



CORPORATION OR PARTNERSHIP TAX ORGANIZER

General Information	
Company Name	
Company Address	
SSN# / EIN#	
Entity Type	S Corp LLC Partnership Sole Proprietor
Does the business currently have a written business succession plan?	Yes _____ No _____
Does the business currently have a key man life insurance policy?	Yes _____ No _____
Do you want DPFT to complete a Form 901 (Business Personal Property Rendition)?	Yes _____ No _____
Do you have any employees or spouses of employees that are Card Holding Members of a Native American Tribe ?	Yes __ No __
Do you have a Employer Sponsered Retirement Plan for your company (i.e. 401K, SEP, SIMPLE, etc)?	Yes ____ No ____
Who provides your Payroll Services ?	_____
If you have paryoll during 2017, have you provided us copies of your quarterly & year end payroll forms ?	Yes ____ No ____
Does the company pay health insurance premiums for employees? Yes____ No____ If yes, please provide the following:	
1) List of Employees	
2) Total annual hours per employee	
3) Total premiums paid for each employee by employer	
Did you have contract labor in 2017? Yes _____ No _____	
*If Yes, did you file your 1099s ? Yes _____ No _____	

Shareholder / Partner - One	*If more than (2) shareholders/partners, provide info on separate page
Name	
Address	
SSN # - Cell #	
Owner Contributions to Business	
Owner Withdrawals	
% of Ownership	Any changes of Ownership?

Shareholder / Partner - Two	
Name	
Address	
SSN # - Cell #	
Owner Contributions to Business	
Owner Withdrawals	
% of Ownership	Any changes of Ownership?



Automobile / Mileage Section

Auto and Truck Expense	\$\$	NOTES FOR INPUT
Fuel *N/A if in QB		
Repairs / Maintenance *N/A if in QB		
Insurance *N/A if in QB		
Other *N/A if in QB		

<u>Vehicle 1 Make & Model:</u>	<u>Vehicle 2 Make & Model:</u>
Total Mileage:	Total Mileage:
Business Mileage	Business Mileage
Personal Mileage	Personal Mileage
Business Owned ? Y / N	Business Owned ? Y / N
<p>How did you come up with the mileage amount? Written Log _____ Oil Change _____ Appointment Log _____ Other _____</p>	

Income Worksheet

****No need to complete the following sections if providing QuickBooks File****

Part I - INCOME	\$\$	Part II - Cost of Goods Sold	\$\$
Gross Receipts or Sales (From 1099's)		Inventory at beginning of year	
Gross Receipts or Sales (Non - 1099)		Purchases	
Returns and Allowances		Inventory at end of year	
Other Income -		Cost of Labor (Not salary to you)	
Other Income -		Materials and Supplies	
Other Income -		Other Costs -	
<p>How did you come up with gross revenue? ___ 1099s ___ QuickBooks ___ Merchant Services ___ Cash Totals ___ Bank Statements</p>			

QUICKBOOKS FILE?	YES / NO	Password	QB's Version
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General and Other Expenses

General Expenses	\$\$	Other Expenses - Continued	\$\$
Compensation - Officers		Janitorial	
Salaries & Wages - Employees		Laundry and Cleaning	
Repairs / Maintenance		Legal & Professional	
Bad Debts		Legal	
Rents		Professional - Other	
Taxes and Licenses		Meals & Entertainment	
Payroll Taxes		Office Expense	
Property Taxes		Outside Service/ Contract Labor	
Licenses		Parking fees & Tolls	
Interest - Loans		Permits & Fees	
Advertising		Postage	
Retirement Plans (401K, SIMPLE, SEP)		Printing	
Employee Benefit Programs		Security	
		Supplies	
		Telephone	
		Office Line	
		Cell Phone	
		Tools	
		Training/ Continuing Education	
		Travel	
		Uniforms	
		Utilities	
		Water	
		Electric	
		Website/Internet	
		Internet	
		Website Fees	
		Royalty/Franchise Fees	
		Charitable Contributions:	
		Other Expenses:	

Other Expenses	\$\$
Accounting	
Payroll Processing Fees	
Bank Charges	
Cleaning	
Commissions	
Computer Services and Supplies	
Credit and Collection Costs	
Delivery and Freight	
Discounts	
Dues and Subscriptions	
Equipment Rent	
Client Gifts	
Insurance	
AFLAC Insurance	
Business Liability Insurance	
Disability Insurance - EE or ER?	
Errors and Omissions	
Health Insurance - Employee	
Health Insurance - Owner	
Life Insurance - EE or ER?	
Workers Comp	



Asset Section

Purchased Assets

Asset Purchased	Date Purchased	\$\$	Land Value?	Date Placed in Service	New or Used?
Asset 1 -					
Asset 2 -					
Asset 3 -					
Asset 4 -					
Asset 5 -					
Asset 6 -					
Asset 7 -					
Asset 8 -					
Asset 9 -					
Asset 10 -					

Sold/Disposed Assets

Asset Sales/Disposition	Date Out of Service	Date Sold	Selling Price	Trade-In?
Asset 1 -				
Asset 2 -				
Asset 3 -				
Asset 4 -				
Asset 5 -				
Asset 6 -				
Asset 7 -				
Asset 8 -				
Asset 9 -				
Asset 10 -				

Do you want DPFT to complete a **Form 901**(Business Personal Property Rendition)? Yes _____ No _____



Balance Sheet & Home Office

Business Balance Sheet Items (MUST BE COMPLETED)

Description	01/01 Balance	12/31 Balance
Cash in Bank <i>(list if more than one)</i>		
1		
2		
Accounts Receivable		
Credit Cards/ Other Current Liabilities		
1		
2		
3		
Accounts Payable <i>(short term debts)</i>		
Loans or Mortgages/Long Tem Liabilities		
1		
2		
3		
Owner 1 Cash/Property Contributions		
Owner 1 Cash/Property Distributions		
Owner 2 Cash/Property Contributions		
Owner 2 Cash/Property Distributions		

Home Office - Schedule C Only

Home Office Use - Expenses	\$
	Electric / Gas
	Property Taxes
	Homeowners Insurance
	Mortgage Interest
	Repairs/Maintenance
	Other Expenses
	Sq. Ft. of Office
	Sq. Ft. of Home
Depreciation of Home	
	Cost Basis of Home
	Land Value of Home
	Date Placed in Service
	Cost Basis of Home
	Prior Depreciation

1. Whose name is on the loan(s)? If partner(s), which one?

Partner: _____ Loan: _____

Partner: _____ Loan: _____

2. Did any partner(s) personally guarantee the loan? Yes or No

3. If yes, which partner(s) guaranteed the loan and what amount was guaranteed?

Partner: _____ Amount: \$ _____

Partner: _____ Amount: \$ _____