

# C Corporation Tax Organizer

Use a separate organizer for each C corporation

## C Corporation General Information

Legal name of C corporation		EIN#
C corporation address (check if new address)		
Date incorporated	State of incorporation	Corp. state residence
Tax Matters Individual	Title	
	Email	Phone
Yes No	Did the corporation have a change of business name during the year?	
Principal business activity		
Principal product or service		
Yes No	Was the primary purpose of the corporation's activity to realize a profit?	
Yes No	Is the corporation a Personal Service Corporation (PSC)?	
Accounting method: Cash Accrual Other (specify)		
Yes No	Does the corporation file under a calendar year? (If no, what is the fiscal year?)	
\$	Total assets of the corporation at the end of the tax year. If there are no assets at the end of the tax year, enter 0.	
<b>New Clients</b>	<ul style="list-style-type: none"> <li>• Provide a copy of the Articles of Incorporation, bylaws, corporate resolutions, and shareholder buy-sell agreements.</li> <li>• Provide a copy of the depreciation schedules for book, tax, and AMT, and copies of tax returns for last three years, including state returns.</li> </ul>	

## C Corporation Specific Questions

Yes No	Has the corporation been notified of any changes to previous returns by any taxing authority? If yes, provide copies of all correspondence.
Yes No	Provide a schedule of ownership changes during the year, including dates and number of shares or percentage of ownership.
Yes No	Have there been any changes to the shareholder's buy-sell agreements? If yes, provide a copy.
Yes No	Did the corporation hold an annual meeting with shareholders with a record of minutes maintained?
Yes No	Has the corporation updated its minute book for the year? If yes, provide a copy.
Yes No	Did the corporation purchase or sell a business or business segment during the year? If yes, provide a copy of the contract or agreement.
Yes No	Did the corporation engage in any new activities during the year? If yes, describe the new business on an attached sheet.
Yes No	Did the corporation discontinue operations this year? If yes, provide details.
	Does the corporation have any of the following employee benefit plans? If yes provide copies of plan documents.
Yes No	• Qualified retirement plan?
Yes No	• SEP (simplified employee pension) or SIMPLE (savings incentive match plan for employees) plan?
Yes No	If yes, do contributions need to be calculated?
Yes No	• Cafeteria plan?
Yes No	• Non-qualified deferred compensation plan or agreement?
Yes No	• Other benefit plan not described above?
Yes No	Did the corporation include taxable fringe or welfare benefits such as health insurance, group-term life insurance, educational assistance, non-accountable expense allowances, and personal use of corporate vehicles in compensation on employees' Forms W-2 and, if applicable, subject such amounts to payroll taxes?
Yes No	Is the corporation a subsidiary in an affiliated group or a parent-subsiary controlled group?
Yes No	Is any shareholder in the corporation a disregarded entity, a partnership, a trust, an S corporation, or an estate?
Yes No	Did any foreign or domestic corporation, partnership, trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote?
Yes No	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote?
Yes No	Did the 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 not already included in a listing of affiliated groups?
Yes No	Did the corporation own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership or in the beneficial interest of a trust?
Yes No	At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or the total value of all classes of the corporation's stock?
Yes No	Did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock?
Yes No	Did the corporation dispose of more than 65% of its assets in a taxable, nontaxable, or tax deferred transaction?
Yes No	Did the corporation receive assets in a property-for-stock nontaxable exchange in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?
Yes No	At any time during the year, did the corporation have an interest in, or signature authority over a financial account in a foreign country?
Yes No	Was there a distribution of property or a transfer (by sale or death) of a shareholder interest during the tax year?

**C Corporation Specific Questions continued**

Yes	No	Does the corporation satisfy the following conditions? • The corporation's total receipts for the tax year were less than \$250,000, and • The corporation's total assets at the end of the tax year were less than \$250,000.
Yes	No	Did the corporation pay \$600 or more to any individual? If yes, include a copy of Form 1099-MISC for each.
Yes	No	Did the corporation use any vehicles for business us? If yes, include total business miles for each vehicle. <i>Vehicle</i> <i>Total Miles</i> <i>Vehicle</i> <i>Total Miles</i>

**Principal Shareholders Ownership Information (include additional sheets as necessary)**

Name/Title	Tax ID number (SSN or EIN)	Address	# Shares owned at start of year	# Shares owned at end of year	Dividends issued to shareholder during the year	U.S. citizen?

How many shareholders were there on the last day of the year?

