Tax Organizer

S-Corporations



IT'S A NUMBERS THING!



Please email your tax documents directly to your tax preparer.

Tosha Rose: tosha@trosebookkeeping.com

 ${\bf Christy\ Velazquez:\ christy@azfeddirecttax.com}$

You may download the portal app via the following: https://taxestogo.com/App/Download/97009 Please use: REFERRAL CODE: 97009

If you have any questions or concerns, you may reach Tosha at (520) 200-8175 or Christy at (520) 635-5063.

469 W Central Ave, Ste. A Coolidge, AZ 85128





Tax Preparation Engagement Letter

Name:			
Name of Company:			
Last 4 of EIN:			
•	1 0		Service to assist you with your taxes. d extent of the services we will provide
Our engagement is limited to per	forming the following services:		
Tax Year:	Type of Tax Return(Choose only 1)	□ 1065	☐ 1120-S
		1041	☐ 1120-C

This engagement pertains only to the year listed above, and our responsibilities do not include preparation of any other tax return years that may be due to any taxing authority. We are responsible for preparing only the returns referenced above. If you have taxable activity in a state or local municipality other than that referenced, you are responsible for providing our firm with all the information necessary to prepare any additional applicable state and local income tax returns as well as informing us of the applicable states and local municipalities. If you have income tax filing requirements in a given state or local municipality but do not file that return, there could be possible adverse ramifications such as an unlimited statute of limitations, penalties, etc. This engagement letter does not cover the preparation of any financial statements sales and use tax, or gift tax returns, which, if we are to provide, will be covered under a separate engagement letter.

We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. We have a tax organizer available to help you collect the data required for your return. The Organizer will help you avoid overlooking vital information. By using it, you will contribute to efficient preparation of your returns and help minimize the cost of our services

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will, of course, inform you of any material errors, fraud, or other illegal acts we discover.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them. We are not responsible for the disallowance of doubtful deductions or inadequately supported documentation, nor for resulting taxes, penalties and interest.

The Internal Revenue Service imposes penalties on taxpayers, and on us as return preparers, for failure to observe due care in reporting for income tax returns. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom we prepare tax returns to confirm the following arrangements.

Federal, state, and local taxing authorities impose various penalties and interest charges for non-compliance with tax law, including for example, failure to file or late filing of tax returns and underpayment of taxes. You as the taxpayer remain responsible for the payment of all taxes, penalties and interest charges imposed by taxing authorities. If we determine, at our sole discretion, that we may be subject to a preparer penalty due to a tax position on your return, you agree to either adequately disclose that position on your return or change the position to one that we confirm would not subject us to penalty. If you choose not to change your position or adequately disclose the tax position so as to eliminate, at our sole discretion, our exposure to the preparer penalty, we, at our sole discretion and at any time, may withdraw from the engagement without completing or delivering tax returns to you. Such withdrawal will complete our engagement and you will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket expenses incurred through the date of our withdrawal.

Federal, State, and local taxing authorities also impose various penalties and interest charges for noncompliance with tax law, including for example, failure to file or late filing of tax returns and underpayment of taxes. You as the taxpayer remain responsible for the payment of all taxes, penalties and interest charges imposed by taxing authorities.

The Affordable Care Act (ACA) has added various new health insurance mandates, penalties and credits. You acknowledge and T. Rose Bookkeeping, LLC and Arizona Federal Direct Tax Service agrees, that we will rely solely on information provided by you for the purposes of preparing your tax returns listed above and have provided no advice regarding your eligibility for any credits, estimates of any payments or estimates of any penalties under the ACA.

Confidentiality. All information you provide to us in connection with this engagement will be maintained by us on a strictly confidential basis. In the event we receive a subpoena or summons requesting that we produce documents from this engagement or testify about the engagement we will notify you prior to responding to it if we are legally permitted to do so. You may, within the time permitted for our firm to respond to any request, initiate such legal action as you deem appropriate to protect information from discovery. If you take no action with the time permitted for us to respond or if your action does not result in a judicial order protecting us from supplying requested information, we may construe your inaction or failure as consent to comply with the request. Time incurred in connection with subpoenas, and/or other related legal matters involving you, and or your account(s), will be billed at our normal hourly billing rates.

