

C-Corporation Tax Organizer

C-Corporation: _____
EIN Name Date Incorporated

Address: _____
Mailing Address Suite # City State Zip Code

Contact Name: _____ Email: _____

Contact Phones: _____
(Office) (Home) (Mobile)

_____ Contact Mailing Address Suite # City State Zip Code

This Organizer is provided to help you gather and organize information relating to preparation of your corporate income tax returns. Please provide us with a copy of the corporation's tax returns for the last year filed if you are a first-time client of Reeder CPA Group and have not done so yet.

If you maintain your organization's books using a bookkeeping system such as QuickBooks, Quicken or Excel, you can provide us with a profit and loss statement and balance sheet rather than completing the income and expense and balance sheet sections of this organizer.

If you would like our accounting staff to prepare organizational income and expense reports for you, there will be an additional fee to do so. If you prefer this option, please reach out to us at tax@reedercpagroup.com ASAP.

Filing Information. Please answer "Yes" or "No" to ALL of the following questions.	Yes	No
Did the Corporation conduct business activities in more than one state? If yes, which states did the corporation conduct business activities in?	<input type="checkbox"/>	<input type="checkbox"/>
What is the state of incorporation?		
What is the Corporation's state of residence?		
What date was the Corporation first authorized to do business in the resident state?		
Did the Corporation have a change of business name during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a change of address for the year?	<input type="checkbox"/>	<input type="checkbox"/>
Is this a personal service corporation?	<input type="checkbox"/>	<input type="checkbox"/>
What is the principal business activity of the Corporation?		
What accounting method does the Corporation use? Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (describe)		
Does the Corporation file under a calendar year? (If not, what is the fiscal year?)	<input type="checkbox"/>	<input type="checkbox"/>
Did any entity own more than 50% of the Corporations voting stock on the last day of the year?	<input type="checkbox"/>	<input type="checkbox"/>
How many shareholders were there on the last day of the year?		

Corporation Balance Sheet

Corporation assets at year end		Corporation 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 1 year	\$
Loans to Shareholders	\$	Payables more than 1 year	\$
Mortgages and loans held by Corp	\$	Capital stock (Preferred)	\$
Stocks, bonds and securities	\$	Capital stock (Common)	\$
Other current assets (describe)	\$	Loans from shareholders	\$
Inventories	\$	Retained Earnings	\$

Income

What were the business gross receipts or sales for the year?	\$
What portion of receipts were reported on Form 1099-K?	\$
What portion of gross sales listed above was refunded or returned?	\$
What were the gross receipts from rental property owned by the Corporation <i>(Do not include rental income in gross receipts for the business activity)</i>	\$
Did the Corporation have any other income from this business activity not included in gross receipts above? <i>(If the Corporation had investment or capital gain income for the year, complete the Interest/Dividend and/or Capital Gains Worksheets on Page 7 of this Organizer)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe any other income of the Corporation not included elsewhere in this Organizer.	

Cost of Goods Sold (COGS)

Businesses such as restaurants, retail sellers and manufacturers generally must account for COGS. COGS includes all costs associated with manufacturing a product or purchasing a product for resale.

Do you manufacture or produce a product for sale to customers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you operate a wholesale or retail business where you maintain an inventory of goods?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What was the opening cost of inventory on the first day of the year?	\$
What was the cost of purchases of product (less cost of items withdrawn for personal use)?	\$
Cost of labor related to sale or production of goods held for sale	\$
Materials and supplies used in manufacture or sales production	\$
Other costs of goods not listed above <i>(list these on separate detail worksheet)</i>	\$
Closing inventory at end of year	\$

Business Expenses		Business Expenses	
Advertising	\$	Professional education & training	\$
Auto (Complete auto worksheet, page 6)		Rent (office, leasehold, storage) (1099-MISC to unincorporated payees required)	\$
Bank fees and charges	\$	Rent or lease (vehicles, machinery, and equipment)	\$
Cell phone (100% of cost) \$ _____ (x Business use _____ %) =	\$		
Charitable contributions			
Commissions and fees	\$	Repairs and maintenance	\$
Computers, equipment, furniture (Complete the Asset Depreciation Worksheet shown at bottom of this page)		Software (Enter on depreciation worksheet)	
Contract labor (You must issue a 1099 Misc to any unincorporated entity to whom you paid \$600 or more for the year)	\$	Supplies and small tools (Do not include equipment purchases – see Depreciation Worksheet below)	\$
Dues and Subscriptions	\$	Taxes - Local & business licenses	\$
Employee benefit programs	\$	Taxes - Payroll (941, 940 & State)	\$
Health Insurance (employee)	\$	Taxes - State	\$
Health Insurance (shareholder)	\$	Annual corporation fees	\$
Insurance (other than health)	\$	Telephone expense (Do not include cost of main home phone line)	\$
Internet service	\$	Travel (Include airfare, transportation, lodging, meals, etc.)	\$
Interest – Mortgage (business)	\$	Utilities (Do not include home office)	\$
Interest – Business credit cards	\$	Wages (W-2s issued to employees) Provide copies of W-3, Annual 940 & Quarterly 941 reports filed.)	\$
Interest – Business loans/credit line	\$		
Laundry/cleaning/janitorial	\$	Other Expenses	
Legal and professional services	\$		\$
Market research	\$		\$
Entertainment	\$		\$
Merchant credit card fees	\$		\$
Office expense (Do not include equipment purchases – see Depreciation Worksheet below)	\$		\$
Parking & tolls	\$		\$
Postage & shipping	\$		\$

