalers, and	l busines	ses that make, buy, or sell (noods)		
-	beginning of the year	\$		als and supplies	JUUUU	\$	
Purchases		\$		ory at the end of the year		\$	
Cost of labor		\$				Ψ	
S Corporatio	n Evnançaç	Ψ	I				
	п сурензез	¢	Mana	comont food		¢	
Advertising	metion food	\$	Management fees			\$	
Annual corpo	bration fees	\$	Meals – business		\$		
Bad debts		\$	Office supplies			\$	
Bank charges		\$	Organization costs			\$	
Business licer		\$	Pension and profit sharing plans – employee			\$	
Cleaning/janitorial		\$	Pension and profit sharing plans – shareholder			\$	
Commissions and fees		\$	Professional education and training			\$	
Compensatio		\$	Rent or lease – car, machinery, equipment			\$	
	r (include Forms 1099-MISC)	\$	Rent or lease – other business property			\$	
~ ·	nefit programs	\$	Rent paid			\$	
Entertainmen		\$	Repairs and maintenance			\$	
	lans – employee	\$	Salaries and wages (include Forms W-2)			\$	
A	lans – shareholder	\$	Taxes – payroll			\$	
	her than health insurance)	\$	Taxes – property			\$	
	iness credit cards	\$	Taxes – sales			\$	
Interest – bus	iness loans/credit lines	\$	Telephone			\$	
Interest – mor	rtgage	\$	Utilities			\$	
Internet servi		\$	Other expense			\$	
Legal and pro	ofessional services	\$	Other	\$			
Car Expense	s (use a separate form for each veh	icle)					
Make/Model				Date car placed in service / /			
🗆 Yes 🗖 No	Car available for personal use d	uring off-duty hours?	1				
🗆 Yes 🗖 No	Do you (or your spouse) have a					🗆 No	
❑ Yes ❑ No Do you have evidence?				Cost of trade-in Trade-in valu			
□ Yes □ No Is your evidence written?				\$	\$		
Mileage			Actual Expenses				
Beginning of year odometer				Gas/oil	\$		
End of year odometer				Insurance	\$		
Business mileage				Parking fees/tolls	\$		
Commuting mileage				Registration/fees	\$		
Other mileage				Repairs	\$		
Generally, yo	u can use either the standard mile ver, to use the standard mileage r			gure the deductible costs	of operating your c		

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 (if answered Yes for any of the below, please provide a statement with details)						
🗆 Yes 🗖 No	Did the corporation pay expenses to make it accessible by individuals with disabilities?					
🛛 Yes 🖵 No	Did the corporation pay any FICA on employee wages for tips above minimum wage?					
🗆 Yes 🗖 No	Did the corporation own any residential rental buildings providing qualified low-income housing?					

 \Box Yes \Box No Did the corporation incur any research and experimental expenditures during the tax year?

□ Yes □ No Did the corporation have employer pension plan start-up costs? Total number of employees

= 100 = 110	Dia ale corporatori faite employer periotori plattoart ap costor	rotar maniber er emprojeco
🗆 Yes 🗖 No	Did the corporation pay health insurance premiums for employees?	Total number of employees

Tax Return Preparation

We will prepare the corporation's 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 corporation's 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 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.