Internet Communication. In the interest of facilitating our services to you, we may communicate by facsimile transmission or send electronic mail over the Internet. This often involves sending data, documents and other information, including sensitive tax and financial information. Such communications may include information that is confidential to you. Our firm employs measures in the use of facsimile machines and computer technology designed to maintain data security. While we will use reasonable efforts to keep such communications secure in accordance with our obligations under applicable laws and professional standards, you recognize and accept that we have no control over the unauthorized interception of these communications once they have been sent and consent to our use of these electronic devices during this engagement. You should ensure that your email server and the information stored on your system is secure. We are not responsible for any transmission problems or for the failure of you or any authorized recipient of the information to receive files. You are solely responsible for (i) notifying the firm of the failure to receive files containing your information so that we may provide a copy in an alternate form; (ii) securing your email server and restricting access to your email in order to maintain confidentiality of the information transmitted; (iii) storing the electronic files containing the information; and (iv) acquiring and maintaining the software needed to open and access the files containing the information.

Our fee for services will be based upon the complexity of the return(s) and the extent of the tax forms required for us to properly file your tax return(s). If a federal, state, or qualified dependent return is requested, but actual preparation determines that there is no filing requirement, we will waive our fee for the no filing determination. We do reserve the right to charge based on our standard charges if there is extensive research required to make the "no filing" determination. Invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

You agree that our firm's liability for any and all claims, damages, losses and costs of any nature arising from this engagement is limited to the total amount of fees paid by you to our firm for the services rendered under this agreement.

We will return your original records to you at the end of this engagement. You should securely store these records, along with all supporting documents, canceled checks, etc., as these items may later be needed to prove accuracy and completeness of a

return. We will retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare your tax returns will conclude with the delivery of the completed returns to you (if paper-filing), or your signature and our subsequent submittal of your tax return (if e-filing). If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign where indicated and submit to our office. Your tax return(s) cannot be prepared until this engagement letter is signed and we receive it in our office.

We appreciate your confidence in us. Please call Tosha at (520)200-8175 or Christy at (520)635-5063 if you have questions.

Sincerely, Tosha Rose	Sincerely, Christy Velazquez
Tosha Rose T. Rose Bookkeeping, LLC	Christy Velazquez Arizona Federal Direct Tax Service
Accepted By:	
Signature	
Title	
Date	

S-Corporation Tax Organizer

S-Corporation:						
	EIN		Name		Date Incorporated	Date of S-Election
Address:						
		Mailing Address	Suite #	City	State	Zip Code
Contact Name:				Email: _		
Contact Phones: _						
		(Office)		(Home)		(Mobile)
Contact N	1ailing Addro	ess	Suite #	City	State	Zip Code

This Organizer is provided to help you gather and organize information relating to preparation of your corporate income tax returns. Please provide us with a copy of the corporation's tax returns for the last year filed if you are a first-time client of T. Rose Bookkeeping, LLC and Arizona Federal Direct Tax Service.

If you maintain your organization's books using a bookkeeping system such as QuickBooks, Quicken or Excel, you can provide us with a profit and loss statement and balance sheet rather than completing the income and expense and balance sheet sections of this organizer.

If you would like our accounting staff to prepare organizational income and expense reports for you, there will be an additional fee to do so. If you prefer this option, please provide us with the following documents:

- o Business bank statements for all months of the year
- Credit card statements (for business-use credit cards)
- o Receipts for cash purchases not shown on bank or credit card statements
- Checkbook register
 - Identify all checks by entering an expense category in the memo section
 - Identify a personal withdrawal of funds from your business account as "Shareholder Distribution
 - Identify a deposit of personal funds to your business account as "Shareholder Contribution." If contributions and distributions were made for more than one shareholder during the year, provide separate information for each shareholder.

Filing Information. Please answer "Yes" or "No" to ALL of the following questions.	Yı No
Is this the Corporation's first year as an s corporation?	
What is the state of incorporation? What is the Corporation's state of residence?	
What date was the Corporation first authorized to do business in the resident state?	
Did the Corporation have a change of business name during the year?	
Was the Corporation's s-election terminated or revoked during the year?	
Is there a change of address for the year?	
What is the principal business activity of the Corporation?	
What accounting method does the Corporation use? Cash Accrual Other	
(describe)	
Does the Corporation file under a calendar year? (If not, what is the fiscal year?)	

