

Tax Organizer for Corporate Returns 1120 and 1120s Returns

Use this Organizer for Corporations or LLCs (Taxed as Corporations)

Corporation
Tax
Organizer

2011

IMPORTANT

We will be unable to complete your tax return until we have received all necessary pages of the organizer including the client statement, payment information & partnership information pages.

BOSS Business Services Tax Department

3225 McLeod Drive, Suite 100

Las Vegas, Nevada, 89121

Toll Free: 888-969-2677

Local: 702-214-1100

Fax: 702-664-0547

E-Mail: taxdept@bossoffice.com

INSTRUCTIONS

- ✓ Please attach a copy of your previous year tax return if not prepared by BOSS.
- ✓ Complete the sections pertaining to your tax reporting requirements.
- ✓ Please check the organizer to make sure you are furnishing all the information needed to complete your return correctly and accurately.
- ✓ Use the last page of the organizer to write down questions you may have & we will address them during the preparation of the tax return.
- ✓ Please print out a Balance Sheet, Profit & Loss Statement, and a General Ledger from your accounting program using cash basis.

IMPORTANT

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CLIENT STATEMENT

Tax returns are prepared in the order received. Tax Organizers are due in our offices 30 days prior to the return deadline in order for Boss to guarantee the timeliness of the return. In the event a Tax Organizer is received within the 30 day period prior to the tax deadline, Client will pay an expedite fee of \$150.00 to ensure timely completion and if received in the final 2 weeks before the deadline, Client will pay \$250.00 to ensure timely completion. If unable to complete by deadline, Boss will request an extension on Client's behalf if that option is available.

The scope of work in connection with the preparation of your ("the Client") federal and state income tax returns is intended to be in compliance with the requirements issued by the various taxing authorities. Because tax laws are not always clear, honest differences of opinions may arise between our interpretation of laws and that of the various taxing authorities. We will assist you in resolving these differences in your favor whenever possible.

Client and/or your duly appointed representative agree not to hold BOSS Business Services liable for interpretations made with regard to any of the information supplied by Client and used in the preparation of the tax returns. Unless compelled to do so by law, BOSS Business Services does not disclose any irregularities or provide statements with regard to the validity of the information supplied by Client to any taxing authority.

All tax returns are subject to review and acceptance by the various taxing authorities. In the event of an examination or other taxing authority contact, Boss Business Services can respond or represent your position to the taxing authority; however, there is a fee for this service. You may appeal any adjustments proposed by a taxing authority.

Please review any completed tax returns carefully. As preparers, we have a responsibility both to the various taxing authorities with whom we file tax returns as well as to our clients. Any client will remain liable for the contents of tax returns prepared by BOSS Business Services with data provided by said client.

All tax return preparation fees for a tax return must be paid before the tax return can be electronically processed. Once payment is received and the proper forms are signed to electronically file the tax return, i.e. Form 8879, we will file the tax return.

I/We acknowledge this statement by signature/signatures and dates below.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Name on Credit Card _____

Credit Card Number _____ **Expiration Date** _____ **Code** _____

By signing, you are authorizing Boss to send you an invoice electronically (via email) and to charge the credit card provided above five (5) days after the invoice has been submitted to you.

☐ **Check here if you would like a quote for the preparation fees based on the information provided in this Organizer before work is commenced.**

THIS PAGE MUST BE SIGNED AND RETURNED
FAX: 702-664-0547 or EMAIL: TAXDEPT@BOSSOFFICE.COM

FAX COVER PAGE

Attention: BOSS Tax Department

TO: BOSS TAX DEPARTMENT - 702-664-0547

Attention: _____

FROM: _____

DATE: _____

THIS FAX INCLUDES THE FOLLOWING (CHECK ALL THAT APPLY):

- ☐ ☐ Client Statement
- ☐ ☐ Organizer for (Name : _____)
- ☐ ☐ Supporting Documentation
- ☐ ☐ Other _____

EXTENSION REQUEST

The Corporate Tax Return forms are due on the 15th day of the 3rd month after the end of the entity's tax year. For example, if your entity has a March 31st year end, the return would be due by June 15th. If your entity has a December 31st year end (i.e. most S-corporations), the return would be due by March 15th.

Entities that have made an S-election must provide each shareholder with a copy of Schedule K-1.

If you are unable to provide us with the necessary information to complete the return timely, you can file Form 7004 Application for an Extension of Time to File, and request an automatic six-month extension. Any taxes owed for the year, however, must be paid or interest and penalties may apply.

We can file the extension for you. Here is what you need to do:

CONTACT BOSS BUSINESS SERVICES BY WRITING AT LEAST ONE WEEK BEFORE THE DUE DATE OF THE TAX RETURN AND REQUEST THAT BOSS FILE THE EXTENSION ON YOUR BEHALF. PLEASE EMAIL ALL REQUESTS TO TAXDEPT@BOSSOFFICE.COM

Please provide a copy of the prior year Corporate Tax Return, if not prepared by BOSS Business Services.

