

Business Entity Tax Organizer

Please fully complete this organizer before your appointment. Please bring a photo ID with you to your appointment or upload it to the portal. Thank You!

Entity Information

Business Name	EIN	Date of Creation	Organizing State
Street Address:	City:	State:	Zip
Authorized Individual:	Authorized Individual Title:		
Phone Number:	Email Address:		

Entity Type:

Sole Proprietor

Partnership

Corporation: Was S Election Made? Yes No If yes, date of election: _____

Limited Liability Company:

Single Member / Disregarded Entity taxed as Sole Proprietorship

Multimember LLC taxed as partnership

LLC taxed as S Corporation

Other: _____

What is the entity's principal activity? _____

What accounting method is used? Accrual Cash Other _____

Did you have any depreciation in the prior year? Yes (*provide depreciation schedule*) No

Please answer the following:	
➤ Is this the entity's first year in business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ Are any owners current or former military or police?	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ Was there any foreign activity during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ Were there any changes in operations during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For Corporations or LLCs taxed as a Corporation:	
➤ If taxed as an S Corporation, was an election made this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ If a corporation, was an S Election revoked during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ Does the corporation have fewer than 100 shareholders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ Did the corporation cease operation	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ For Partnerships or Multimember LLC's taxed as a partnership:	
➤ Were any of the partners or members foreign individuals or entities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ Was there a change in ownership during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Owners

Name	Address	Phone Number	SSN, EIN, or ITIN And Date of Birth	Ownership Percentage	Partners: limited or general

Financial Information

If you have financial statements please attach them and skip this section.

Gross Revenue (attach any 1099's received)		
Cost of Goods Sold (Inventory):		
Beginning Inventory		
Purchased Materials/Inventory		
Cost of Direct labor		
Ending Inventory		
Expenses:		
Accounting		Interest
Advertising		Internet
Bank Fees		Cleaning
Business Licenses and Credentials		Job materials
Business meals		Legal Fees
Credit card processing fees		Office Supplies
Cell phone		Wages and Salaries
Commissions		Payroll Taxes
Computer Software (off the shelf/ 1-year)		Payroll processing fees
Website Expenses		Building Rent
IT		Equipment /Other rent
Continuing Education		Repairs/Maintenance
Consultants		Security
Postage/Shipping		Taxes
Gifts		Telephone
Independent contractor		Small Tools
Insurance (not automotive)		Travel
Interest		Uniforms
Internet		Utilities
Cleaning		
Other (describe):		
		Total Expenses
Vehicle Expenses:		Home Office:
Business Mileage		Square Footage of Office
Total mileage		Square footage of House
Fuel		Annual Utilities
Oil		Annual Mortgage Interest
Tires		Annual Property Tax
Repair/Maintenance		Repairs/Maintenance
Insurance		
Parking/Tolls		
License/Registration		

Assets	Prior Year As of 12/31	Current Year As of 12/31
Cash		
Accounts Receivable		
Inventory		
Other Current Assets (Describe):		
Loans to Shareholders		
Notes Receivable		
Other Investments		
Other Assets (Describe):		
Liabilities		
Accounts Payable		
Short-Term Notes Payable		
Credit Cards Payable		
Other Current Liabilities (Describe):		
Loans From Shareholders		
Long-Term Notes Payable		
Other Liabilities (Describe):		

Please list any assets purchased in the current year:

Description	Date of Purchase	Cost	Business Use %

Communications Preferences and Acknowledgement

My preferred method of communication from Reliance Accounting and Tax Services is:

Phone Text Email Mail Use the online portal

How would you like to sign for your return (Form 8879 Authorization to E-File)?

In person
 Electronically

Would you like a paper copy of your return?

Yes No

(\$15 additional charge if you want a paper return mailed to you)

Would you like a meeting scheduled during the year for tax planning or to discuss tax liability/estimated payments (Note: cost is not included in cost of the tax return prep)

Yes No

Additional Information / Questions

Please list any additional information or any questions: _____

Please sign and date below to acknowledge that you are authorized to act on behalf of the entity named on Page 1 and that the information provided is true, correct, and accurate and will be used to prepare your income tax return.

Signature: _____

Date: _____

Name: _____

Title: _____

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