Shareholder Information							
Social Security Number	Shareholder Mailing Address Street Address City, State, Zip			Dates of share ownershi change (if any)			
	Social Security	Shareholder Mailing Address Social Security Street Address	% of Shareholder Mailing Address shares Social Security Street Address owned Number City, State, Zip at start	Shareholder Mailing Address shares owned Social Security Street Address owned at end Number City, State, Zip at start of			

Provide the following information for any shareholder who was an officer or 2% or more owner of the Corporation during the year.							
Shareholder/officer name	Wages paid to the shareholder or officer	Health insurance premiums paid for shareholder during the year	Capital contributions made by the shareholder during the year	Distributions made to the shareholder during the year	Shareholder loans to the Corporation during the year	Loans repaid by the Corporation to the shareholder during the year	

Business income from other states									
Did the Corporation conduct business in more	than one state?	Yes No							
If yes, please apportion income by state.									
State name Income apportionment	nt \$	Payroll apportionment \$							
State name Income apportionment \$ Payroll apportionment \$									
State name Income apportionmen	nt \$	Payroll apportionment \$							
State name Income apportionmen	nt \$	Payroll apportionment \$							
Income									
mcome									
What were the business gross receipts or sales	s for the year?	\$	_						
What portion of receipts were reported on Fo	rm 1099-K?	\$							
What portion of gross sales listed above was re	efunded or retur	ned? \$							
What were the gross receipts from rental prop		· · · · · · · · · · · · · · · · · · ·							
(Do not include rental income in gross receipts for		•							
Did the Corporation have any other income from			oove?						
(If the Corporation had investment or capital g		· <u>-</u>	No 🗌						
Interest/Dividend and/or Capital Gains Worksh	heets in this Orga	nizer)							
Describe any other income of the Corporation	not included els	ewhere in this Organizer.							
Cost of Goods Sold (COGS)									
Businesses such as restaurants, retail sellers a		-	GS include all costs						
associated with manufacturing a product or p									
Do you manufacture or produce a product for			No 🗌						
Do you operate a wholesale or retail business	-		NO						
What was the opening cost of inventory on the What was the cost of purchases of product (le									
		· · · · · · · · · · · · · · · · · · ·							
Cost of labor related to sale or production of § Materials and supplies used in manufacture o		Ψ							
Other costs of goods not listed above (list thes	· · · · · · · · · · · · · · · · · · ·								
-	e on separate deta	\$							
Business Expenses	Ru	siness Expenses							
		ofessional education & training							
Auvertising	, FIC		¢						
Auto (Consulate automodule at)			\$						
Auto (Complete <u>auto worksheet</u>) Rank foos and charges	Re	nt (office, leasehold, storage)	\$ \$						
Bank fees and charges	Re (10.	nt (office, leasehold, storage) 99-MISC to unincorporated payees required)	\$						
Bank fees and charges SCell phone (100% of cost) \$ (x	Re (10.	nt (office, leasehold, storage) 99-MISC to unincorporated payees required) nt or lease							
Bank fees and charges \$ Cell phone (100% of cost) \$	Re (10.	nt (office, leasehold, storage) 99-MISC to unincorporated payees required) nt or lease hicles, machinery, and equipment)	\$						
Bank fees and charges Cell phone (100% of cost) \$ (x Business use%) = \$ Commissions and fees	Re (10. Re (ve	nt (office, leasehold, storage) 99-MISC to unincorporated payees required) nt or lease hicles, machinery, and equipment) pairs and maintenance	\$						
Bank fees and charges \$ Cell phone (100% of cost) \$	Re (10) Re (ve	nt (office, leasehold, storage) 99-MISC to unincorporated payees required) nt or lease hicles, machinery, and equipment) pairs and maintenance ftware (Enter on depreciation worksheet)	\$ \$ \$						
Bank fees and charges SCell phone (100% of cost) \$ (x Business use%) = SCOMMISSIONS and fees SCOMMISSIONS COMPUTERS, equipment, furniture	Re (10. Re (ve. 5 Re Soft Support Sup	nt (office, leasehold, storage) 99-MISC to unincorporated payees required) nt or lease hicles, machinery, and equipment) pairs and maintenance	\$						
Bank fees and charges Cell phone (100% of cost) \$ (x Business use%) =	Re (10. Re (ve. S Re Soft	nt (office, leasehold, storage) 99-MISC to unincorporated payees required) nt or lease hicles, machinery, and equipment) pairs and maintenance ftware (Enter on depreciation worksheet) pplies and small tools	\$ \$ \$						
Bank fees and charges Cell phone (100% of cost) \$ (x Business use	Re (10) Re (ve S Re Soil Suppose Degree (10)	nt (office, leasehold, storage) 99-MISC to unincorporated payees required) nt or lease hicles, machinery, and equipment) pairs and maintenance ftware (Enter on depreciation worksheet) pplies and small tools not include equipment purchases – use Asset	\$ \$ \$						

