**2024 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. Place checkmarks in applicable boxes to indicate information being submitted. If 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. To avoid any confusion and facilitate more efficiency in preparation of your tax returns, please wait to submit the information until all of the requested items are available. If you have question, please contact us at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name: | | | Federal ID: |
| Business Address (To be used on tax return): | | | |
| Your Name: | Your Phone | Email Address: | |
| Company Bookkeeper: | Their Work Phone: | Their Email Address: | |
| Company Website: | Please Circle if Your Business is on Either of the Following… | | |
| Facebook: Yes or No Twitter: Yes or No | | |

***ORGANIZATIONAL INFORMATION***

* **Signed Engagement Letter for preparation of this entity’s returns returned to our office.**

***(We are not able to begin work on your returns until this is received in our office.)***

* **Describe the principal business activity of your company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Federal Identification Number (EIN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Incorporation/Organization Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WELCOME**

* **Copy of Articles of Incorporation/LLC Organization**

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* **Copy of LLC Operating Agreement or Partnership Agreement**
* **Copy of Partner/Shareholder Buy/Sell Agreement**
* **Copy of IRS S Corporation Acceptance Notice** *(if applicable)*

**TO OUR FIRM!**

* **Business Ownership Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **OWNER NAME(S)** | **HOME ADDRESS** | **SOCIAL SECURITY NUMBER** | **NO. OF SHARES** | **% OF**  **OWNER-**  **SHIP** | **% OF TIME WORKING IN BUSINESS** |
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***ORGANIZATIONAL INFORMATION - continued***

* **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** |
|  |  |  |  |  |
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|  |  |  |  |  |

* **Physical Address of Principal Business Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Physical Address of Additional Business Location(s):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Copy of Prior Year Federal Tax Return** as prepared by yourself/prior accountant**\*** *(if applicable)*

*\*You may need to request from your prior accountant*

* **Copy of Prior Year State Tax Return(s)** asprepared by yourself/prior accountant**\*** *(if applicable)*

*\*You may need to request from your prior accountant*

* **Copy of Prior Year City Tax Return(s)** as prepared by yourself/prior accountant**\*** *(if applicable)*

*\*You may need to request from your prior accountant*

* **Copy of Prior Year Fixed Asset/Depreciation Report** as prepared by yourself/prior accountant**\*** *(if applicable)*

*\*You may need to request from your prior accountant*

* **Copy of Amortization Schedule(s) for ALL Loans/Leases/Mortgages on company books** asprepared by yourself/prior accountant**\*** *(if applicable) \*You may need to request from your prior accountant*
* **Shareholder/Member Basis amounts as of prior year tax return calculations** as prepared by yourself/prior accountant**\*** *(S Corps & LLCs only) \*You may need to request from your prior accountant*

***TAX COMPLIANCE MATTERS***

|  |  |  |  |
| --- | --- | --- | --- |
| **REGARDING 2024…** | **YES** | **NO** | **EXPLANATIONS** |
| Have all required 1099s been filed & issued? *If no, would you like our assistance?* ***If yes,*** *please provide copies of all 1099s and 1096.* |  |  |  |
| Did you maintain mileage logs for all vehicles driven for business purposes? |  |  |  |
| Do you keep records to support business purpose for all travel and meals (entertainment expenditures are no longer permitted)? |  |  |  |
| Do you maintain records to support all business expense reimbursements issued to all shareholder/members and employees? |  |  |  |
| Can you support the reasonableness of all salaries paid to shareholders? |  |  |  |
| Do you have the required documentation to support all charitable contributions of $250 or more? |  |  |  |
| Do you have a Sales Tax account? *If no, would you like our assistance?* |  |  |  |
| Do you have a Use Tax account? *If no, would you like our assistance?* |  |  |  |
| Do you file annual Unclaimed Funds reports? *If no, would you like our assistance?* |  |  |  |
| Do you have any overdue Payroll Taxes, or some returns not filed? *If yes, please explain.* |  |  |  |
| Do you have any overdue Sales Taxes, or some returns not filed? *If yes, please explain.* |  |  |  |
| Do you have any overdue Property Taxes, or some returns not filed? *If yes, please explain.* |  |  |  |
| Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country? *If yes, please explain.* |  |  |  |
| Did you carry $10,000 in a foreign bank account for even one day during the year?  *If yes, please list and explain.* |  |  |  |
| Did you have any foreign income or pay any foreign taxes? *If yes, please list and explain.* |  |  |  |
| How many hours per year do you work in your business? |  |  |  |
| If you have partners or shareholders, please list by owner how many hours each works in the business. |  |  |  |

