**Tax Organizer for**

**Corporate Returns**

**1120 and 1120s Returns**

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

|  |  |
| --- | --- |
| Corporation Tax Organizer | 2012 |

**IMPORTANT**

We will be unable to complete your tax return until we have received the completed tax organizer and required documentation including the client statement, payment information, corporate information & ownership information.

## Anderson Tax Advisors

## (Formerly Boss Business Services)

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@andersonadvisors.com

**IMPORTANT NOTICE**

Effective immediately, the Anderson/Boss tax preparation and bookkeeping practice will move under the umbrella of De Joya Griffith (Certified Public Accountants and Consultants).

**What does this mean for our clients?**

The change will be seamless as all existing Anderson/Boss tax professionals will become representatives of De Joya Griffith.  Our existing team will remain intact to serve you; however, additional resources and personnel will also become available as a result of the change.

Rates and processes will remain the same, personnel will remain the same, and our tax department will remain accessible via all of our current communication channels (emails, phone numbers, etc., will still reach the intended recipient).

**Who will sign my return?**

Our current tax preparation procedures will remain the same, but De Joya Griffith will be the firm on all returns.

**Will I need to change anything?**

No.  All tax organizers, trackers and data sheets can be used.  Over the coming weeks and months, updated materials will become available under De Joya Griffith.

**Will phone numbers and emails change?**

The existing phone numbers and emails will still be received by the intended recipient, but new emails and additional means of contact may become available in the future depending on the services you utilize.

**Who is De Joya Griffith?**

De Joya Griffith, LLC provides high quality and personalized tax and accounting services to clients no matter their physical location, and our clientele is located throughout the U.S. and beyond.  We employ only the best professionals in the accounting profession and leverage technology to support our commitment to maintain our standing as a leading U.S. CPA Firm.

**Where does De Joya Griffith have offices?**

De Joya Griffith has offices in Las Vegas, Chicago, New York, Pune (India) and Beijing (China).  Anderson/Boss will continue to house the tax department in our Anderson/Boss location in Las Vegas as well through at least the end of tax season.

**But the Organizer says “Anderson”**

**As for as this Tax Organizer is concerned, “Anderson” shall be taken to mean “De Joya Griffith” as used herein for purposes of the client statement, authorizations, etc.**

**The credit card authorization in the client statement shall include Anderson and**

**De Joya Griffith as far as charges are concerned.**

**INSTRUCTIONS**

* Please attach a copy of your previous year tax return if not prepared by our offices.
* 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.

**CLIENT STATEMENT**

Tax returns are prepared in the order received. Completed Tax Organizers are due in our offices 30 days prior to the return deadline in order for Anderson 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, Anderson 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 Anderson 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, Anderson 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, Anderson 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 Anderson with data provided by said client.

**All tax return preparation fees 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 Anderson/De Joya Griffith 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@andersonadvsiors.com**

**FAX COVER PAGE**

**Attention: Anderson Tax Advisors**

**TO: Anderson Tax Advisors - 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 ANDERSON TAX ADVISORS BY WRITING AT LEAST ONE WEEK BEFORE THE DUE DATE OF THE TAX RETURN AND REQUEST THAT ANDERSON FILE THE EXTENSION ON YOUR BEHALF.

PLEASE EMAIL ALL REQUESTS TO TAXDEPT@ANDERSONADVISORS.COM.

**Please provide a copy of the prior year Tax Return if not prepared by our offices.**

**Check here if you would like us to file an extension for your return. This is a free service so long as we file the return. If the extension deadline is reached and we have not filed your return, we will bill the card on file $35 to cover the filing cost of the extension.**

**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****\*required** | Title(if an officer) | Country? |
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**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) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partners’ 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 (E*nclose all 1099-DIV Forms)* $

Interest Received (E*nclose all 1099-INT Forms)* $

Gross Rents $

Gross Royalties $

Other Income (Attach Schedule) $

Gains from Sale of Business Property $

*(Purchase & Sale, HUD Stmts & Depreciation Schedules)*

**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

Did you issue all necessary 1099s? ( ) Yes ( ) No

**Other Expenses (Describe)**

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**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.*

Date Purchased Asset Price If Sold, Date Sale Price

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_

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**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)**

 Date Amount Subtotal

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.**

**SALES OF STOCKS, BONDS, MUTUAL FUNDS AND OTHER SECURITIES**

Please include Forms **1099-B** and **Gain/Loss Activity Report** furnished by your broker. If the broker Statements include the COST of the securities sold during the year and you are sending print outs showing the cost of the securities sold, you do not need to complete this section.

Description: Date Date Sales Original

No. Of shares sold & name Acq’d Sold Price Cost Basis

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**TOTAL OPTIONS PURCHASED IN 2012 $**

**TOTAL OPTIONS SOLD IN 2012 $**

**CAPITAL LOSS CARRYOVER FROM PRIOR YEAR $**

**LIST ANY OPEN OPTION TRANSACTIONS AT YEAR END ON LAST PAGE.**

**SALE OF REAL ESTATE**

Enclose copies of Form(s) **1099-S** and the **Purchase** and the **Sale Closing Statement** **HUD-1’s**

Description Date Acq’d Date Sold Sales Price Cost Basis Rental Investment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_

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**If the sold properties have been depreciated, please send us all depreciation reports.**

**RENTAL “REAL ESTATE” PROPERTY AND ROYALTY INCOME:**

(Enclose all HUD-1 and Closing Statements for Newly Acquired Properties)

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**

 **(A) (B) (C) (D)**

Date Properties were available for rent: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Rents received (total for year) \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Royalties received \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

**Expense**

 **(A) (B) (C) (D)**

Auto (Used for Rental Properties) \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Advertising and Promotion \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Cleaning and Maintenance \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Commissions \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Insurance \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Legal and Professional Fees \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Mortgage Interest \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Points Purchase/Refinancing \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Repairs (Over $250, Itemize Below) \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Real Estate Taxes \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Management Fees \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Utilities \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Meals/Entertainment \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Other Expenses (List on Last Page) \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

**ASSETS FOR DEPRECIATION**

***(Form 4562 page1 and 2)***

**Rental Asset Worksheet**: *Complete for all rental assets purchased. List any repairs, furnishings and appliances over $250.00*

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

|  |  |  |  |  |  |
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|   |  |  |  |  |  |
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***TAX PAYMENTS***

**Federal Estimated Tax Payments for Tax Year 2012**

 **Date Paid Amount Paid**

|  |  |  |
| --- | --- | --- |
| 1st Quarter  |  |  |
| 2nd Quarter |  |  |
| 3rd Quarter |  |  |
| 4th Quarter |  |  |
| Additional Payments Made |  |  |

**State Estimated Tax Payments for Tax Year 2012**

 **Date Paid Amount Paid**

|  |  |  |
| --- | --- | --- |
| 1st Quarter  |  |  |
| 2nd Quarter |  |  |
| 3rd Quarter |  |  |
| 4th Quarter |  |  |
| Additional Payments Made |  |  |

**ADDITIONAL INFORMATION OR COMMENTS:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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