**Shareholders – Provide the following information for any shareholder who was an officer or 2% or more owner of the corporation during the year**

Shareholder/Office name	Wages paid	Health insurance premiums paid	Capital contributions from shareholder	Distributions to shareholder	Shareholder loans to corporation	Loans repaid by corporation to shareholder

**C 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 one year	\$
Loans to shareholders	\$	Payables more than one year	\$
Mortgages and loans held by corporation	\$	Loans from shareholders	\$
Stocks, bonds, and securities	\$	Capital stock (preferred)	\$
Other current assets (include list)	\$	Capital stock (common)	\$
Inventories	\$	Retained earnings	\$

**C Corporation Income (include all Forms 1099-K received)**

Gross receipts or sales	\$	Dividend income (include all 1099-DIV Forms)	\$
Returns or refunds	\$ ( )	Capital gain/loss (include all 1099-B Forms)	\$
Gross income from rental property owned by corporation	\$	Other income (loss) (include a statement)	\$
Interest income (include all 1099-INT Forms)	\$		

**C Corporation Cost of Goods Sold (only for manufacturers, wholesalers, and businesses that make, buy, or sell goods)**

Inventory at beginning of the year	\$	Inventory at the end of the year	\$
Purchases	\$	Materials and supplies used in manufacture or sales production	\$
Cost of labor related to sale or production of goods held for sale	\$		

**C Corporation Expenses**

Advertising	\$	Legal and professional services	\$
Annual corporation fees	\$	Management fees	\$
Bank fees and charges	\$	Office supplies	\$
Charitable contributions	\$	Organization costs	\$
Cleaning/janitorial	\$	Pension & profit sharing plans – employee	\$
Commissions and fees	\$	Pension & profit sharing plans – shareholder	\$
Contract labor (include Forms 1099-MISC)	\$	Professional education and training	\$
Employee benefit programs	\$	Rent or lease – car, machinery, equipment	\$
Entertainment/business meals (in town)	\$	Rent or lease – other business property	\$
Health care plans – employee	\$	Repairs and maintenance	\$
Health care plans – shareholder	\$	Salaries and wages (include Forms W-2)	\$
Insurance (other than health)	\$	Taxes – payroll	\$
Interest – business credit cards	\$	Taxes – property	\$
Interest – business loans/credit lines	\$	Taxes – sales	\$
Interest – mortgage	\$	Telephone	\$
Internet service	\$	Utilities	\$

**Other Expenses – List out type and expense amount**

	\$		\$
	\$		\$

**Equipment Purchases – Enter the following information for depreciable assets purchased that have a useful life greater than one year**

<i>Asset</i>	<i>Date purchased</i>	<i>Cost</i>	<i>Date placed in service</i>	<i>New or used?</i>
		\$		

**Equipment Sold or Disposed of During Year**

<i>Asset</i>	<i>Date out of service</i>	<i>Date sold</i>	<i>Selling price/FMV</i>	<i>Trade-in?</i>
			\$	

**C Corporation Business Credits (if answered Yes for any of the below, please provide a statement with details)**

Yes	No	Did the corporation pay expenses to make it accessible by individuals with disabilities?	
Yes	No	Did the corporation pay any FICA on employee wages for tips above minimum wage?	
Yes	No	Did the corporation own any residential rental buildings providing qualified low-income housing?	
Yes	No	Did the corporation incur any research and experimental expenditures during the tax year?	
Yes	No	Did the corporation have employer pension plan start-up costs?	Total number of employees
Yes	No	Did the corporation pay health insurance premiums for employees?	Total number of employees

**All Clients – Additional information and documents required**

- Provide the business income/financial statements for the year (per books), balance sheet, dividends paid out, estimated tax payments (include amounts and date paid), depreciation schedule per books, and cash reconciliation of all business bank accounts with ending cash balances.
- Provide copies of Form W-3, Form 940, Form 941, Form 1096, Form 1099-MISC (independent contractors), and any state tax filing reports.
- If any shareholders live in a different state or outside the United States, provide details. The corporation may be subject to withholding requirements.

**Estimated Tax Payments — Tax Year 2017**

<i>Installment</i>	<i>Date paid</i>	<i>Federal</i>	<i>Date paid</i>	<i>State</i>
First		\$		\$
Second		\$		\$
Third		\$		\$
Fourth		\$		\$
Amount applied from 2016 overpayment?		\$		\$
Total		\$		\$

**Tax Return Preparation**

We will prepare your tax return based on information you provide. In the event your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance.

**Taxpayer Responsibilities**

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of late returns.
- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a copy in the future.

**Signatures.** By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.

*Taxpayer*

*Spouse*

*Date*

**Privacy Policy**

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.