Dues and Subscriptions	\$ Taxes - State	\$
Employee benefit programs	\$ Annual corporation fees	\$
Health Insurance (employee)	\$ Telephone expense (Do not include cost of	\$
Health Insurance (shareholder)	\$ main home phone line)	
Insurance (other than health)	\$ Travel (Complete Travel Expense Worksheet on Page	
Internet service	\$ 5 of this organizer)	
Interest – Mortgage (business)	\$ Utilities (Do not include home office)	\$
Interest – Business credit cards	\$ Wages (W-2s issued to employees)	\$
Interest – Business loans/credit line	\$	
Laundry/cleaning/janitorial	\$ Other Expenses	
Legal and professional services	\$	\$
Local (in-town) meals	\$	\$
Entertainment	\$	\$
Merchant credit card fees	\$	\$
Office expense	\$	\$
(Do not include equipment purchases – use <u>Asset</u> <u>Depreciation Worksheet</u> below)		\$
Parking & tolls	\$	\$
Postage & shipping	\$	\$

Asset Depreciation W	/orksheet				
You must report the p	ourchase and dispos	sition of all	assets you used in yo	ur business. For each	
asset bought or sold,	provide the following	ng informat	ion:		
Assets purchased durin	g the year		Assets sold or dispo	osed of during the year	
Description	Date Bought	Cost	Description	Disposition date	Sales price

Travel Expense Worksheet

Meal Per Diem (Important facts)

- For each day a 2% shareholder of the company traveled away from home for business outside the metro area, the Corporation may claim the actual cost of shareholder lodging and meals. For meals only, the Corporation may reimburse the shareholder a daily per diem amount instead of actual costs.
- For each day a non-shareholder employee of the company traveled away from home for business outside the metro area, the Corporation may choose between claiming the actual cost of employee meals and lodging; or it can reimburse the employee a daily per diem amount for meals and lodging.
- The daily per diem amount varies depending on the city and country the employee traveled to. To calculate the per diem, amount the Corporation is entitled to reimburse, provide a detailing of each city the employee travelled to for business during the year and the number of days in each city.
- The Corporation can alternate between actual expenses and the per diem method for each business trip; however, it may not use both per diem and actual for the same business trip.
- The Corporation may reimburse a partial per diem if an employee or shareholder traveled outside metro area for less than a full day.

City visited (for per diem)	ited (for per diem) # of days in city City visited (for			n)	# 0	of days in city
Travel Expenses		Travel Expens	ses			
Airfare	\$	Lodging			\$	
Bus, train, taxi	\$	Parking & tolls			\$	
Entertainment	\$	Other travel (a	lescribe	below)		
Meals - actual receipts					\$	
(Do not include cost of meals where you are					\$	
claiming the daily per diem rate)	\$				\$	
Information relating to deductions and						
qualify for. Answer "Yes" or "No"	and provide infor	mation as				
applicable.			Yes	No		Details
Did the Corporation purchase a plug-in ele						
Did the Corporation pay wages to any employees who were members of a						
targeted group?] [
Did the Corporation initiate a new 401K pl						
Did the Corporation pay for disabled acces	s equipment or impro	vements				
during the year?		.1				
Did the Corporation provide for or reimbur	rse employees for chil	dcare expenses				
during the year?	cy improvements?					
Did the Corporation make energy-efficience Did the Corporation manufacture or built		no United	Ш	Ш		
States? If so, the following additional	•					
complete the Corporation's return:	illioilliation will be i	leeded to				
·	stically produced prod	uct				
Gross receipts from sales of dome. Gost of domestically produced good.		uct				
 Cost of domestically produced goods Expenses, deductions or losses directly allocable to the domestic 						
product	osses directly allocable to the domestic					
 Expenses, deductions or losses ind 	lirectly allocable to the	domestic				
product.	m comy anocable to the	. domestic				
 Wages paid for the year. 						

