**Tax Organizer for**

**Corporate Returns**

**1120 and 1120s Returns**

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

|  |  |
| --- | --- |
| Corporation Tax Organizer | 2013 |

**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.

## DG Anderson

## Tax Preparation | Bookkeeping

3225 McLeod Drive, Suite 100

Las Vegas, Nevada, 89121

Toll Free: 888-829-8447

Local: 702-487-3780

Fax: 702-664-0547

E-Mail: taxdept@DGAnderson.com

**INSTRUCTIONS**

* Please attach a copy of your previous year tax return if not prepared by either Anderson Business Advisors or De Joya Griffith CPAs.
* 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, DG 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 DG 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, DG 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 DG 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 (Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**\*Name on Credit Card (Required)**

**\*Card Number (Required) Expiration Date Code**

By signing, you are authorizing DG Anderson to send you an invoice electronically (via email) and to charge the credit card provided above within 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@DGanderson.com**](mailto:taxdept@DGanderson.com)

**FAX COVER PAGE**

**Attention: DG Anderson**

**TO: DG Anderson - 702-664-0547**

**Attention:**

**FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Number of Pages (Including Cover): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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. 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 DG ANDERSON BY WRITING AT LEAST ONE MONTH BEFORE THE DUE DATE OF THE TAX RETURN AND REQUEST THAT DG ANDERSON FILE THE EXTENSION ON YOUR BEHALF.

PLEASE EMAIL ALL REQUESTS TO [TAXDEPT@DGANDERSON.COM](mailto:TAXDEPT@DGANDERSON.COM).

**Please provide a copy of the prior year Tax Return if not prepared by our offices (Anderson Business Advisors or De Joya Griffith).**

**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.**

**Name of Entity:**

**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 (EIN) \_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signing Officer Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person to Contact about this Return: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mail completed return to:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corporation Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the corporation’s year-end? ( ) Dec 31 ( ) Fiscal: enter year-end date \_\_\_\_\_\_\_\_\_\_\_

Is this the corporation’s first tax return? ( ) Yes ( ) No

Is this the final tax return? ( ) Yes ( ) No If yes, what is the dissolution date? \_\_\_\_\_\_\_\_\_

State of Incorporation: \_\_\_\_\_\_ State ID No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Webfile No.*(Texas Only)*: \_\_\_\_\_\_\_\_\_

What date was the Corporation formed*(Found on the Corporate Charter Certificate)?:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you registered to do business in another state(s)? ( ) Yes ( ) No

If yes, which state(s)?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the principal business?

What is the main product or service?

**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 another 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 shareholder is an individual, use the Social Security Number. If shareholder is an entity, use the EIN number

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Shareholder | Address | Percentage of Ownership | **SSN or EIN**  **\*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 (for accrual basis only) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inventories $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Current Assets (attach statement) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Investments (attach statement) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 (for accrual basis only) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other current liabilities (attach statement) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All Nonrecourse Loans $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mortgages, Notes Payable in 1 Year or More $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Liabilities (Attach Statement) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Common Stock $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Paid in Capital $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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***PRE- INCORPORATION EXPENSES***

(Initial Year Returns Only)

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

**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**

**Is the Brokerage Account in the Name of the Corporation?: ( ) Yes ( ) No (if no, skip this page)**

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 2013 $**

**TOTAL OPTIONS SOLD IN 2013 $**

**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 page 1 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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***TAX PAYMENTS***

**Federal Estimated Tax Payments for Tax Year 2013**

**Date Paid Amount Paid**

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

**State Estimated Tax Payments for Tax Year 2013**

**Date Paid Amount Paid**

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

**ADDITIONAL INFORMATION OR COMMENTS:**

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

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