

Corporation, LLC & Partnership Organizer

Welcome to the Corporate Organizer for Pilot-Tax. Please make sure this Organizer is complete and all requested material is provided. Only complete the sections that apply to your tax situation. It is important that you answer all questions asked and, if a new client, provide proof of filing and S-Corp election if applicable. If you do not know your type of entity, you can contact your state secretary's office for clarification. Please don't hesitate to call if you would like assistance or have any questions.

Due Date for C and S Corporate Returns: March 15th
Due Date for Partnership Returns: March 15th
Due Date for LLC Returns: April 15th

(unless treated as an S Corp: March 15th)

Important Note: If S Corporation, Partnership, and LLC returns are not filed timely; there is a penalty for late filing of \$195 per shareholder/partner per month for up to twelve months (A maximum penalty of \$2,340 per shareholder/partner). This applies to dormant as well as active businesses. Accordingly, S Corporation/Partnership tax returns must be filed by March 15th; or an extension filed by March 15th and the tax return filed by September 15th. LLC tax returns must be filed by April 15th; or an extension filed by April 15th and the tax return filed by September 15th.

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CORPORATE DATA (Ple	ease Print)							
Corporation Name								
Federal ID #								
Address								
City				State		2	Zip	
Phone #				County				
Fax#				Website				
Email Address				Contact Person				
IMPORTANT QUESTIO	NS Please answer all questions.							
Did we prepare your co	orporate return last year? of the 2015 return.	□Yes	□No	Are you req	gistering a name rate filing?	e change with	□Ye	es 🗆 No
What was the date of ir	/hat was the date of incorporation?				ess used on this nan last year?	years return	□Ye	es 🗆 No
What state was the corporation/partnership incorporated/formed?			Is this a fina	al return for this	corporation?	□Ye	es 🗆 No	
If you are an S Corporelection certification?	ation, did you file your S Corp	□Yes	□No		nal return, have lissolution?	you filed the	□Ye	es 🗆 No
If yes, what was the da Include copy of form 2553	ate of your S Corp election? 3.			If you are o		hat is the date o	f	
	ers does your corporation reholder information on next page.				ve a pension or r ployees of the co		□Ye	es 🗆 No
Total number of share	es issued by corporation.		shares	What type	of accounting a	re you using?	Cash	Accrual
Type of Business:								
Enter a brief description	on of your business services or	product:	:					
BUSINESS TYPE								
☐ C Corporation	(1120) S Corporation	on (11209	5)	☐ Partner	ship (1065)	☐ Limited	Liability Co	orporation

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CORPORATE OFFICERS						
President		Secretary				
Vice President		Treasurer				
NOTE: Please complete shareholder information on the next page for all officers and shareholders.						

COMPANY CREDIT CARDS Please provide copy of 12/31 statements.						
Credit Card Issuer	Balance	Credit Card Issuer	Balance			
	\$		\$			
	\$		\$			
	\$		\$			
	\$		\$			

YEAR END BUSINESS CHECKING/SAVING ACCOUNT BALANCE Please provide copy of 12/31 statements.							
Institution Name Balance Institution Name Balance							
	\$		\$				
	\$		\$				
	\$		\$				
	\$		\$				

OTHER LOANS Please provide copy of 12/31 statements.						
Does your business have any other notes or loans payable in the company name? For example, a bank loan or line of credit?						
Credit Issuer Balance Credit Issuer Balance						
	\$		\$			
	\$		\$			
	\$		\$			
	\$		\$			

LOANS/CAPITAL CONTRIBUTIONS from Shareholder to Corporation		
Shareholder Name	Date	Amount
		\$
		\$
		\$
		\$
		\$
		\$

LOAN PAY BACK/DISTRIBUTIONS to Shareholder from Corporation		
Shareholder Name	Date	Amount
		\$
		\$
		\$
		\$
		\$
		\$

NOTE: **Shareholder Loans** need to be in the form of a written agreement between the Corporation and the Shareholder. This agreement must include the terms of the note including an interest rate in excess of the Applicable Federal Rate. Loan payments for interest are strongly recommended to avoid imputed interest issues.