***SPECIAL DEDUCTIONS AND TAX CREDITS***

|  |  |  |  |
| --- | --- | --- | --- |
| **REGARDING 2024…** | **YES** | **NO** | **EXPLANATIONS** |
| Did you continue to pay wages to any armed service members while away on active duty this year? *(Differential Wage Credit)* |  |  |  |
| Did you pay or incur any expenses to provide access to persons with disabilities? *(Disabled Access Credit)* |  |  |  |
| Do your employees receive tips and are those tips properly reported as wages? *(Employer Tip Credit)* |  |  |  |
| If your business is located in an Empowerment Zone, do you have employees who also reside within that Empowerment Zone? (To check to see if you might be in an Empowerment Zone locale, go to **www.hud.gov/crlocator** ) *(Empowerment Zone & Renewal Community Credit)* |  |  |  |
| Did you buy fuel to operate business equipment or off-road vehicles? *(Fuel Tax Credit)* ***If yes,*** *please provide total gallons used.* |  |  |  |

***SPECIAL DEDUCTIONS AND TAX CREDITS - continued***

|  |  |  |  |
| --- | --- | --- | --- |
| **REGARDING 2024…** | **YES** | **NO** | **EXPLANATIONS** |
| Did you start a NEW employee pension plan? *(Pension Start-up Credit)* |  |  |  |
| Do you provide health insurance benefits to employees who are not owners or owners’ family members? *(Small Employer Health Insurance Credit)* |  |  |  |
| 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. |  |  |  |

***OTHER SITUATION IMPACTING TAX PREPARATION***

|  |  |  |  |
| --- | --- | --- | --- |
| **REGARDING 2024…** | **YES** | **NO** | **EXPLANATIONS** |
| Did you receive any letters or tax notices from the IRS or other tax authority? |  |  |  |
| Did you change or add states in which your company makes sales or does business? |  |  |  |
| Did you change or add cities in which your company makes sales or does business? |  |  |  |
| Did the Company buy or sell a business or business segment? |  |  |  |
| Did the Company engage in any new activities? |  |  |  |
| Did the Company incur any theft or casualty losses during the year? |  |  |  |
| Did the Company abandon or retire any business assets? |  |  |  |
| Did the Company experience foreclosure on any business property? |  |  |  |
| Is the possibility of bankruptcy present – either now or pending? |  |  |  |
| Did the Company experience any debt forgiveness? |  |  |  |
| Did the Company refinance or restructure any outstanding debt? |  |  |  |
| Did the Company experience any lawsuits or other legal matters, or are any pending? |  |  |  |
| Did the Company make any political contributions? *If yes, provide info.* |  |  |  |
| Did the Company engage in any bartering activity? |  |  |  |
| Did the Company loan money to or receive loans from its officers/shareholders/members? |  |  |  |
| If officer/shareholder/member loans occurred, was a loan agreement properly drawn up to formalize the loan? |  |  |  |
| Were there any owner/ownership % changes that occurred? *If yes, please provide details.* |  |  |  |
| Were there any officer/director appointment changes?  *If yes, please provide details.* |  |  |  |
| Are there any other matters that we should be aware of? |  |  |  |

***FINANCIAL DATA & DOCUMENTS REQUIRED***



* **Signed Engagement Letter for preparation of this entity’s returns returned to our office.**

***(We are not able to begin work on your returns until this is received in our office.)***

* **Provide copy of Corporate minutes from year**
* **Provide copies of all letters and tax notices received from the IRS or other taxing authority**
* **Complete journal of 2023 year accounting/bookkeeping records, presented in one of the three following manners:**

1. ***IF the financial records are kept in QuickBooks:*** Please provide an accountants’ copy with information entered and updated through year end. Please provide the QuickBooks version, user name and password below. *(Currently supporting all QuickBooks versions 2022, 2023 & 2024).* Only make one accountant’s copy of your file.

**QuickBooks Version** (Year) **User Name Password**

1. ***IF Financial Statements are prepared in another software or by another firm:*** Please provide a copy of these statements prepared for completion of the tax return. Also, include a complete general ledger for the entire year.
2. ***IF no formal financial statements or computerized accounting records are available****:* Please provide check stubs or check disbursement ledgers with a clear description of the disbursements, as well as cash receipt records for the year.

