

Strategic Tax & Accounting, LLC

S Corporation Tax Organizer

Preparation Method: Mail In _____ Drop Off _____ Waiting _____

Tax Year: _____

If you are a new client, please Attach prior year S Corporation tax return (Form 1120S)

Legal Name of Entity: _____ Employer ID _____

Address: _____ Suite: _____
City: _____ State: _____ Zip: _____ Phone: _____

Principal Industry: _____ Principal Product/Service: _____

Business Start/Organization Date: _____ Date of S election (Form 2553): _____

State of Incorporation: _____ State Withholding Number: _____

States In Which You Do Business: _____

Books In Care of: _____

Address: _____

City: _____ State _____ Zip _____

Contact person: _____

Phone Number: _____

Did you purchase equipment, tools, machinery or other items with a useful life of over 1 year
for use in the business? Yes _____ No _____

If yes:

Items: _____ Date Purchased: _____ Cost: _____

1) _____

2) _____

3) _____

4) _____

5) _____

Shareholder Information:

Shareholder 1

Social Security _____
First Name _____
Middle Initial _____
Last Name _____
Address _____
City _____ State _____
Zip _____
Phone _____
Shares at Start of Year _____
Shares transferred (+/-) _____
Shares at End of Year _____

Shareholder 2

Social Security _____
First Name _____
Middle Initial _____
Last Name _____
Address _____
City _____ State _____
Zip _____
Phone _____
Shares at Start of Year _____
Shares transferred (+/-) _____
Shares at End of Year _____

Shareholder 3

Social Security _____
First Name _____
Middle Initial _____
Last Name _____
Address _____
City _____ State _____
Zip _____
Phone _____
Shares at Start of Year _____
Shares transferred (+/-) _____
Shares at End of Year _____

Shareholder 4

Social Security _____
First Name _____
Middle Initial _____
Last Name _____
Address _____
City _____ State _____
Zip _____
Phone _____
Shares at Start of Year _____
Shares transferred (+/-) _____
Shares at End of Year _____

Officer Responsible for Tax Return:

Officer Name: _____

Officer SSN: _____

Officer Title: _____

Officer Phone: _____

Address: _____
 City _____ State _____ Zip _____

If you use bookkeeping software or a bookkeeper, attach a Profit & Loss Report and Balance Sheet

OR

Fill out the below information

OR

If you have a bank account and credit card out of which you do all business transactions, you may attach 12 months statements and check copies for those accounts. Additional compilation fee will be added to the cost of completing the tax return.

<u>Income</u>	<u>Cost of Good Sold</u>
Gross Reciepts: _____	Do you manufacture and/or sell goods? If so: _____
Less Returns: _____	Beginning Inventory (January 1): _____
Interest Income: _____	Purchased Inventory (less personal use) _____
Dividends: _____	Cost of Labor: _____
Investment Sale: _____	Ending Inventory (December 31): _____

<u>Deductions</u>			
Accounting _____	Insurance _____	Salary/Wages _____	
Advertising _____	P&C _____	Sales Expense _____	
Automobile _____	Liability _____	Security _____	
Bad Debts _____	Workes Comp _____	Software _____	
Bank Charges _____	Other _____	Supplies & Materials _____	
Cell Phone _____	Janitorial _____	Website _____	
Commissions _____	Cleaning _____	Taxes _____	
Computer _____	Legal & Prof _____	City _____	
Consultants _____	Marketing _____	Franchise _____	
Collection costs _____	Meals & Ent _____	Property _____	
Delivery _____	Meeting/Seminar _____	Personal Property _____	
Discounts given _____	Office Exp _____	Licenses _____	
Dues _____	Parking & Tolls _____	Telephone _____	
Ed & Training _____	Payroll Process _____	Tools _____	
Empoyee Benefits _____	Permits/Licenses _____	Travel _____	
Freight _____	Postage/Shipping _____	Uniforms _____	
Fuel _____	Printing _____	Utilities _____	
Gifts _____	Recruiting _____	Waste Removal _____	
Health Ins _____	Repairs & Maint _____	Other _____	
Ind. Contractors _____	Rent _____		
Interest _____	Building _____		
Internet _____	Equipment _____		

Balance Sheet

Assets	Beginning	End	Liabilities	Beginning	End
Cash	_____	_____	Accounts Payable	_____	_____
Accounts Receivable	_____	_____	Short-term Notes Payable	_____	_____
Inventories	_____	_____	Other Current Liabilities	_____	_____
Other Current Assets	_____	_____	Loans From Shareholders	_____	_____
Inventory	_____	_____	Long-term Notes Payable	_____	_____
Loans to Shareholders	_____	_____	Other Liabilities	_____	_____
Notes Receivable	_____	_____	Total Liabilities	=====	=====
Other Investments	_____	_____	Equity		
Depreciable Assets	_____	_____	Capital Stock	_____	_____
Less: Accumulated Depr	_____	_____	Paid-in Capital	_____	_____
Depletable Assests	_____	_____	Retained Earnings	_____	_____
Less: Accumulated Depl	_____	_____	Adjustment to S/H equity	_____	_____
Land	_____	_____	Total Equity	=====	=====
Intangible Assets	_____	_____	Total Liabilities & Capital	=====	=====
Less: Accumulated Amort	_____	_____			
Other Assets	_____	_____			
Total Assets	=====	=====			