If you are a first time filer, please provide copies of any documents in your possession concerning your EIN including the following: Form SS-4; Acceptance Letter from the IRS with the EIN Assigned; Invoice from the Formation of the Entity.

Was the Corporation profitable this corporate year? ☐ Yes ☐ No

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Corporation Information

(Complete all Fields)

Name of Corporation _____

Business Address of Corporation _____

Employer ID Number ____ - _____ Signing Officer Title: _____

Person to Contact about this Return: _____ **Telephone Number** _____

Corporation Telephone Number _____ Fax Number _____

Please check box for calendar year end or Fiscal Return? ☐ Dec 31
☐ Fiscal, enter year-end date _____.

Check if this is your initial return: ☐ Check if this is your final return: ☐

State of Incorporation _____ State ID Number _____ Tax ID Number _____

What date was the Corporation formed? (*Found on the Corporate Charter Certificate*) _____.

Are you registered to do business in another state, if so supply state & registration # _____

What is the principal Business? _____

What is the main product or service? _____

E-mail address: _____

Address where to mail return completed to: _____

Other Information

Accounting Method: () Cash () Accrual () Other _____ (*Specify*)

At the end of the Tax year, did the Corporation own, directly or indirectly, 50% or more of the voting stock of a Domestic Corporation? () Yes () No

Did the Corporation have any interest in a Partnership or LLC? () Yes () No

If yes, please list name of Partnership or LLC _____

How many shareholders did the corporation have at the end of the tax year? _____

Ownership Information

****Please fill in all information – If individual use Social Security; if entity use EIN number**

Name of Shareholder	Address	Percentage of Ownership	SSN or EIN **required	Title (if an officer)	US Citizen?

Attach Additional Pages if Necessary

BALANCE SHEET

Assets

Cash in Bank on Last Day of Business Year (must have an amount)	\$ _____
Trade notes and Accounts Receivable	\$ _____
Inventories	\$ _____
Other Current Assets (attach stmt)	\$ _____
Other Investments (attach stmt)	\$ _____
Buildings and Other Depreciable Assets	\$ _____
Less accumulated Depreciation	\$ _____
Land	\$ _____
Intangible Assets	\$ _____
Less Accumulated Amortization	\$ _____
Total Assets	\$ _____

Liabilities and Capital

Accounts Payable	\$ _____
Mortgages and Notes Payable in Less Than 1 Year	\$ _____
Other current liabilities (attach stmt)	\$ _____
All Nonrecourse Loans	\$ _____
Mortgages, Notes Payable in 1 Year or More	\$ _____
Other Liabilities (Attach Statement)	\$ _____
Uj ctgj qrf gt Capital Accounts	\$ _____
Total Liabilities and Capital	\$ _____

INCOME

IN LIEU OF THIS PAGE, THE CORPORATE PROFIT & LOSS AND BALANCE SHEET FOR THE CORPORATE YEAR END MAY BE ATTACHED. PLEASE USE CASH BASIS.

Business Income	\$ _____
Dividends Received (<i>Enclose all 1099-DIV Forms</i>)	\$ _____
Interest Received (<i>Enclose all 1099-INT Forms</i>)	\$ _____
Gross Rents	\$ _____
Gross Royalties	\$ _____
Other Income (Attach Schedule)	\$ _____
Gains from Sale of Business Property (<i>Purchase & Sale, HUD Stmts & Depreciation Schedules</i>)	\$ _____

EXPENSES

Cost of Goods Sold (*For Corporations Manufacturing Goods or Housing Inventory for Resale*)

Beginning Inventory	\$ _____
Purchases Materials	\$ _____
Purchases Supplies	\$ _____
Other Costs (Explain)	\$ _____
Cost of Labor	\$ _____
Less Ending Inventory Balance	\$ _____
1. Accounting	\$ _____
2. Automobile and truck expense	\$ _____
Business Mileage (Total Business Miles: _____)	\$ _____

3. Bank charges \$ _____
4. Computer services and supplies \$ _____
5. Delivery and Freight \$ _____
6. Dues and subscriptions \$ _____
7. Equipment rent \$ _____
8. Gift (\$25.00 maximum per gift) \$ _____
9. Insurance (medical) \$ _____
10. Insurance (other, not life) \$ _____
11. Legal and Professional \$ _____
12. Meals & entertainment \$ _____
13. Medical reimbursement \$ _____
14. Office expense \$ _____
15. Outside services/independent contractors \$ _____
16. Payroll Tax Expense (FICA, FUTA, SDI, etc. employer portion only) \$ _____
17. Permits and licenses \$ _____
18. Parking and Tolls \$ _____
19. Postage \$ _____
20. Printing \$ _____
21. Supplies \$ _____
22. Telephone \$ _____
23. Tools \$ _____
24. Training/continuing education \$ _____
25. Travel \$ _____

Do you offer health insurance for all your employees and pay at least 50% of the premium? ☐ Yes ☐ No

Other Expenses (Describe)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

ASSETS FOR DEPRECIATION

(Form 4562 page1 and 2)