* **Copy of the Bank Reconciliation for ALL bank accounts for the last month in the period** *(if prepared by you)*
* **Copy of monthly statements for ALL bank accounts**
  + If Bank Reconciliations ARE NOT prepared by you 🡪 Statements for EACH month in the year
  + If Bank Reconciliations ARE prepared by you 🡪 Statement for LAST month in the year only

***FINANCIAL DATA & DOCUMENTS REQUIRED - continued***

* **Copies of invoices for purchase of ALL Machinery, Equipment, Furniture & Building Improvements > $2,500**
* **Did you make any major repairs to your equipment, property, or leased facilities THIS year?** If yes, describe.
* **Review Prior Year Asset List (attached)** Verify assets listed in the prior year are currently in service. Note any asset disposals or changes to list (including disposal date), and return with this checklist. *(If report is okay as is, please mark “No change,” sign and return to us).*
* **Copies of ALL new capital lease or new loan agreements entered into during this year.**
* **Copies of ALL loan, line of credit, or credit card statements for the last month in the period.**
  + If records are not maintained in QuickBooks/other software provide statements for all months in the period
  + If loan statements are not provided by lender, provide a copy of the amortization schedule you use to track balance.
* **Copies of Shareholder/Officer loan agreements** for ALL Shareholder/Officer loans made to/given from business in tax year. *(Include interest rates and loan repayment requirements.)*
* **Frequency of Physical (Actual) Inventory Count:** (circle one): Monthly Quarterly Annually N/A
* **Listing of Accounts Receivable by income category** *(Only required if the financial records are kept on the accrual basis and the tax returns are filed on the cash basis).*
* **Listing of Prepaid Expense components by account type - i.e. rent, insurance, etc.** *(Only required if the financial records are kept on the accrual basis and the tax returns are filed on the cash basis).*
* **Listing of Accounts Payable by expense category** *(Only required if the financial records are kept on the accrual basis and the tax returns are filed on the cash basis).*
* **Payroll**
  + **Who prepares your payroll? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
  + **Please provide 1) a YTD Summary Report, 2) all W-2s and W-3, AND 3) a Payroll Summary report for the first pay date in January.**
  + **If using ADP/Paychex/Paycor** – If we have not been previously granted access, please contact your rep to provide us direct access to reports. (If this has been done previously, please disregard.)
* **1099s – Please provide copies of all 1099s (w/ 1096) issued to vendors.**
* **If doing business in multiple States or multiple Ohio Cities, please provide a breakout of** 
  + **Sales by location**
  + **Wages by location**
  + **New Fixed Asset purchases by location**
* **Fuel for Off-Highway Business Use** *(in gallons)*

Total Gallons \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Unreimbursed Auto Mileage for use of personal vehicle for business purposes** *(do not include commuting miles)*

Total \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Provide copies of all letters and tax notices received from the IRS or other taxing authority**

***FINANCIAL DATA & DOCUMENTS REQUIRED - continued***

* **Estimated Tax Payments – Please provide a listing of all Federal, State & City tax payments made toward the current year in the table below. If these payments are not clearly stated in an Income Tax expense account, please indicate where these payments have been posted.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **FEDERAL** | | **STATE** | | **CITY** | | **OTHER** | |
| **DATE** | **AMOUNT** | **DATE** | **AMOUNT** | **DATE** | **AMOUNT** | **DATE** | **AMOUNT** |
|  |  |  |  |  |  |  |  |
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***NECESSARY BENEFIT DISCLOSURES***

* **Company Health Insurance Plan:**
  + Do you have a Group Health Insurance plan? (circle one): Yes No N/A
  + Is this plan owned by the business? (circle one): Yes No N/A
  + Do you have more than one employee - including the owner? (circle one): Yes No N/A
  + Do you reimburse yourself or other employees for health insurance? (circle one): Yes No N/A
  + Please list Total Health Insurance Premiums paid on behalf of each owner *(List total by Shareholder/Member)*
* **Life Insurance Policy on Shareholder(s)/Member(s):** 
  + Policy owner is (circle one): Company Other
  + Beneficiary is (circle one): Company Other
  + List of Total Life Insurance paid by company on behalf of each owner *(List total by Shareholder/Member)*
* **Retirement /Pension/Profit Sharing Plan:** 
  + Type of Plan (circle one): SIMPLE SEP 401(k) Don’t Know ☺
  + Amount / % of employer match **\_\_\_\_\_\_\_\_\_\_\_\_\_**
  + Please provide listing of eligible employees

***SIGNATURE OF COMPANY REPRESENTATIVE SUBMITTING INFORMATION FOR TAX PREPARATION:***

*I have compiled the information provided and answers contained in this document. I certify that the items and information truthfully reflect Company operations for the 2024 tax year.*

**Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**