S Corporation Tax Organizer

(See next page for Organizer)



UpstateTax

103 Mountain View Dr Seneca, SC 29676

190 E Shockley Ferry Rd Anderson, SC 29624

www.Upstatetax.com

7.7			-	1	α	
I ISP A	senarate	oroanizer	tor	each	5	corporatio
CLUC II	Depunic	OI ZUILLECI	, 0 ,	Cucii	\sim	corpornino

S Corporation	n General Infor	mation											
Legal name of S corporation EIN -													
S corporation address (check if new address)													
S Corporation	n Representative				Titl	e							
					Em				Phone (Phone ()			
☐ Yes ☐ No Did the corporation have a change of business name during the year?													
Principal business activity Date business started /									/ /				
	duct or service								Date bus	siness closed	/ /		
☐ Yes ☐ No													
Accounting method: Cash Cash Other (specify) Yes No Does the corporation file under a calendar year? (If no, what is the fiscal year?)													
			der a cal	endar yea	ir? (If no, u	that is the fis	cal year?)						
	n Specific Ques		1		2:1 1 1	1.1	1		12				
☐ Yes ☐ No	Did the corpora							nutes ma	intained?				
Yes No	Was the corpora							- C	untion on	an ostato?			
☐ Yes ☐ No☐ Yes ☐ No☐	Is any sharehold		_							stock issued and	1		
	outstanding of	any foreign o	or domes	stic corpoi	ration?								
☐ Yes ☐ No	profit, loss, or c									of 50% or more	in the		
☐ Yes ☐ No	Did the corpora												
☐ Yes ☐ No	Did the corpora		-							of the tax year?			
☐ Yes ☐ No			•							ied to reduce am	ount of		
☐ Yes ☐ No	Was the corpora	ntion's S elec	tion tern	ninated or	revoked o	during the v	rear?						
☐ Yes ☐ No								uthority (over a fina	ancial account in	a foreign		
☐ Yes ☐ No	Was there a dist	ribution of r	roperty	or a trans	fer (by sale	e or death) o	of a shareholde	r interest	during th	ne tax vear?			
									8				
☐ Yes ☐ No	Does the corporation satisfy the following conditions? • The corporation's total receipts for the tax year were less than \$250,000, and • The corporation's total assets at the end of the tax year were less than \$250,000.												
☐ Yes ☐ No	Did the corpora If yes, include a					ompensatio	n to any individ	dual?					
☐ Yes ☐ No	Did the corpora	tion have a l	Paycheck	· Protectio	n Progran	n (PPP) loar	n that was forgi	ven in 20	23?				
☐ Yes ☐ No	At any time dur services); or (b)									payment for pro l asset)?	perty or		
Principal Sh	areholders Owi				•								
		Tax ID nu							Ownersh		U.S.		
Name/Title		(SSN or E	IN)	Address					percenta	ge stock basis	citizen?		
										\$			
										\$			
										\$			
How many s	nareholders were	there on the	last day	of the ve	ar?								
	S – Provide the fo					was an offic	cer or 2% or mor	e owner o	f the corpo	ration during the	vear		
		g	1	insurance	1	ntributions	Distributions		der loans	Loans repaid by o			
Shareholder/O	fficer name	Wages paid	premiui	ns paid	from shar	eholder	to shareholder	eholder to corpora		ration to shareholder			
All Clients –	Additional inform	ation and doc	uments re	eauired		New Clie	 nts — <i>Additiona</i>	l informati	on and do	cuments required			
	business income,				ır (per	Date incor							
books), bala	nce sheet, deprec	iation schedu	ile per bo	oks, and o	casĥ		corporation		Corpora	ation state domic	cile		
	on of all business l						corporation elec	ction					
	oration has emplorm 941, and any					• Provide	a copy of the A		Incorpora	ation, bylaws, an	d any		
	oration made pay					corporat	e resolutions.						
contractors,	provide copies of	Form 1099-1	VEC issu	ed.						lles for book, tax			
	holders live in a c					• Enclose a	copies of return a copy of IRS Fo	orm 2553.	ast two yo Election bu	ears, including st a Small Business	are returns.		
	States, provide details. The corporation may be subject to withholding requirements. • Enclose a copy of IRS Form 2555, Election by a Small Business Corporation, and IRS acceptance.												

