	Share	eholder Information			
First Name–Last Name (Enter information for <u>all</u> shareholders who owned shares <u>at any time</u> during the year)	Social Security Number	Shareholder Mailing Address Street Address City, State, Zip	Wages paid to the shareholder or officer	# of shares owned at start of year	# of shares owned at end of year
				<u> </u>	

Corporation Balance Sheet			
If the Corporation gross receipts and/ information must be provided to the IF request you provide it if possible. (If y	RS. Even if the Corp	poration is not required to provide this	s information, we
Assets at year end		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	\$
Stocks, bonds and securities	\$	Loans from shareholders	\$
Other current assets (describe)	\$	Retained Earnings	\$

Business income f	rom OTHER States	
Did the Corporation con	duct business in more than one state?	Yes □ No□
If yes, please apportion	income and payroll by state.	
State name	Income apportionment \$	Payroll apportionment \$
State name	Income apportionment \$	Payroll apportionment \$
State name	Income apportionment \$	Payroll apportionment \$
State name	Income apportionment \$	Payroll apportionment \$

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 (Do not include rental income in gross receipts for the business activity) \$\$
Did the Corporation have any other income from this business activity not included in gross receipts above? (If the Corporation had investment or capital gain income for the year, complete the Yes No Interest/Dividend and/or Capital Gains Worksheets on Page 7 of this Organizer)
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 accou	nt 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?	No □
Do you operate a wholesale or retail business where you maintain an inventory of good	s?
Yes □	No □
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 (list these on separate detail worksheet)	\$
Closing inventory at end of year	\$

Business Expenses (Skip this if y	ou've prov	ided your information electronically)	
Advertising	\$	Professional education & training	\$
Auto (Complete <u>auto worksheet</u> , page 6)		Rent (office, leasehold, storage)	\$
Bank fees and charges	\$	(1099-MISC to unincorporated payees required)	
Cell phone (100% of cost) \$		Rent or lease	\$
(x Business use %) =	\$	(vehicles, machinery, and equipment)	
Commissions and fees	\$	Repairs and maintenance	\$
Computers, equipment, furniture		Software (Enter on depreciation worksheet)	
(Complete the Asset Depreciation Worksheet shown at bottom of this		Supplies and small tools	\$
Contract labor		(Do not include equipment purchases – <u>use Asset</u> Depreciation Worksheet below)	
(You must issue a <u>1099 Misc</u> to any	\$	Taxes - Local & business licenses	\$
unincorporated entity to whom you			\$
paid		Taxes - Payroll (941, 940 & OR)	
Dues and Subscriptions	\$	Taxes - State	\$
Employee benefit programs	\$	Annual corporation fees	\$
Health Insurance (employee)	\$	Telephone expense (Do not include cost	\$
Health Insurance (shareholder)	\$	of main home phone line)	
Insurance (other than health)	\$	Travel (lodging, transportation, airfare. Do not	
Internet service	\$	include the cost of meals)	
Interest – Mortgage (business)	\$	Utilities (Do not include home office)	\$
Interest – Business credit cards	\$	Wages (W-2s issued to employees)	\$
Interest - Business loans/credit line	\$	Provide copies of W-3, Annual 940 & Quarterly 941 reports filed.)	
Laundry/cleaning/janitorial	\$	Other Expenses	
Legal and professional services	\$		\$
Local (in-town) meals (Enter travel meal expense on Page 5)	\$		\$
Entertainment (not deductible)	\$		\$
Merchant credit card fees	\$		\$
Office expense	\$		\$
(Do not include equipment purchases – use Asset 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 during	ng the year		Assets SOLD or dispo	sed of during the	e year
Description	Date Bought	Cost	Description	Disposition date	Sales price
	_				

Information relating to deductions and control of the Answer "Yes" or "No" and provide information in the control of the contr			ıy qua	lify f	or.	
			Yes	No	Details	
Did the Corporation purchase a plug-in electri	c vehicle this yea	r?				
Did the Corporation pay wages to any employ of a targeted group?	ees who were m	embers				
Did the Corporation initiate a new 401K plan of	during the year?					
Did the Corporation pay for disabled access e improvements during the year?	quipment or					
Did the Corporation provide for or reimburse expenses during the year?	employees for chi	ldcare				
Did the Corporation make energy-efficiency in	nprovements?					
Did the Corporation manufacture or build a prostates? If so, the following additional information complete the Corporation's return: • Gross receipts from sales of domestically produced goods	tion will be neede	ed to				
 Expenses, deductions or losses directly al product Expenses, deductions or losses indirectly product. Wages paid for the year. 						
 Sale of stock, real estate or other proposes Please attach copies of year-end browning the year, 	okerage stateme			ck sal	les	
Description of property sold	Date purchased	Purch Pric		С	ate Sold	Sales Price

Business Use of Automobile

Documentation must be kept to prove 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.
 - o A written log or other record must be maintained and submitted to the Corporation.
 - o 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.
 - o 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.
 - o 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 business, additional information must be reported to IRS. 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 (Model and year of vehicle)	
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 (not including commute miles)	
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 \hdots No \hdots	
Was the vehicle used primarily by a 5% or more owner of the Corporation? Yes ${\scriptstyle\square}\>\>$ No ${\scriptstyle\square}\>$	
Is another personal-use auto available? Yes □ No □	
Was the standard mileage rate used last year? Yes □ No □	
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 ve	
	Yes 🗆 No 🗆
Does the Corporation maintain a written policy prohibiting all use except commuting?	Yes □ No □
Does the Corporation treat all use of vehicles by employee as personal use?	Yes □ No □
Does the Corporation provide more than five vehicles to employees and keep records?	Yes □ No □

Automobile Expenses		L-1.1 d f f f f	
	•	holders and employees for the year \$	
(Provide these expense	s if the corporation	າ is NOT claiming the standard mileage	e rate)
Garage rent	\$	Repairs	\$
Gas	\$	Tires	\$
Insurance	\$	Tolls	\$
Licenses	\$	Registration fees	\$
Oil	\$	Other expenses (list):	\$
Parking fees	\$		\$
Lease payments	\$		\$

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