S Corporation Tax Organizer

(See next page for Organizer)

Venture Financial Group 125 Webb Ave Hohenwald, TN 38462

1-931-796-8800



S Corporation Tax Organizer

Use a separate organizer for each S corporation

S Corporatio	n General Inform	nation										
Legal name o	f S corporation								EIN			
S corporation	address (check	: if new addre	ss)									
S Corporation	n Representative				Titl	e						
					Em				Phone			
🗆 Yes 🗖 No	1	tion have a c	hange o	f business	s name du	ring the yea	r?		1			
Principal bus										iness started		
	duct or service		11 0		, ,,	, 1.	6:12		Date bus	iness closed		
	Was the primary				's activity	to realize a	profit?					
0	nethod: □ Cash Does the corpora			1 20	m2 (If ma m	hat is the fis	cal waar?)					
	n Specific Ques			enual yea	11: (1 <i>j 110,</i> u	<i>mui is the jis</i>	cui yeur:)					
□ Yes □ No	Did the corporat		annual	meeting w	vith sharek	olders with	a record of mi	inutes ma	intained?			
□ Yes □ No	Was the corpora							intutes intu	intunica.			
□ Yes □ No	Is any sharehold							n S corpoi	ration, or	an estate?		
□ Yes □ No	Did the corporat		-								1	
	outstanding of a	ny foreign c	or domes	stic corpoi	ation?	-	-					
🗆 Yes 🗖 No	Did the corporat profit, loss, or ca									of 50% or more	in the	
🗆 Yes 🗖 No	Did the corporat	tion have an	y outsta	nding sha	res of rest	ricted stock	at the end of the	he tax yea	r?			
🗆 Yes 🗖 No	Did the corporat		<i>.</i>	0	<u> </u>					<i>.</i>		
□ Yes □ No	Did the corporat principal?	tion have an	y non-sł	nareholde	r debt that	was cancel	led, forgiven, c	or had teri	ns modifi	ed to reduce am	ount of	
□ Yes □ No	Was the corpora	tion's S elec	tion tern	ninated or	revoked o	during the y	vear?					
□ Yes □ No	At any time dur country?							uthority o	over a fina	ncial account in	a foreign	
□ Yes □ No	Was there a dist	ribution of r	roperty	or a trans	fer (by sal	e or death)	of a shareholde	r interest	during th	e tax vear?		
a 105 a 110						e or acarry (or a sharenoide	.i interest	duning ti	ie tux yeur.		
□ 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 corporat	tion pay \$60	0 or mor	e of none	mployee co			dual?				
Duin ain al Ch	If yes, include a	* *			ich.							
Principal Sn	areholders Own			1					01	in Chandralder	11.0	
Name/Title		Tax ID nu (SSN or E		Address					Ownersh percenta		U.S. citizen?	
									0.00%	6 \$		
										6 \$		
							0.00			6 \$		
									0.00%	6 \$		
How many sl	nareholders were	there on the	last day	v of the ye	ar?				1	1	1	
Shareholder	s – Provide the fol	lowing inform	nation for	r any share	holder who	o was an offic	cer or 2% or mor	e owner o	f the corpo	ration during the y	vear 🛛	
Shareholder/Officer name		Wages paid	Health insuran		Capital co from shar	ntributions eholder	Distributions to shareholder	Sharehol to corpor	eholder loans Loans repaid b rporation to shareholder		y corporation	
		8 1	1		,							
All Clients –	Additional informa	ntion and doc	uments r	equired		New Clie	nts – Additiona	l informati	on and do	cuments required		
	business income/					Date incor	<u>^</u>					
	nce sheet, deprecia n of all business b						corporation					
reconciliation of all business bank accounts with ending cash balances. • If the S corporation has employees, provide a copy of Form W-3,					Date of S corporation election Corporation state residence							
	orm 941, and any s					^			Incorpora	tion bylaws and	danu	
• If the S corporation made payments of \$600 or more to independent contractors, provide copies of Form 1099-NEC issued.						• Provide a copy of the Articles of Incorporation, bylaws, and any corporate resolutions.						
• If any shareholders live in a different state or outside the United						• Provide a copy of the depreciation schedules for book, tax, and AMT.						
						• Provide copies of returns for the last two years, including state returns Enclose a copy of IRS Form 2553, <i>Election by a Small Business Corporation</i> ,						
						and IRS acceptance.						

