

# S Corporation Tax Organizer

Use a separate organizer 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 ( ) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   | Did the corporation have a change of business name or address during the year?     |           |
| Principal business activity  |  |           |
| Principal product or service   |  |           |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   | Was the primary purpose of the S corporation's activity to realize a profit?       |           |
| Accounting method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) |  |           |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   | Does the corporation file under a calendar year? (If no, what is the fiscal year?) |           |

## S Corporation Specific Questions

|  |  |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the corporation hold an annual meeting with shareholders with a record of minutes maintained?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Was the corporation a C corporation before it elected to be an S corporation?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is any shareholder in the corporation a disregarded entity, a partnership, a trust, an S corporation, or an estate?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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?   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the corporation have any outstanding shares of restricted stock at the end of the tax year?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the corporation have any outstanding stock options, warrants, or similar instruments at the end of the tax year?   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the corporation have any non-shareholder debt that was cancelled, forgiven, or had terms modified to reduce amount of principal?   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Was the corporation's S election terminated or revoked during the year?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Was there a distribution of property or a transfer (by sale or death) of a shareholder interest during the tax year?   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the corporation satisfy the following conditions?<br><ul style="list-style-type: none"> <li>• The corporation's total receipts for the tax year were less than \$250,000.</li> <li>• The corporation's total assets at the end of the tax year were less than \$250,000.</li> </ul> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the corporation pay \$600 or more to any individual? If yes, include a copy of Form 1099-MISC for each.  |

## 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 (include all Forms 1099-K received)**

|  |        |  |    |
|--|--------|--|----|
| Gross receipts or sales                      | \$     | Dividend 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)    | \$ |

**S Corporation Cost of Goods Sold (for manufacturers, wholesalers, and businesses that make, buy, or sell goods)**

|                                    |    |                                  |    |
|------------------------------------|----|----------------------------------|----|
| Inventory at beginning of the year | \$ | Materials and supplies           | \$ |
| Purchases                          | \$ | Inventory at the end of the year | \$ |
| Cost of labor                      | \$ |                                  |    |

**S Corporation Expenses**

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

**Car Expenses (use a separate form for each vehicle)**

|  |   |                        |  |
|--|---|------------------------|--|
| Make/Model   | Date car placed in service / /  |                        |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Car available for personal use during off-duty hours?         |   |                        |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you (or your spouse) have any other cars for personal use? | Did you trade in your car this year? <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have evidence?   | Cost of trade-in  | Trade-in value         |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Is your evidence written?                                     | \$  | \$                     |  |
| <i>Mileage</i>   |   | <i>Actual Expenses</i> |  |
| Beginning of year odometer   | Gas/oil   | \$                     |  |
| End of year odometer   | Insurance   | \$                     |  |
| Business mileage   | Parking fees/tolls  | \$                     |  |
| Commuting mileage  | Registration/fees   | \$                     |  |
| 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? |
|-------|----------------|------|------------------------|--------------|
|       |                | \$   |                        |              |
|       |                | \$   |                        |              |

**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)**

|  |  |                           |
|--|--|---------------------------|
| <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?                                   | Total number of employees |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the corporation pay health insurance premiums for employees?                                 | Total number of employees |