SHAREHOLDER INFORMATION Please list all Shareholders or Partners below—be sure to include their % of ownership and Social Security numbers. If we prepared last year's Corporate Return for you and there is no $change\ to\ the\ shareholders/partners,\ their\ addresses\ and/or\ ownership\ percentages,\ write\ "no\ change'.$ Name Address City State Zip **Email** Phone Social Security # % of Ownership Name Address City State Zip **Email** Phone Social Security # % of Ownership Name **Address** State City Zip Phone **Email** % of Ownership Social Security # Name Address City State Zip **Email** Phone % of Ownership Social Security # Name Address State Zip City Email Phone Social Security # % of Ownership Name **Address** City State Zip Phone **Email** Social Security # % of Ownership Name **Address** Zip State City **Email** Phone Social Security # % of Ownership Name **Address** City State Zip Phone **Email** % of Ownership Social Security # Name Address City State Zip **Email** Phone

% of Ownership

Social Security #

INCOME								
			• ,			10 6: 11 6: 1		<i>.</i>
NOTE: If you use QuickBooks or ar the income and expense sections		age, y	ou may provide a year	end B	Balance Sheet and ann	nual Profit and Loss Stateme	nt in lie	u of completing
Gross receipts or sales \$				Less	included returns a	and allowances	\$	
Gross Rents \$				Inter	rest (include 1099)		\$	
Gross Royalties	\$		Divid	dends (included 10)99)	\$		
Gain, if any, from 4684, Line 39 \$						\$		
Gain, if any, from 4684, Lines 31 and 38a \$								
Ordinary gain from installment sales—form 6252 line 25 or 36 \$								
Recapture of 179 expense deduction \$								
COSTS OF GOODS SOLD/INV	ENTORY							
If you purchase goods to have ave the same as ending inventory for which became a part of the produ	the previous tax year.	Pleas	se include in the cost of	inven	tory purchased during	g the year only the cost of mo	aterials	and supplies
Inventory at beginning of year	. If different from la	st yea	ar's closing inventory	, atta	ch explanation.		\$	
Inventory purchased during	the year—less cos	st of i	tems withdrawn fo	r pers	sonal use.		\$	
Inventory at the end of the y	ear.						\$	
GENERAL EXPENSES								
Accounting Fees	\$	Emp	oloyee Health Insurai	nce	\$	Office Supplies		\$
Advertising	\$	Insu	rance—Other		\$	Professional Fees		\$
Bank Charges/Fees	\$	Inte	rest—Mortgage		\$	Rent		\$
Contract Labor	\$	Inte	rest—Other		\$	Repairs		\$
Commissions and Fees	\$	Inte	rnet Fees		\$	Security Costs		\$
Copying Expenses	\$		al Fees		\$	Supplies		\$
Credit and Collections	\$	-	ense Fees		\$	Telephone		\$
Dues and Subscriptions	\$	_	ntenance		\$	Uniform Expenses		\$
Employee Benefits	\$		tage, Shipping &		٧	Utilities		\$
· ·		Ove	Overnight Delivery		\$			
Equipment Rental	\$	Ехр	enses			Website: Creation & Mainter	nance	\$
PAYROLL EXPENSES								
Salaries & Wages—Officers			\$		oll Tax			\$
Salaries & Wages—Employees			\$	Othe	er			\$
TAX								
Sales Tax			\$	Real	Estate			\$
Vehicle			\$	Busi	iness Property/Inventory Tax Paid			\$
HOME OFFICE								
Home Office expenses are not per	mitted for corporatio	ns an	d partnerships. If you h	ave q	uestions on this issue,	please contact our office.		
VEHICLE EXPENSE								
Vehicle Description			Owned by Busines	ss?	Total Miles	Business Miles		Reimbursed
			Yes No					□Yes □No
			Yes No					Yes No
			□Yes □No					□Yes □No
Use of personal vehicle for compa personal tax return. Expense repo NOTE: Unreimbursed personal use	rts should be submitt	ted to	the corporation for rei	mburs	sement at the federal i			
TRAVEL, MEALS & ENTERTAI	NMENT							
Total Meals Outside of Office	\$	Ren	tal Car		\$	Hotel Expense		\$
Total Meals In Office	\$	Ente	ertainment Expense		\$	Travel—Other		\$