Business Asset Worksheet: *Complete for all business assets purchased greater than \$250, such as Computers, Office equipment, furniture, software, tools or machinery that are used in your business.*

<u>Date Purchased</u>	<u>Asset</u>	<u>Price</u>	<u>If Sold, Date</u>	<u>Sale Price</u>
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____

Is this the first Corporate Tax Return filed by this Entity? ☐ Yes ☐ No (if no, skip this page)

PRE- INCORPORATION EXPENSES

(Initial Year Returns only)

DO NOT INCLUDE FEES FOR ENTITIES MANAGED BY CORPORATION

Organization Costs (*Amount spent to form this Corporation*) \$ _____

***Start-Up Costs** (*Costs Incurred Prior to Date of Incorporation*)

	<u>Date</u>	<u>Amount</u>	<u>Subtotal</u>
Seminar & Education Costs	_____	\$ _____	
Seminar & Education Costs	_____	\$ _____	
Seminar & Education Costs	_____	\$ _____	
Seminar & Education Costs	_____	\$ _____	\$ _____
Travel & Lodging	_____	\$ _____	
Travel & Lodging	_____	\$ _____	
Travel & Lodging	_____	\$ _____	
Travel & Lodging	_____	\$ _____	\$ _____
Meals & Entertainment	_____	\$ _____	
Meals & Entertainment	_____	\$ _____	
Meals & Entertainment	_____	\$ _____	
Meals & Entertainment	_____	\$ _____	\$ _____
Office Supplies	_____	\$ _____	
Office Supplies	_____	\$ _____	
Office Supplies	_____	\$ _____	\$ _____
Equipment (CPU, Fax, etc)	_____	\$ _____	
Equipment (CPU, Fax, etc)	_____	\$ _____	
Equipment (CPU, Fax, etc)	_____	\$ _____	\$ _____
Other (Describe)	_____	\$ _____	
Other (Describe)	_____	\$ _____	
	_____	\$ _____	

** Start-Up Expenses must be itemized by payment dates and categorized as listed above.*

If more space is needed please use last page of Tax Organizer and denote accordingly.

SALE OF REAL ESTATE

Enclose copies of Form(s) **1099-S & CLOSING STATEMENTS HUD-1'S FOR ALL PURCHASES, SALES, AND REFINANCINGS.**

Description	Date Acq'd	Date Sold	Sales Price	Cost Basis	Rental	Investment
_____	_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	_____	\$ _____	\$ _____	_____	_____

If the sold properties have been depreciated as prior rentals please provide all depreciation schedules.

RENTAL "REAL ESTATE" PROPERTY AND ROYALTY INCOME:
ATTACH HUD-1'S FOR ALL PROPERTY PURCHASES & REFINANCINGS IN 2011

Description of Property & Complete Property Address (*ex: Single family, Duplex, Condo, or Commercial*)

Property ID (A) _____

Property ID (B) _____

Property ID (C) _____

Property ID (D) _____

Income:

	<u>(A)</u>	<u>(B)</u>	<u>(C)</u>	<u>(D)</u>
Date Property became Available for Rent	_____	_____	_____	_____
Rents received (<i>total for year</i>)	_____	_____	_____	_____
Royalties received	_____	_____	_____	_____

Expenses:

	<u>(A)</u>	<u>(B)</u>	<u>(C)</u>	<u>(D)</u>
Auto (Used for Rental Properties)	_____	_____	_____	_____
Advertising and Promotion	_____	_____	_____	_____
Cleaning and Maintenance	_____	_____	_____	_____
Commissions	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
Legal and Professional Fees	_____	_____	_____	_____
Mortgage Interest	_____	_____	_____	_____
Management Fees	_____	_____	_____	_____
Points Purchase/Refinancing	_____	_____	_____	_____
Repairs (<i>over \$250, itemized below</i>)	_____	_____	_____	_____
Real Estate Taxes	_____	_____	_____	_____
Utilities	_____	_____	_____	_____
Meals/Entertainment	_____	_____	_____	_____
Other Expenses (<i>List on Last Page</i>)	_____	_____	_____	_____

ASSETS FOR DEPRECIATION:

Rental Asset Worksheet: *Complete for all rental assets purchased. List any repairs, furnishings and appliances greater than \$250*

Property ID	Date Purchased	Asset	Price	If Sold, Date	Sale Price

Note: If you converted personal property items for rental use, under the heading 'date purchased,' please indicate the date when the asset was first used for the rental and under the heading 'price,' indicate fair market value of asset on the date of first rental use.

TAX PAYMENTS

Federal Estimated Tax Payments for Tax Year 2011

	Date Paid	Amount Paid
1 st Quarter		
2 nd Quarter		
3 rd Quarter		
4 th Quarter		
Additional Payments Made		

State Estimated Tax Payments for Tax Year 2011

	Date Paid	Amount Paid
1 st Quarter		
2 nd Quarter		
3 rd Quarter		
4 th Quarter		
Additional Payments Made		

ADDITIONAL INFORMATION OR COMMENTS: