S-Corporation Tax Organizer

S-Corporation:					
	EIN	Name		Date Incorporated	Date of S-Election
Address:					
	Mailing Address	Suite #	City	State	Zip Code
Contact Name:			Email:		
Contact Phones:					
	(Office)	(Home)		(Mobile)
Contact M	ailing 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 Dolphin Bookkeeping and Tax Services.

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 provide us with the following documents:

- o Business bank statements for all months of the year
- o Credit card statements (for business-use credit cards)
- o Receipts for cash purchases not shown on bank or credit card statements
- o Checkbook register
 - Identify all checks by entering an expense category in the memo section
 - Identify a personal withdrawal of funds from your business account as "Shareholder Distribution
 - Identify a deposit of personal funds to your business account as "Shareholder Contribution." If contributions and distributions were made for more than one shareholder during the year, provide separate information for each shareholder.

Filing Information. Please answer "Yes" or "No" to ALL of the following questions.	Yı No	
Is this the Corporation's first year as an s corporation?		
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?		
Was the Corporation's s-election terminated or revoked during the year?		
Is there a change of address for the year?		
What is the principal business activity of the Corporation?		
What accounting method does the Corporation use? Cash Accrual Other		
(describe)		
Does the Corporation file under a calendar year? (If not, what is the fiscal year?)		



	Shareholder Information							
First Name–Last Name (Enter information for all shareholders who owned shares at any time during the year)	Social Security Number	Shareholder Mailing Address Street Address City, State, Zip	% of shares owned at start of year	% of shares owned at end of year	Dates of share ownership change (if any)			
How many shareholders were	there on the last day	of the year?						

Provide the following info	rmation for any sh		was an officer or	2% or more ow	ner of the Corpo	
Shareholder/officer name	Wages paid to the shareholder or officer	Health insurance premiums paid for shareholder during the year	Capital contributions made by the shareholder during the year	Distributions made to the shareholder during the year	Shareholder loans to the Corporation during the year	Loans repaid by the Corporation to the shareholder during the year

Business income from other states										
	.,									
Did the Corporation conduct business in mo	re than one state:	Yes No								
If yes, please apportion income by state.										
State name Income apportionm	nent \$	Payroll apportionment \$								
State name Income apportionm	nent \$	Payroll apportionment \$								
State name Income apportionm	nent \$	Payroll apportionment \$								
State name Income apportionm	nent \$	Payroll apportionment \$								
Income										
mcome										
What were the business gross receipts or sa	les for the year?	\$								
What portion of receipts were reported on I	Form 1099-K?	\$								
What portion of gross sales listed above was		rned? \$								
What were the gross receipts from rental pr										
(Do not include rental income in gross receipts for	• •	•								
Did the Corporation have any other income			ove?							
(If the Corporation had investment or capita		· <u>-</u>	No 🗌							
Interest/Dividend and/or Capital Gains Work	ksheets in this Org	anizer)								
Describe any other income of the Corporation	on not included els	sewhere in this Organizer.								
Cost of Goods Sold (COGS)										
Businesses such as restaurants, retail sellers		· · · · · · · · · · · · · · · · · · ·	GS include all costs							
associated with manufacturing a product or										
Do you manufacture or produce a product f			No 🗆							
Do you operate a wholesale or retail busine What was the opening cost of inventory on			INO							
What was the cost of purchases of product		-								
•										
Cost of labor related to sale or production of Materials and supplies used in manufacture		φ								
Other costs of goods not listed above (list th	· · · · · · · · · · · · · · · · · · ·									
Closing inventory at end of year	ese on separate act	\$								
Business Expenses	Rı	usiness Expenses								
Advertising		ofessional education & training	\$							
		ent (office, leasehold, storage)	\$							
Auto (Complete <u>auto worksheet</u>) Bank fees and charges		199-MISC to unincorporated payees required)	Ş							
Cell phone (100% of cost) \$ (x	7	ent or lease	\$							
Business use (%) =		chicles, machinery, and equipment)	Y							
Commissions and fees	Τ	epairs and maintenance	\$							
Computers, equipment, furniture		ftware (Enter on depreciation worksheet)	•							
(Complete the Asset Depreciation Supplies and small tools \$										
Worksheet)	(De	o not include equipment purchases – use Asset	Ť							
Contract labor	<u>De</u>	(Bottot metade equipment parendoes doctroset								
<u> </u>										
unincorporated entity to whom you paid \$600	Ş Ta	xes - Local & business licenses	\$							

