TAX ORGANIZER – BUSINESS ENTITIES

YOUR TAX APPOINTMENT

Please complete this organizer prior to your appointment.

- ○ Please call to schedule your appointment. Try to call early before the calendar is booked up.
- ○ Please mail the completed organizer along with the requested information to this office prior to your appointment.
- ○ Please mail the completed organizer along with the requested information to this office so the return can be prepared by correspondence.
- ○ Your tax appointment is scheduled for:

  Day: _____

  Date: _____

  Time: _____

- ○ Office Appointment ○ Virtual Appointment

  Please notify this office promptly if you are unable to keep this appointment.

REFERRALS ARE ALWAYS APPRECIATED

If you know someone who would like a tax appointment, please have them call this office. Do not be concerned that your business, personal or financial matters will be discussed with clients whom you refer. All client information is treated in the utmost confidence.

A1 - ENTITY INFORMATION

Returning entities enter name of business and skip entries in A1 except for changes.

		2026 Calendar Year or Fiscal Year Beginning:	
Name of Business		Employer ID Number (EIN)	
Address			
Contact Individual		Phone	
Email			

Check One

○ Corporation ○ S-Corporation ○ General Partnership ○ Limited Partnership

○ Limited Liability Company ○ Limited Liability Partnership ○ Estate ○ Trust

Principal Business Activity		Date Business Started	
Principal Product or Service		Business Code	

Method of Accounting (Check One) ○ Cash ○ Accrual ○ Other (Describe):

A2 - CORPORATION INFORMATION - Complete only if entity is a Corporation

Returning entities can skip this section except for changes.

State of Incorporation		**State ID Number**		**Date of Incorporation or LLC Registration**	/ /
If S-Corporation, Effective Date of Election	/ /				

A3 - PRINCIPAL SHAREHOLDERS OR PARTNERS OR LLC MEMBERS

Returning entities can skip this section except for changes.

Name	Tax ID Number	Address	Ownership %

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A4 - ADDITIONAL INFORMATION & DOCUMENTS REQUIRED

Note: If percentage of ownership changed within the tax year, provide details of the change on a separate sheet.

- If you are a new client, please provide a complete copy of the entity's prior year tax return (including the state return if applicable).
- If this is the first year of the entity's existence, please provide a copy of the state incorporation papers, partnership agreement or LLC agreement and state registration.
- If this is a trust, provide a copy of the trust agreement.
- If this entity is an S-Corporation, please provide a copy of IRS Form 2553 – Election by Small Business Corporation that was filed with the IRS and a copy of the IRS acceptance letter allowing S-Corporation status.
- Please provide the income statement for the year (per the books), including the balance sheet, depreciation schedule and cash reconciliation of the business checking accounts with the ending balance for the year.
- If the business has employees, please provide copies of payroll returns and copies of all W-2s.
- If the business employed independent contractors or made payments to unincorporated service suppliers, please provide copies of all 1099-NECs issued. If not yet prepared, provide names, addresses, SSNs and amounts paid so this office can prepare them for you. The threshold for filing 1099-NECs for 2026 is $2,000.
- If there were withdrawals of capital by the owners during the year, please provide the details. Note: if this entity made distributions and is a C-Corporation, Forms 1099-DIV may be required.
- If an S-Corporation, please provide copies of S-Corporation basis schedules and shareholder's Basis Schedules.
- If any of the partners or shareholders are residents of a different state or reside outside the U.S., please provide details. Note: the business may be subject to withholding requirements or be required to file multiple state returns if the business was conducted in more than one state.
- If conducting business in multiple states, please provide a list of states.

A5 - QUESTIONS RELATED TO ALL ENTITIES

Please answer ALL questions.