ASSETS/EQUIPMENT PURCHASED			
Items Purchased	Date Purchased	Placed in Service	e Cost
			\$
			\$
			\$
			\$
			\$
			\$
ASSETS/FOLUDMENT SOLD			<u> </u>
ASSETS/EQUIPMENT SOLD Items Sold		Date Sold	Sale Price
items som		Date 30id	\$
			\$
			\$
PENSION/RETIREMENT PLAN			
Do you have an employer provided retirement plan for your Corporation?			☐Yes ☐No
Total deductible amount of employer contributions.		\$	
Plan administrative costs and fees.		\$	
NOTE:			
Officers/Shareholders Health Insurance Premiums paid by the S Corp, or reimbursed to the allowing the S Corp the deduction for the amount added to the wages.	shareholder by the S Corp	will be added to the ow	ners' W-2 as wages,
HSA (Health Savings Accounts) contributions paid for by the S Corp are included on the ow	ner's W-2, allowing the S Co	rp the deduction.	
Reimbursement for expenses to employees and shareholders need to be documented in	written accountable plan	in order to qualify as de	ductions to the Corp.
COMMENTS/ADDITIONAL INFORMATION			

Yes! Electronically file my Corporate Return. Some Returns will NOT be able to be electronically filed. What you need to do: (yesit's free) 1. We will fax you a signature form for efiling. 2. Not available after September 15th. No! I do not want to electronically file my returns to do: 1. What you need to do: 1. When you receive your information back from sign the federal & state tax returns. 3. Mail them in the appropriate envelopes (they wincluded with your returns).	us, vill be
Pricing Information Dormant Corporations no activity, filing for information purposes only S Corp and Partnership Return S Corp and Partnership Return S Corporation State Return S Corporation State Return S Corporation Return S Corporation State Return S Corporation State Return S Corporation State Return S Corporation State Return S S S S Corporation Form S S S S S S S S S S S S S S S S S S S	\$50 sessed for
Credit/Debit Card Visa MasterCard Discover (Will appear on your receipt as Specialty Tax Services, Inc.) 3 or 4 dig Security Card Number Exp. Date Security Cardholder Signature of Cardholder Billing Zignature Signature Signat	code* Code
Online Bill Payment via Pilot-tax.com If you would like to pay by Credit Card online, check the box. Once your return is completed, we will contact you with instructions and the final invoice amount for you to submit payment. This correct amount must be paid prior to the processing of your return with the IRS. *How to find your security *Guilly Contact You was a mount of the security code is on the back of American Express cards. *How to find your security *In the security code is on the back of American Express cards. *The security code is on the back of American Express cards.	A-DIGIT SECURITY CODE
All Clients MUST Sign Below for Return to be Processed! I certify that the information provided in this organizer is accurate and complete. I understand it is my responsibility to include any and all information concern deductions and other information necessary for the preparation of my corporate tax return. The forms listed above are the most common forms used. Addition not listed may result in per form fees. Administrative fees will apply for more complex returns. I will be responsible for any collection fees due to nonpayment. Officer Signature Title Date	
Final Checklist Copy of Papers of Incorporation if new Client/Corporation Copy of Form 2553 S Election if new Client/Corporation Copy of last years return if new client Copy of P&L from QuickBooks or Accounting Software for Calendar year of Jan. 1 to Dec. 31 or Fiscal Year. Copy of P&L from QuickBooks or Accounting Software for Calendar year of Jan. 1 to Dec. 31 or Fiscal Year. Copy of P&L from QuickBooks or Accounting Software for Calendar year of Jan. 1 to Dec. 31 or Fiscal Year. Completed Organizer! DHONE U.S. Postal Mailing Accounting	al Year.



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