Dues and Subscriptions	\$ Taxes - State	\$
Employee benefit programs	\$ Annual corporation fees	\$
Health Insurance (employee)	\$ Telephone expense (Do not include cost of	\$
Health Insurance (shareholder)	\$ main home phone line)	
Insurance (other than health)	\$ Travel (Complete Travel Expense Worksheet on Page	
Internet service	\$ 5 of this organizer)	
Interest – Mortgage (business)	\$ Utilities (Do not include home office)	\$
Interest – Business credit cards	\$ Wages (W-2s issued to employees)	\$
Interest – Business loans/credit line	\$	
Laundry/cleaning/janitorial	\$ Other Expenses	
Legal and professional services	\$	\$
Local (in-town) meals	\$	\$
Entertainment	\$	\$
Merchant credit card fees	\$	\$
Office expense	\$	\$
(Do not include equipment purchases – use <u>Asset</u> <u>Depreciation Worksheet</u> below)		\$
Parking & tolls	\$	\$
Postage & shipping	\$	\$

Asset Depreciation Wo	orksheet						
You must report the pu	urchase and dispos	sition of all a	assets you used in you	ur business. For each			
asset bought or sold, p	rovide the following	ng informat	ion:				
Assets purchased during	the year		Assets sold or dispo	osed of during the year			
Description	Date Bought	Cost	Description	Description Disposition date Sal			

Travel Expense Worksheet

Meal Per Diem (Important facts)

- For each day a 2% shareholder of the company traveled away from home for business outside the metro area, the Corporation may claim the actual cost of shareholder lodging and meals. For meals only, the Corporation may reimburse the shareholder a daily per diem amount instead of actual costs.
- For each day a non-shareholder employee of the company traveled away from home for business outside the metro area, the Corporation may choose between claiming the actual cost of employee meals and lodging; or it can reimburse the employee a daily per diem amount for meals and lodging.
- The daily per diem amount varies depending on the city and country the employee traveled to. To calculate the per diem, amount the Corporation is entitled to reimburse, provide a detailing of each city the employee travelled to for business during the year and the number of days in each city.
- The Corporation can alternate between actual expenses and the per diem method for each business trip; however, it may not use both per diem and actual for the same business trip.
- The Corporation may reimburse a partial per diem if an employee or shareholder traveled outside metro area for less than a full day.

City visited (for per diem)	# of days in city	City visited (for	per dier	n)	# 0	of days in city
Travel Expenses		Travel Expens	ses			
Airfare	\$	Lodging			\$	
Bus, train, taxi	\$	Parking & tolls			\$	
Entertainment	\$	Other travel (a	lescribe	below)		
Meals - actual receipts					\$	
(Do not include cost of meals where you are					\$	
claiming the daily per diem rate)	\$				\$	
Information relating to deductions and						
qualify for. Answer "Yes" or "No"	and provide infor	mation as				
applicable.			Yes	No		Details
Did the Corporation purchase a plug-in ele						
Did the Corporation pay wages to any emp	oloyees who were mer	nbers of a				
targeted group?] [
Did the Corporation initiate a new 401K pl						
Did the Corporation pay for disabled acces	s equipment or impro	vements				
during the year?		.1				
Did the Corporation provide for or reimbur	rse employees for chil	dcare expenses				
during the year?	cy improvements?					
Did the Corporation make energy-efficience Did the Corporation manufacture or built		no United		Ш		
States? If so, the following additional	•					
complete the Corporation's return:	imormation will be i	leeded to				
·	ctically produced prod	uct				
Gross receipts from sales of domeCost of domestically produced god		uct				
 Expenses, deductions or losses directions 		lomostic				
product	ectly allocable to the t	iomestic				
 Expenses, deductions or losses ind 	lirectly allocable to the	domestic				
product.	meetry anocable to the	. doillestic				
 Wages paid for the year. 						