Asset Depreciation Worksheet

- You must report the purchase and disposition of all assets you used in your business.
- For each asset bought or sold, provide the following information:

Assets purchased			Assets sold or disposed of		
Description	Date Bought	Cost	Description	Disposition date	Sales price

Information relating to deductions and credits for which the Corporation may qualify. Answer "Yes" or "No" and provide information as applicable.	Yes	No	Details
Did the Corporation purchase a plug-in electric vehicle in 2011?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the Corporation pay wages to any employees who were members of a targeted group?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the Corporation initiate a new 401K plan during the year?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the Corporation pay for disabled access equipment or improvements during the year?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the Corporation provide for or reimburse employees for childcare expenses during the year?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the Corporation make energy-efficiency improvements?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the Corporation manufacture or build a product inside the United States? If so, the following additional information will be needed to complete the Corporation's return: <ul style="list-style-type: none"> • Gross receipts from sales of domestically produced product • Cost of domestically produced goods • Expenses, deductions or losses directly allocable to the domestic product • Expenses, deductions or losses indirectly allocable to the domestic product. • Wages paid for the year. 	<input type="checkbox"/>	<input type="checkbox"/>	

Business Use of Automobile

Documentation must be kept proving business use of Corporation-owned or shareholder-owned vehicles.

- If a shareholder or an employee used his or her automobile for active conduct of Corporation business:
 - The Corporation can provide reimbursement for actual operational expenses of the vehicle or it can reimburse using an allowable standard mileage rate.
 - A written log or other record must be maintained and submitted to the Corporation. For each shareholder or employee for whom the Corporation paid auto-expense reimbursements during the year, the Corporation should maintain a written record of the expenses incurred and the reimbursements paid.
- The Corporation may claim actual operational expenses incurred for vehicles that are owned by the Corporation.
 - Proof of business use in the form of a mileage log or a written calendar must be maintained unless it can be shown the vehicle was 100% business use.
 - If the business provided a vehicle for employee use, complete Section B below.

For any vehicle that was used by a 5% or more owner of the corporation
Complete Section A shown below.

Section A

Provide the following information for each vehicle used by a 5% or more owner of the business

Purchase price of vehicle	\$
Description (<i>Model and year of vehicle</i>)	
Date vehicle was first used in your business	
For this tax year only, enter the number of miles your vehicle was used for:	
Business miles (<i>not including commute miles</i>)	
Commuting miles	
All other personal-use miles	
Interest paid on auto loan used to purchase this vehicle	\$
Was the vehicle available for personal use? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the vehicle used primarily by a 5% or more owner of the Corporation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is another personal-use auto available? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the standard mileage rate used last year? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Section B

Additional Questions for Corporations Providing Vehicles for Use by Employees

Does the Corporation maintain a written policy prohibiting all personal use of company vehicles?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Corporation maintain a written policy prohibiting all use except commuting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Corporation treat all use of vehicles by employee as personal use?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Corporation provide more than five vehicles to employees and keep records?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Automobile Expenses

Mileage reimbursement amount paid to shareholders and employees for the year \$ _____			
Garage rent	\$	Repairs	\$
Gas	\$	Tires	\$
Insurance	\$	Tolls	\$
Licenses	\$	Registration fees	\$
Oil	\$	Other expenses (list):	\$
Parking fees	\$		\$
Lease payments	\$		\$

Interest and Dividend Income Worksheet

- Please attach copies of all interest and dividend statements the Corporation received for the year. If the Corporation received interest payments under a seller financed mortgage, we will need the name, address and SSN or EIN of the party making payments.
- For each payer of interest or dividends, enter the total interest or dividend amount received.

Do you have money in or ownership over a bank account in a foreign country? Yes No

Name of bank or other payer	Interest Received	Name of corporation or other payer	Dividends Received
	\$		\$
	\$		\$
	\$		\$

Does the Corporation have ownership or control over a foreign financial account or trust? Yes No

If yes, provide the name(s) of the foreign country and maximum account values for the year \$ _____

Sale of stock, real estate or other property

- Please attach copies of year-end brokerage statements relating to stock sales
- If real estate was sold during the year, provide copies of closing papers

Description of property sold	Date purchased	Purchase Price	Date Sold	Sales Price

I/we affirm that the information contained in this tax organizer, submitted to Reeder CPA Group for tax preparation, is true, correct, and complete to the best of my/our knowledge. I/We understand that I/we retain responsibility for the accuracy of tax returns filed on my/our behalf to the IRS or state and local tax agencies. I/we agree to pay preparation costs and any associated fees.

_____ Signature	_____ Print Name	_____ Title	_____ Date
_____ Signature	_____ Print Name	_____ Title	_____ Date
_____ Signature	_____ Print Name	_____ Title	_____ Date
_____ Signature	_____ Print Name	_____ Title	_____ Date