



Leading Small Business and Individuals to Success

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2019 NEW BUSINESS CLIENT TAX ORGANIZER

Instructions: The following information is required for preparation of your Business Tax Returns. Please fill out this form completely and return it with the requested information for your business tax preparation. If an item does not apply to your business, mark "N/A" beside the box and note any discrepancies in the margins or on a separate piece of paper. If you have question, please contact us at (614) 942-1990 or info@cpaagi.com.

Company Name:		Federal ID:
Current Address (To be used on tax return):		
Your Name:	Your Phone:	Your Cell:
Your Email Address:	Company Website:	
Company Bookkeeper:	Bookkeeper Work Phone:	Bookkeeper Email Address:

ORGANIZATIONAL INFORMATION

Describe the principal business activity of your company: _____

Federal Identification Number (EIN): _____

Incorporation/Organization Date: _____

Copy of Articles of Incorporation/LLC Organization

Copy of LLC Operating Agreement or Partnership Agreement

Copy of Partner/Shareholder Buy/Sell Agreement

Copy of IRS S Corporation Acceptance Notice (if applicable)

Business Ownership Information (Please attach a sheet if additional room is needed)

OWNER NAME(S)	HOME ADDRESS	SOCIAL SECURITY NUMBER	NO. OF SHARES	% OF OWNERSHIP	% OF TIME WORKING IN BUSINESS

Officer Appointments

President: _____ Treasurer: _____

Vice President: _____

Secretary: _____

Business Vehicle Information:

VEHICLE MAKE/MODEL	PRIMARY DRIVER	DESCRIPTION OF BUSINESS USE PURPOSE	BUSINESS USE %	LEASE OR OWN

Physical Address of Principal Business Location:

Physical Address of Additional Business Location(s):

Please provide copies of prior tax returns and schedules (You may need to request from your prior accountant)::

- Copy of Prior Year Federal Tax Return** as prepared by yourself/prior accountant* (if applicable)
- Copy of Prior Year State Tax Return(s)** as prepared by yourself/prior accountant* (if applicable)
- Copy of Prior Year City Tax Return(s)** as prepared by yourself/prior accountant* (if applicable)
- Copy of Prior Year Fixed Asset/Depreciation Report** as prepared by yourself/prior accountant* (if applicable)
- Copy of Amortization Schedule(s) for ALL Loans/Leases/Mortgages on company books** as prepared by yourself/prior accountant* (if applicable)
- Shareholder/Member Basis amounts as of prior year tax return calculations** as prepared by yourself/prior accountant* (S Corps & LLCs only)

TAX FILING COMPLIANCE MATTERS

REGARDING 2019...	YES	NO	IF NO, PLEASE EXPLAIN
Have all required 1099s been issued & filed? <i>If yes, please provide copies of all 1099s and 1096.</i>			
Do you have the required documentation to support all charitable contributions of \$250 or more?			
If Ohio Gross Receipts are over \$150,000, are you filing Ohio Commercial Activities Tax Returns?			
Are all required Sales and Use Tax Returns Filed?			
Are your Unclaimed Funds Reports up to date?			
Are all Payroll Tax Returns filed and paid?			
Are all Property Tax payments current?			

TAX RECORDS COMPLIANCE MATTERS

REGARDING 2019...	YES	NO	IF NO, PLEASE EXPLAIN
Did you maintain mileage logs for all business vehicles?			
Do you keep records to support for all business related travel, meals, and entertainment expenditures?			
Do you maintain records to support all business expense reimbursements issued to any shareholder/members and employees?			
Can you support the reasonableness of all shareholder salaries?			

SPECIAL DEDUCTIONS AND TAX CREDITS

REGARDING 2019...	YES	NO	EXPLANATIONS
Do your employees receive tips and are those tips properly reported as wages? (<i>Employer Tip Credit</i>)			
Did you start a NEW employee pension plan? (<i>Pension Start-up Credit</i>)			
Did the Company donate anything for the care of the ill, needy or infants?			
Did the Company make a charitable contribution of inventory or property?			
Are there any other credits or deductions related to your industry which you feel you might qualify? Please explain.			
Please list by owner how many hours each works in the business.			