Do you have a written accounting procedure of how expenses are to be treated for non-tax purposes? If yes, please provide a copy.	○ Yes	○ No
At any time during the year, did this business have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank, securities or other financial account)?	○ Yes	○ No
Did this business have any debt that was cancelled, forgiven, or modified that reduced the principal amount of the loan?	○ Yes	○ No
Did the entity have foreign bank account(s) (over $10,000 at any time during the year)?	○ Yes	○ No
Was there any change in determining quantities, cost or valuations between opening and ending inventory?	○ Yes	○ No
Has the business previously filed the Foreign Bank Account Report (FBAR)?	○ Yes	○ No
Was there any write-down of subnormal goods as described in Regulations Sec 1.471-2(c)?	○ Yes	○ No
Do the IRC Sec 263A uniform capitalization rules apply to this business?	○ Yes	○ No
Does this business have any foreign partners or shareholders?	○ Yes	○ No
Did this business pay any taxes to a foreign government during the tax year?	○ Yes	○ No
During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock?	○ Yes	○ No
Did this business pay any expenses during the tax year to make the business accessible or usable by individuals with disabilities?	○ Yes	○ No
Did the business have employees receiving reported tips? Provide tips, payroll FICA, and tipped occupation details.	○ Yes	○ No
Did the business incur domestic or foreign research or software development costs in 2026?	○ Yes	○ No
Does this business own any residential rental buildings providing qualified low-income housing?	○ Yes	○ No
Did this company employ 25 or fewer equivalent full-time employees with average annual wages of $68,200 or less for whom the company paid at least 50% of the cost of their medical insurance that was acquired through a Small Business Health Options Program (SHOP) Marketplace?	○ Yes	○ No
Did this business incur start-up expenses for a small employer pension plan this year?	○ Yes	○ No
Does this business provide child care facilities or services to its employees?	○ Yes	○ No
Did this business employ 50 or more equivalent full time employees at any time during 2026?	○ Yes	○ No
List any other business credit this business may qualify for:		
Has this business filed, or is it required to file, Form 8918, a Material Advisor Disclosure Statement ?	○ Yes	○ No
Since Dec 22, 2017, did a foreign corporation acquire substantially all of the properties of the business and was the ownership (by vote or ownership) greater, for purposes of Sec 7874 than 50%?	○ Yes	○ No

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A6 - QUESTIONS RELATED TO PARTNERSHIPS OR PARTNERSHIPS FILING AS AN LLC.

Complete only if entity is a Partnership.

At any time during the year, was any partner in this partnership a disregarded entity, a partnership, a trust, an S-corporation, an estate or a nominee or similar person?	○ Yes	○ No
At the end of the year, did any foreign or domestic corporation, partnership or entity treated as a partnership, trust, individual or estate own directly or indirectly 50% or more of the profit, loss or capital of the partnership?	○ Yes	○ No
At year-end, did this partnership own directly 20% or more, or own directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation?	○ Yes	○ No
Was there a distribution of property or a transfer of partnership interest by sale or death during the tax year?	○ Yes	○ No
Is this partnership a publicly-traded partnership as defined in Section 469(k)(2)?	○ Yes	○ No

Name of Designated Partnership Representative:	
Tax ID Number:	
Address and Phone Number of Designated Partnership Representative:	

A7 - QUESTIONS RELATED TO ALL CORPORATIONS

Complete only if entity is a Corporation.