S Corporatio	n Balance Sheet						
	Corporation assets at year end			Corporation debts and equity at year end			
Bank account	account end of year balance \$ Accou			nts payable at year end	\$		
Accounts rece	eivable at end of year	\$	Payabl	es less than one year	\$		
Inventories	·	\$	Payabl	es more than one year	\$		
Loans to shar	eholders	\$	Mortga	ages, notes payable	\$		
Mortgages an	d loans held by corporation	\$	Loans	from shareholders	\$		
Stocks, bonds	, and securities	\$	Capita	l stock (common)		\$	
Other current	assets (include list)	\$	Retain	ed earnings		\$	
S Corporation Income (include all Forms 1099-K received)							
Gross receipts	s or sales	\$	Dividend income (include all 1099-DIV Forms)		OIV Forms)	\$	
Returns and a		\$()	Capita	l gain/loss (include all 1099-E	\$		
Interest incon	ne (include all 1099-INT Forms)	\$	Other income (loss) (include a statement)			\$	
S Corporatio	n Cost of Goods Sold (for manufactur	ers, wholesalers, and	l busines	ses that make, buy, or sell good	is)		
	peginning of the year	\$		als and supplies	,	\$	
Purchases	0 0	\$	 	ory at the end of the year		\$	
Cost of labor		\$,		•	
S Corporatio	n Expenses	'					
Advertising	P	\$	Meals -	– business		\$	
Annual corpo	oration fees	\$	_	supplies		\$	
Bad debts		\$	-	ization costs		\$	
Bank charges		\$		n and profit sharing plans –	employee	\$	
Business licer	ises	\$	1	n and profit sharing plans – s	\$		
Cleaning/jan	itorial	\$		Professional education and training		\$	
Commissions	and fees	\$	Rent o	r lease – car, machinery, equi	\$		
Compensation of officers		\$	Rent o	r lease – other business prop	erty	\$	
Contract labo	r (include Forms 1099-NEC)	\$	Rent p	aid	•	\$	
Employee ber	nefit programs	\$	Repair	s and maintenance		\$	
Entertainmen	t (not deductible)	\$	Salarie	s and wages (include Forms V	V-2)	\$	
Health care p	lans – employee	\$	Taxes – payroll			\$	
Health care p	lans – shareholder	\$	Taxes – property			\$	
Insurance (ot)	aer than health insurance)	\$	Taxes – sales			\$	
Interest – bus	iness credit cards	\$	Telephone			\$	
Interest – bus	iness loans/credit lines	\$	Utilities			\$	
Interest – mo	tgage	\$	Other expense			\$	
Internet servi		\$	Other expense			\$	
Legal and pro	ofessional services	\$	Other expense			\$	
Car Expense	S (use a separate form for each vehicle)						
Make/Model				Date car placed in service	/ /		
☐ Yes ☐ No Car available for personal use during off-duty hours?							
☐ Yes ☐ No	Yes No Do you (or your spouse) have any other cars for personal use			Did you trade in your car this year? ☐ Yes ☐ No			
☐ Yes ☐ No Do you have evidence?				Cost of trade-in	Trade-in value		
☐ Yes ☐ No Is your evidence written?				\$	\$		
Mileage					ual Expenses		
Beginning of year odometer				Gas/oil	\$		
End of year odometer				Insurance \$			
Business mileage				Parking fees/tolls \$			
Commuting 1			Registration/fees	\$			
Other mileage				Repairs	\$		
Generally, yo	enerally, you can use either the standard mileage rate or actual expenses to calculate the deductible costs of operating your car for business						

Generally, you can use either the standard mileage rate or actual expenses to calculate the deductible costs of operating your car for business purposes. However, to use the standard mileage rate, it must be used in the first year the car is available for business. In later years, you can then choose between either the standard mileage rate method or actual expenses.

Equipment Purchases — Enter the following information for depreciable assets purchased that have a useful life greater than one year							
Asset	Date purchased	Cost	Date placed in service	New or used?			
		\$					
		\$					
		\$					
		\$					

Equipment Sold or Disposed of During Year								
Asset			Date out of service	Date sold	Selling price/FMV	Trade-in?		
						\$		
						\$		
						\$		
						\$		
S Corporatio	n Business Credits	(if answered Yes for	any of the below, p	lease provide a state	ment with details)			
☐ Yes ☐ No	Did the corporation	pay expenses to m	nake it accessible b	y individuals with	disabilities?			
☐ Yes ☐ No	Did the corporation	pay any FICA on	employee wages fo	or tips above minir	num wage?			
☐ Yes ☐ No	Did the corporation own any residential rental buildings providing qualified low-income housing?							
☐ Yes ☐ No	Did the corporation incur any research and experimental expenditures during the tax year?							
☐ Yes ☐ No	Did the corporation have employer pension plan start-up costs? Total number of employees							
☐ Yes ☐ No	Did the corporation pay health insurance premiums for employees? Total number of employees							
☐ Yes ☐ No	Did the corporation purchase and place in service any electric vehicles or energy efficient commercial building property?							
State Estima	ted or Pass-Throug	h Entity (PTE) Tax	Payments — Tax	Year 2023				
State		Amount	Date Paid	State		Amount	Date Paid	
		\$				\$		
		\$				\$		
		\$				\$		
			\$					
		\$		L		*		

Tax Return Preparation

We will prepare the corporation's tax return based on information provided. In the event the return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of the corporation's return do not include auditing, review, or any other verification or assurance.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If additional information is received after we begin working on the return, you will contact us immediately to ensure the completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review documentation.
- You must be able to provide written records of all items included on the return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before the tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer may be required for preparation of returns.
- Keep a copy of the tax return and any related tax documents. You may be assessed a fee if you request a duplicate copy in the future.

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities.

D : D !:			
Taxpayer	Title	Date	

Privacy Policy

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your express written permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.