OTHER SITUATIONS IMPACTING TAX PREPARATION

REGARDING 2019...	YES	NO	EXPLANATIONS
Did you move during the year? If yes, provide date of the move.			
Did you change or add states in which your company operates? If yes, explain.			
Did you change or add cities in which your company makes sales or does business? If yes, explain.			
Did the Company buy or sell a business or business segment?			
Did the Company sell internationally?			
Did the Company incur any theft or casualty losses during the year?			
Did the Company experience foreclosure on any business property? Or is bankruptcy possible either now or pending? If yes, explain.			
Did the Company experience any debt forgiveness, refinance or restructure any outstanding debt?			
Do you have any foreign activity or accounts – If No, Skip A-C			
A) Were you a grantor or transferor for a foreign trust, have an interest, signature or other authority over a bank account, securities account, or other financial account in a foreign country? <i>If yes, please explain.</i>			
B) Did you carry \$10,000 in a foreign bank account for even one day during the year? If yes, please list and explain.			
C) Did you have any foreign income or pay any foreign taxes? <i>If yes, please list and explain.</i>			
Did the Company experience any lawsuits or other legal matters, or are any pending?			
Did the Company make any political contributions? <i>If yes, provide info.</i>			
Did the Company engage in any bartering activity?			
Were there any owner/ownership % changes that occurred? <i>If yes, please provide details.</i>			
Were there any officer/director appointment changes? <i>If yes, please provide details.</i>			
Were any of your corporate documents amended or updated? If yes, please provide copies.			

Are there any other matters that we should be aware of?

Planning

REGARDING 2019...	YES	NO	EXPLANATIONS
Do you need us to call you regarding business coaching?			

NECESSARY BENEFIT DISCLOSURES

Company Health Insurance Plan:

- | | | | |
|--|-----|----|-----|
| <input type="radio"/> Do you have a Group Health Insurance plan? (circle one): | Yes | No | N/A |
| <input type="radio"/> Is this plan owned by the business? (circle one): | Yes | No | N/A |
| <input type="radio"/> Do you have more than one employee - including the owner? (circle one): | Yes | No | N/A |
| <input type="radio"/> Do you reimburse yourself or other employees for health insurance? (circle one): | Yes | No | N/A |
|
<input type="radio"/> Amount paid on behalf of owner and family \$ _____ | | | |
| <input type="radio"/> Amount paid on behalf of employees \$ _____ | | | |

Life Insurance Policy on Shareholder(s)/Member(s):

- | | | |
|--|---------|-------|
| <input type="radio"/> Policy owner is (circle one): | Company | Other |
| <input type="radio"/> Beneficiary is (circle one): | Company | Other |
| <input type="radio"/> List of Total Life Insurance paid by company on behalf of each owner <i>(List total by Shareholder/Member)</i> | | |

Retirement /Pension/Profit Sharing Plan:

- | | | | | |
|--|--------|-----|--------|--------------|
| <input type="radio"/> Type of Plan (circle one): | SIMPLE | SEP | 401(k) | Don't Know ☺ |
| <input type="radio"/> Amount / % of employer match _____ | | | | |
| <input type="radio"/> Please provide listing of eligible employees | | | | |

Has a Shareholder / Partner moved during the year?

If yes, please provide name and new address _____

For any new shareholders/members/partners, please provide:

Name, address, and social security # _____

FOR LLCs ONLY - SELF-EMPLOYMENT TAX
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Recently through various IRS tax court rulings, the IRS has expanded their approach of how self-employment tax on the profits of an organization should be handled for LLC Members. In the past, typically the profits have not been subject to self-employment tax, but now the IRS has begun to take the stand that all guaranteed payments and profits of the LLC should be subject to self-employment tax unless the member does not have active participation. It is our position that all profits of the LLC are subject to SE Tax except and will be reported as such unless there is no active participation.