Is this corporation a member of a controlled group of corporations? If yes, provide details.	○ Yes	○ No
Is this corporation a personal holding company?	○ Yes	○ No
Is this corporation a qualified personal service corporation?	○ Yes	○ No
Is this corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If yes, provide details of all other related corporations.	○ Yes	○ No
At the end of the year did any foreign or domestic corporation, partnership, trust, estate, tax-exempt organization or individual own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote?	○ Yes	○ No
At the end of the year, did this corporation own directly 20% or more, or own directly or indirectly 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation?	○ Yes	○ No
If this corporation is an S-Corporation, are officers/stockholders paid a salary?	○ Yes	○ No
At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of the corporation's stock entitled to vote or (b) the total value of all classes of the corporation's stock?	○ Yes	○ No
Has this corporation made any estimated tax payments for the current tax year?	○ Yes	○ No
Did this corporation receive any dividends from another corporation?	○ Yes	○ No
Did this corporation pay any compensation to any of its officers and have total receipts of $500,000 or more? If yes, provide name, Social Security number, percent of time devoted to business, percent of corporation common stock and preferred stock owned, and amount of compensation paid to the corporate officer.	○ Yes	○ No
During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits?	○ Yes	○ No
Did this corporation issue publicly-offered debt instruments with original issue discount?	○ Yes	○ No
Did this corporation earn any tax-exempt interest during the tax year?	○ Yes	○ No
Does this business own any residential rental buildings providing qualified low-income housing?	○ Yes	○ No
If this is an S-corporation, does it have any built-in gains or earnings and profits from when it was a C corporation, or any assets acquired from a C corporation with a basis determined by reference to its basis in the hands of a C corporation?	○ Yes	○ No

A8 - QUESTIONS RELATED TO BOTH CORPORATIONS & PARTNERSHIPS

Complete only if entity is a Corporation or a Partnership.

Did any of the partners or shareholders pay or have withheld foreign tax during 2026?	○ Yes	○ No
Did any of the partners or shareholders specifically request a Form K-3 for 2026?	○ Yes	○ No
If organized under foreign law and registered to do business in a U.S. jurisdiction, is the entity subject to FinCEN BOI reporting? If so, confirm filings and updates.	○ Yes	○ No
Did the corporation or partnership receive a digital asset or sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset) during 2026?	○ Yes	○ No

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MANUAL PROFIT & LOSS

This section is **ONLY** for those businesses that do not maintain an automated bookkeeping system that provides a profit and loss statement, balance sheet and bank cash reconciliation of the business checking accounts with the ending balance for the year.

A9 - BUSINESS ASSET PURCHASES & IMPROVEMENTS

Date Purchased	Description	Cost	Date Purchased	Description	Cost
/ /			/ /		
/ /			/ /		

A10 - BUSINESS ASSET SALES & DISPOSITIONS

Date Purchased	Description	Cost	Date Purchased	Description	Cost
/ /			/ /		
/ /			/ /		

A11 - INCOME

Gross Receipts or Sales	
Returns and Allowances	
Cost of Goods Sold (from A12)	
Gross Profit	
Other Income	

A12 - COST OF GOODS SOLD

Inventory at Beginning of Year	
Purchases	
Cost of Labor	
Other Costs	
Inventory at the End of the Year	

A13 - BANK RECONCILIATION

Balance at the beginning of the tax year		**Balance at the end of the tax year**	

A14 - EXPENSES

1099 marker indicates payments that may require the issuance of a 1099-NEC if the annual amount you paid to a non-employee individual is $2,000 or more. Not issuing 1099s may lead to loss of the deduction for that expense and/or monetary penalties.

Business Expense	Amount	Business Expense	Amount
Advertising		Lease Improvements (Enter these expenses in Section A9)	
Automobile Expenses (list details separately)		Legal & Professional 1099	
Bad Debts		Licenses (list multi-year licenses & permits under "other")	
Business Meals (100%)		Office Expense	
Commissions and Fees 1099		Pension Plan Fees	
Contract Labor 1099		Rent - Equipment	
Dues & Publications		Rent - Other	
Employee Benefit Plans		Repairs 1099	
Employee Health Care Plans		Supplies	
Entertainment (not deductible for federal) (100%)		Taxes - Payroll (Do not include amounts withheld from employees)	
Equipment - $200 or less per item		Taxes - Sales	
Equipment - more than $200 per item	(Enter these expenses in Section A9)	Taxes - Property	
Freight		Telephone	
Gifts (Limited to $25 per person)		Utilities	
Insurance (Provide details of type and amount)		Wages (W-2) (Generally the amount from line 1 of the form W3)	
Interest - Mortgage		Other Expenses	
Interest - Other		Other:	
Internet Service		Other:	

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