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. 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 b	usiness	
Purchase price of vehicle		\$		
Description (Model and year of vehicle)				
Date vehicle was first used in your bus				
For this tax year only, enter the number	er of miles your vel	hicle was used for:		
	Business miles (no	t including commute miles)		
		Commuting miles		
	All	other personal-use miles		
Interest paid on auto loan used to pure	chase this vehicle	\$		
Was the vehicle available for personal	use? Yes 🔲 No 🛭			
Was the vehicle used primarily by a 5%	or more owner of	f the Corporation? Yes 🔲 No 🗌		
Is another personal-use auto available	? Yes 🔲 No 🗌			
Was the standard mileage rate used la	st year? Yes N	No 🗌		
		Section B		
Additional Questions for Corporation	s Providing Vehicle	es for Use by Employees		
Does the Corporation maintain a writte	en policy prohibitir	ng all personal use of company ve	ehicles?	
			Yes No No	
Does the Corporation maintain a writte	en policy prohibitir	ng all use except commuting?	Yes No No	
Does the Corporation treat all use of v	ehicles by employe	ee as personal use?	Yes No No	
Does the Corporation provide more th	an five vehicles to	employees and keep records?	Yes No No	
Automobile Expenses				
Mileage reimbursement amount paid	to shareholders ar	nd 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 Worksh	neet					
	leet					
Please attach copies of all interest and	d dividend state	ements the Corpo	ration received f	or the year.		
If the Corporation received interest p	ayments under	a seller financed	mortgage, we wi	ill need the	name,	address, and
SSN or EIN of the party making payme			00,		,	,
 For each payer of interest or dividend 	s, enter the tot	tal interest or divi	dend amount red	ceived.		
Do you have money in or ownership over a	a bank account	in a foreign coun	try? Yes 🗌 N	lo 🗌		
	Interest				Divid	lends Received
Name of bank or other payer	Received	Name of corpo	oration or other p	payer		
	\$				\$	
	\$				\$	
	\$				\$	
	\$				\$	
Does the Corporation have ownership or o	ontrol over a fo	oreign financial a	count or trust?	Yes No) 🗌	
If yes, provide the name(s) of the foreign of	ountry and ma	ximum account v	alues for the year	r \$		
Sale of stock, real estate or other prop	erty					
Please attach copies of year-end brok	erage stateme	nts relating to sto	ck sales			
 If real estate was sold during the year 	, provide copie	s of closing pape	rs			
		Date	Purchase			
Description of property sold		purchased	Price	Date So	ld	Sales Price
Corporation Balance Sheet						
If the Corporation gross receipts and/or a	ssets at the end	d of the year wer	greater than \$2	50 000 the 1	follow	ing information
must be provided to the IRS. Even if the (_
if possible.		iot required to pr		<i>ation, we re</i>	quest	you provide it
Assets at year end		Debts a	nd Equity at year	r-end		
			· , , , , ,			
Bank account end of year balance	\$	Account	s payable at year	end	\$	
Accounts receivable at end of year	\$	Payable	es less than 1 year		\$	
Loans to Shareholders	\$	Payable	s more than 1 year	ar	\$	
Mortgages and loans held by Corp.	\$	Capital S	Stock		\$	
Stocks, bonds and securities	\$	Loans fr	om shareholders	ı	\$	
Other current assets (describe)	\$	Retaine	d Earnings		\$	
	T.	1			<u>'</u>	
I affirm that the information contained in this	tax organizer, su	bmitted to Dolphin	Bookkeeping and	Tax Services	for pre	paring tax returns,
is true, correct, and complete to the best of m	y knowledge. I fu	urther affirm that I	have documentation	on/receipts to	suppo	ort this information
Signature P	rint Name		Title	Da	te	