## Corporation or Partnership Things to Bring

We cannot begin work on your return until all the following information is provided. S Corps & Partnership returns are due mid March. C Corp returns are due mid April.

WARNING for K1 filers: Late K1s could cost your company a SIGNIFICANT penalty. (K1s are due the same day your return is due)

	Business Paperwork - <i>If</i> work including:	you hav	en't already done so, please pr	dy done so, please provide copies of all business start-up paper-					
	Corporations:	<u> </u>	corporate resolutions, certificate of incorporation		articles of incorporation, S Corp IRS approval ltr				
	Partnerships:		certificate of formation,		company agreements				
	All:		most recent annual report to state, any IRS election forms (2553 Election by a Small Business Corporation, 8832 Entity Classification Election),						
			initial letters from the IRS (e.g. assigned Employer Identification Number notice), prior year tax return (if we didn't prepare it), list of all members/shareholder's: ownership percentages, capital contributed, full names, addresses and social security numbers.						
	Changes in Your Business - Please list new address or changes in ownership, and provide copies of any amendments made to your business paperwork (articles of incorporation and/or company agreements) if different from prior year or if we have not yet received them.								
	Company Financial Information - Please provide a full year financial report and Profit & Loss statement OF use our Business Worksheet. Reconcile all bank accounts before finalizing accounting records.								
	Bank Accounts - Please provide year-end (December 31) bank statements for all bank accounts.								
	Credit Card statements - Please provide 100% company-use, year-end (December 31) credit card statements for all credit card accounts.								
	Equipment Leases - Please provide a copy of each lease that has been acquired or changed during the year.								
	Assets - Please provide invoices for any assets (equipment costing over \$2,500 per item) purchased during the year (e.g. automobile contracts, operating lease agreements, etc.). In the case of trade-ins or "Energy Eficient" purchases, provide a copy of the invoice.								
Continue to page 2									



TAX

Payroll Tax - Please provide a copy of the federal and state payroll tax returns for <i>all quarters</i> of the year including 941s, 940, Labor & Industries, Employment Security, W2 and W3 forms. <i>WARNING: Current I9s and W4s are required to be in your files for all employees.</i>										
Loans - Please provide copies of year-end loan statements for each loan/note payable. For any new loans entered into, include loan agreement, payee's tax identification number and address as well as interest rate paid.										
Auto Expenses - Please provide the amount the business paid for all auto expenses as follows:  Vehicle Description Owned by the business? Total Miles Business Miles Reimbursed? Total  Yes or No Cost										
Did you maintain mileage logs and records for all business related travel and meal expenses?  Yes or No (circle one)										
Distributions/Guaranteed Payments - Total amount distributed for the year and to which shareholder/partner?										
Shareholders/Membership - Please provide any changes to ownership of shareholders or members including ownership percentages, full names, addresses and social security numbers for any new shareholders or members as well as date(s) of change(s).										
Health Insurance/HSA - If paid for (or reimbursed to) an employee by the company, the total may need to be added to the W2 as wages, allowing the company to deduct the amounts paid or reimbursed. Also list amounts paid on behalf of each owner (e.g. owner name, amount paid).										
Small Business Health Care Tax Credit - If your company provides health insurance to its employees (not owners or family members) AND pays its employees less than an average of \$50,000 annually AND pays a least half of the insurance premiums, then call us for a list of additional information necessary to compute your credit.										
Number of Employees for the year:										
Additional Requests - Would you like us to prepare any of the following?  941s										
Continue to make 2										

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## OTHER SITUATIONS IMPACTING TAX PREPARATION

Mark any thing that applies to you below. We will call to discuss anything that applies to your filing.

Do your employees receive tips and are those tips properly reported as wages?

Did you start a NEW employee pension plan?

Are there any other credits or deductions related to your industry which you feel you might qualify?

Please list by owner how many hours each works in the business.

Did you move during the year? If yes, provide date of the move.

Did you change or add states in which your company operates?

Did you change or add cities in which your company makes sales or does business?

Did the Company buy or sell a business or business segment?

Did the Company sell internationally?

Did the Company incur any theft or casualty losses during the year?

Did the Company experience foreclosure on any business property?

Or is bankruptcy possible either now or pending?

Did the Company experience any debt forgiveness, refinance or restructure any outstanding debt?

Do you have any foreign activity or accounts – If No, Skip A-C

- A) Were you a grantor or transferor for a foreign trust, have an interest, signature or other authority over a bank account, securities account, or other financial account in a foreign country?
- B) Did you carry \$10,000 in a foreign bank account for even one day during the year?
- C) Did you have any foreign income or pay any foreign taxes?

Did the Company experience any lawsuits or other legal matters, or are any pending?

Did the Company make any political contributions?

Did the Company engage in any bartering activity?

Were there any officer/director appointment changes?

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## NECESSARY BENEFIT DISCLOSURES

Company Health Insurance Plan: Do you have a Group Health Insurance plan? (circle one): Yes No N/A Is this plan owned by the business? (circle one): Yes No N/A Do you have more than one employee - including the owner? (circle one): Yes No N/A Do you reimburse yourself or other employees for health insurance? (circle one): Yes No N/A Amount paid on behalf of owner and family \$\_\_\_\_\_ Amount paid on behalf of employees \$ *Life Insurance Policy on Shareholder(s)/Member(s):* Policy owner is (circle one): Company Other Beneficiary is (circle one): Company Other List of Total Life Insurance paid by company on behalf of each owner Retirement /Pension/Profit Sharing Plan: Type of Plan (circle one): SIMPLE SEP 401(k) Amount or % of employer match Has a Shareholder/Partner moved during the year? If yes, please provide name and new address. For any new shareholders/members/partners, please provide: Name, address & social security #

Corp Ptnrshp Info Request

