

GAVREL FINANCIAL SERVICES, LLC

Corporate (1120, 1120S, 1065)

2024 Income Tax Organizer

Legal Business Name:	
Address:	
City, State, Zip	
Type of Entity:	C-Corp Form 1120 <input type="checkbox"/> S-Corp Form 1120S <input type="checkbox"/> Partnership Form 1065 <input type="checkbox"/>

First Year: Y or N	Start Date of Business:	
EIN #:	xx-xxxxxxx	State Registered In:
		If S-Corp, Election Date:

Owner Name:		Percentage:
Soc. Sec. #:	xxx-xx-xxxx	Address:

Owner Name:		Percentage:
Soc. Sec. #:	xxx-xx-xxxx	Address:

Business Phone:	(xxx) xxx-xxxx
Owner Cell Phone:	(xxx) xxx-xxxx
2 nd Owner Cell Phone:	(xxx) xxx-xxxx

Owner Email:	
Second Owner Email:	
Fax Number:	(xxx) xxx-xxxx

DID YOUR COMPANY RECEIVE AN ANY BANK LOANS IN 2024? YES _____ NO _____

If yes, how much did you receive? \$ _____

Name of Lender (Bank) _____ Date loan received _____

PLEASE PROVIDE THE YEAR END SUMMARY OF THE LOAN/PAYMENTS.

Principal Balance at year end: \$ _____

Interest paid for year: \$ _____

BANK BALANCE AT YEAR END: \$ _____

GAVREL FINANCIAL SERVICES, LLC

Corporate (1120, 1120S, 1065)

2024 Income Tax Organizer

PLEASE PROVIDE US WITH THE FOLLOWING DOCUMENTS

◆ Year-End Balance Sheet	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
◆ Year-End Profit & Loss Statement	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
◆ Year-End Cumulative Detailed General Ledger	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
◆ Copy of Prior Year's Tax Return if we did not prepare the return	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
◆ Prior Year Depreciation Schedule if we did not prepare the return	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
◆ Listing of All New Purchases Over \$2,500.00	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
◆ Listing of Any Assets Sold with Date Sold and Amount	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
◆ Owner(s) Infusions	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
◆ Year-End Loan Balances from Lending Institutions (Year-End stmt. from lender)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
◆ Interest Paid Statements from Lending Institutions	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
◆ W-3 (Recap of all W-2s issued)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
◆ Form 1096 (Recap of all Forms 1099s issued)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
◆ Any 1099s Received from Other Entities	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
◆ K-1's from Other Entities	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
◆ Year-End Bank Balance(s) From Bank Statement(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
◆ If Partnership Please Provide Copy of Partnership Agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A

GAVREL FINANCIAL SERVICES, LLC
Corporate (1120, 1120S, 1065)
2023 Income Tax Organizer

ENGAGEMENT AGREEMENT

_____ (Legal Business Name) has engaged Gavrel Financial Services, LLC (Gavrel) to prepare the Federal Income Tax Return for the tax year _____. I (we) understand and agree that Gavrel will charge a fee for this engagement and that fee will be based upon the preparation time and forms needed. I (we) understand this fee is not based on the outcome of the return and is due and payable at the time of preparation. I (we) understand that Gavrel will prepare the return based on information provided by me (us) or by others on my (our) behalf, and I (we) am (are) wholly responsible for the content of this return, and by my (our) signature(s) on this agreement accept full responsibility for the content of the return.

Owner: _____
Signature Printed Name Date

Owner: _____
Signature Printed Name Date

Return this Tax Organizer along with all necessary data to prepare your return(s) to:

Pete Gavrel
Gavrel Financial Services, LLC
423 Mason Park Blvd. Suite B
Katy, TX 77450
(281) 647-0822
(281) 398-4624 (Fax)
pete@gavrelfinancial.com