S Corporation Balance Sheet	t								
-	n assets at year end				Corporation debts a	ind equity at year end			
Bank account end of year balar	\$	Accounts		e at year end	, , , , , , , , , , , , , , , , , , , ,	\$			
Accounts receivable at end of y	\$		Payables less than one year			\$			
Inventories	\$	Payables more than one year				\$			
Loans to shareholders		\$	Mortgages, notes payable				\$		
Mortgages and loans held by corporation		\$	Loans from shareholders				\$		
Stocks, bonds, and securities		\$	Capital stock (common)				\$		
Other current assets (include lis	\$	Retained earnings				\$			
S Corporation Income (include	e all Forms 1099-K reco	eived)							
Gross receipts or sales		\$	Dividend	income	e (include all 1099-	DIV Forms)	\$		
Returns and allowances		\$()) Capital gain/loss (<i>include all 1099-B Forms</i>)				\$		
Interest income (<i>include all 1099</i>	9-INT Forms)	\$	Other income (loss) (<i>include a statement</i>)				\$		
S Corporation Cost of Goods				· · ·	,		T		
Inventory at beginning of the y		\$	1				\$		
Purchases	cui	\$	Materials and supplies				\$		
Cost of labor		\$	Inventory at the end of the year				þ		
S Corporation Expenses		Ψ	I						
		¢	Moole for	hucina	in motormants (100% doduct)	\$		
Advertising		\$ ¢			ss in restaurants (,			
Annual corporation fees Bad debts		\$ ¢	Meals – other business meals (50% deduct.) Office supplies				\$ \$		
		\$							
Bank charges Business licenses		\$	Organizat		\$\$				
	\$		Pension and profit sharing plans – employee						
Cleaning/janitorial Commissions and fees	\$		Pension and profit sharing plans – shareholder						
	\$	Professional education and training				\$			
Compensation of officers	\$	Rent or lease – car, machinery, equipment				\$			
Contract labor (include Forms 10	\$	Rent or lease – other business property			,	\$			
Employee benefit programs	\$	Rent paid				\$			
*Entertainment	\$	Repairs and maintenance				\$			
Health care plans – employee	\$	Salaries and wages (include Forms W-2)				\$			
Health care plans – shareholde	\$	Taxes – payroll				\$			
Insurance (other than health insu	\$	Taxes – property Taxes – sales				\$			
Interest – business credit cards	\$					\$			
Interest – business loans/credit	\$	Telephone				\$			
Interest – mortgage	\$	Utilities		\$					
Internet service	\$	Other exp		\$					
Legal and professional services		\$	Other exp	bense			\$		
*Entertainment is no longer de									
Car Expenses (use a separate for	orm for each vehicle)								
Make/Model			D	Date car	placed in service				
	Yes No Car available for personal use during off-duty hours?								
	spouse) have any ot	her cars for person					No		
□ Yes □ No Do you have evi			C			Trade-in value	ade-in value		
□ Yes □ No Is your evidence		\$			\$	· ·			
	Mileage					ctual Expenses			
Beginning of year odometer			Gas/oil		\$				
End of year odometer			Insurance		\$				
Business mileage			Parking fees/tolls		\$				
Commuting mileage			Registration/fees		\$				
Other mileage			Repairs \$						
Generally, you can use either the purposes. However, to use the									
then choose between either the	standard mileage ra	te method or actua	al expenses.	•					
Equipment Purchases – Enter	the following informa	tion for depreciable	1						
Asset			Date purc	chased	Cost	Date placed in servi	ce New or 1		
					\$				
					\$				
			1		¢	1			

\$

Equipment S	old 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, J	please provide a stat	ement with details)					
□ Yes □ No	Did the corporation pay expenses to make it accessible by individuals with disabilities?							
□ Yes □ No	Did the corporation pay any FICA on employee wages for tips above minimum 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-u	Total number of employees						
🗆 Yes 🗅 No	Did the corporation pay health insurance premiums for	Total number of employees						
COVID-19 Re	lated							
□ Yes □ No	Did the business receive a Paycheck Protection Program loan?							
□ Yes □ No	Did the business receive an Economic Injury Disaster Loan or Emergency Advance through the SBA?							
🗆 Yes 🗅 No	Did the business delay payment of employer payroll taxes?							

□ Yes □ No Did the business receive a payroll tax credit for sick leave paid to employees due to COVID-19?

□ Yes □ No Did the business receive a payroll tax credit for paid family leave paid to employees due to COVID-19?

□ Yes □ No | Did the business receive a payroll tax credit for a business suspension or slowdown?

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 is required for preparation of late returns.
- You should keep a copy of the tax return and any related tax documents. You may be assessed a fee if you request a copy in the future.

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

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 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.