Business Use of Automobile

Documentation must be kept proving business use of Corporation-owned or shareholder-owned vehicles.

- If a shareholder or an employee used his or her automobile for active conduct of Corporation business:
 - The Corporation can provide reimbursement for actual operational expenses of the vehicle or it can reimburse using an allowable standard mileage rate.
 - A written log or other record must be maintained and submitted to the Corporation. o For each shareholder or employee for whom the Corporation paid auto-expense reimbursements during the year, the Corporation should maintain a written record of the expenses incurred and the reimbursements paid.
- The Corporation may claim actual operational expenses incurred for vehicles that are owned by the Corporation.
 - o Proof of business use in the form of a mileage log or a written calendar must be maintained unless it can be shown the vehicle was 100% business use.
 - o If the business provided a vehicle for employee use, complete Section B below.

For any vehicle that was used by a 5% or more owner of the business, additional information must be reported to IRS. **Complete Section A** shown below.

		Section A		
Provide the following information for	each vehicle used	by a 5% or more owner of the b	usiness	
Purchase price of vehicle		\$		
Description (Model and year of vehicle)				
Date vehicle was first used in your bus				
For this tax year only, enter the number	er of miles your vel	hicle was used for:		
I	Business miles (no	t including commute miles)		
		Commuting miles		
	All	other personal-use miles		
Interest paid on auto loan used to pure	chase this vehicle	\$		
Was the vehicle available for personal	use? Yes No			
Was the vehicle used primarily by a 5%	or more owner of	f the Corporation? Yes 🔲 No 🗌		
Is another personal-use auto available	? Yes 🔲 No 🗌			
Was the standard mileage rate used la	st year? Yes N	No 🗌		
		Section B		
Additional Questions for Corporation	s Providing Vehicle	es for Use by Employees		
Does the Corporation maintain a writte	en policy prohibitir	ng all personal use of company ve	hicles?	
			Yes No No	
Does the Corporation maintain a writte	en policy prohibitir	ng all use except commuting?	Yes No No	
Does the Corporation treat all use of v	ehicles by employe	ee as personal use?	Yes No No	
Does the Corporation provide more th	an five vehicles to	employees and keep records?	Yes No No	
Automobile Expenses				
Mileage reimbursement amount paid	to shareholders ar	nd employees for the year \$		_
Garage rent	\$	Repairs		\$
Gas	\$	Tires		\$
Insurance	\$	Tolls		\$
Licenses	\$	Registration fees		\$
Oil	\$	Other expenses (list):		\$
Parking fees	\$			\$
Lease payments	\$			\$

 Please attach copies of all interest a If the Corporation received interest SSN or EIN of the party making payn For each payer of interest or divider 	payments under nents.	a seller financed	l mortgage, we w	vill need the		, address, and
Do you have money in or ownership over	a bank account	in a foreign cour	ntry? Yes 🔲 🛚	No 🗌		
	Interest				Divi	dends Received
Name of bank or other payer	Received	Name of corp	oration or other	payer		
	\$				\$	
	\$				\$	
	\$				\$	
	\$				\$	
 Sale of stock, real estate or other pro Please attach copies of year-end bro If real estate was sold during the year 	kerage stateme	_				
		Date	Purchase			
Description of property sold		purchased	purchased Price Date		ld	Sales Price
Corporation Balance Sheet						
If the Corporation gross receipts and/or must be provided to the IRS. Even if the if possible.		ot required to p	rovide this inforr	mation, we re		_
Assets at year end		Debts a	ind Equity at yea	ar-end		
Bank account and of year halance	<u> </u>	Λ 222	to payable at	r ond	4	
Bank account end of year balance	\$		ts payable at yea		\$	
Accounts receivable at end of year	\$	Payables less than 1 year			\$	
Loans to Shareholders	\$		es more than 1 ye	ear	\$	
Mortgages and loans held by Corp.	\$	Capital			\$	
Stocks, bonds and securities	\$		rom shareholder	S	\$	
Other current assets (describe)	\$	Ketaine	ed Earnings		\$	
I affirm that the information contained in thi complete to the best of my knowledge. I furt	=			_		

Title

Print Name

Signature

Date