

---

# C Corporation Tax Organizer

---

*(See next page for Organizer)*

1005 Main St S, Watford City, ND  
433 East Bismarck Expressway Ste 4, Bismarck ND  
701-989-9516



# C Corporation Tax Organizer

Use a separate organizer for each C corporation

## C Corporation General Information

Legal name of C corporation		EIN	-
C corporation address <input type="checkbox"/> (check if new address)			
Date incorporated	State of incorporation	Corp. state residence	
Corporation Representative	Title		
	Email	Phone (      )	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the corporation have a change of business name during the year?		
Principal business activity			
Principal product or service			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Was the primary purpose of the corporation's activity to realize a profit?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the corporation a Personal Service Corporation (PSC)?		
Accounting method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the corporation file under a calendar year? (If no, what is the fiscal year?)		
\$	Total assets of the corporation at the end of the tax year. If there are no assets at the end of the tax year, enter 0.		
<b>New Clients</b>	<ul style="list-style-type: none"> <li>• Provide a copy of the Articles of Incorporation, bylaws, corporate resolutions, and shareholder buy-sell agreements.</li> <li>• Provide a copy of the depreciation schedules for book and tax, and copies of tax returns for last three years, including state returns.</li> </ul>		

## C Corporation Specific Questions

<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the corporation been notified of any changes to previous returns by any taxing authority? If yes, provide copies of all correspondence.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide a schedule of ownership changes during the year, including dates and number of shares or percentage of ownership.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have there been any changes to the shareholder's buy-sell agreements? If yes, provide a copy.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the corporation hold an annual meeting with shareholders with a record of minutes maintained?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the corporation updated its minute book for the year? If yes, provide a copy.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the corporation purchase or sell a business or business segment during the year? If yes, provide a copy of the contract or agreement.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the corporation engage in any new activities during the year? If yes, describe the new business on an attached sheet.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the corporation discontinue operations this year? If yes, provide details.
	Does the corporation have any of the following employee benefit plans? If yes provide copies of plan documents.
<input type="checkbox"/> Yes <input type="checkbox"/> No	• Qualified retirement plan?
<input type="checkbox"/> Yes <input type="checkbox"/> No	• SEP (simplified employee pension) or SIMPLE (savings incentive match plan for employees) plan?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do contributions need to be calculated?
<input type="checkbox"/> Yes <input type="checkbox"/> No	• Cafeteria plan?
<input type="checkbox"/> Yes <input type="checkbox"/> No	• Non-qualified deferred compensation plan or agreement?
<input type="checkbox"/> Yes <input type="checkbox"/> No	• Other benefit plan not described above?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the corporation include taxable fringe or welfare benefits such as health insurance, group-term life insurance, educational assistance, non-accountable expense allowances, and personal use of corporate vehicles in compensation on employees' Forms W-2 and, if applicable, subject such amounts to payroll taxes?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is any shareholder in the corporation a disregarded entity, a partnership, a trust, an S corporation, or an estate?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did any foreign or domestic corporation, partnership, trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the corporation own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not already included in a listing of affiliated groups?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the corporation own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership or in the beneficial interest of a trust?
<input type="checkbox"/> Yes <input type="checkbox"/> No	At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or the total value of all classes of the corporation's stock?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the corporation dispose of more than 65% of its assets in a taxable, nontaxable, or tax deferred transaction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the corporation receive assets in a property-for-stock nontaxable exchange in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?
<input type="checkbox"/> Yes <input type="checkbox"/> No	At any time during the year, did the corporation have an interest in, or signature authority over a financial account in a foreign country?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Was there a distribution of property or a transfer (by sale or death) of a shareholder interest during the tax year?

**C Corporation Specific Questions continued**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the corporation satisfy the following conditions? • The corporation's total receipts for the tax year were less than \$250,000, and • The corporation's total assets at the end of the tax year were less than \$250,000.								
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the corporation pay \$600 or more of nonemployee compensation to any individual? If yes, include a copy of Form 1099-MISC for each.								
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the corporation use any vehicles for business use? If yes, include total business miles for each vehicle.								
	<table border="1"> <thead> <tr> <th>Vehicle</th> <th>Total Miles</th> <th>Vehicle</th> <th>Total Miles</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Vehicle	Total Miles	Vehicle	Total Miles				
Vehicle	Total Miles	Vehicle	Total Miles						

**Principal Shareholders Ownership Information (include additional sheets as necessary)**

Name/Title	Tax ID number (SSN or EIN)	Address	# Shares owned at start of year	# Shares owned at end of year	Dividends issued to shareholder during the year	U.S. citizen?

How many shareholders were there on the last day of the year?

**Shareholders – Provide the following information for any shareholder who was an officer or 2% or more owner of the corporation during the year**

Shareholder/Office name	Wages paid	Health insurance premiums paid	Capital contributions from shareholder	Distributions to shareholder	Shareholder loans to corporation	Loans repaid by corporation to shareholder

**C Corporation Balance Sheet**

Corporation assets at year end		Corporation debts and equity at year end	
Bank account end of year balance	\$	Accounts payable at year end	\$
Accounts receivable at end of year	\$	Payables less than one year	\$
Loans to shareholders	\$	Payables more than one year	\$
Mortgages and loans held by corporation	\$	Loans from shareholders	\$
Stocks, bonds, and securities	\$	Capital stock (preferred)	\$
Other current assets (include list)	\$	Capital stock (common)	\$
Inventories	\$	Retained earnings	\$

**C Corporation Income (include all Forms 1099-K received)**

Gross receipts or sales	\$	Dividend income (include all 1099-DIV Forms)	\$
Returns or refunds	\$ ( )	Capital gain/loss (include all 1099-B Forms)	\$
Gross income from rental property owned by corporation	\$	Other income (loss) (include a statement)	\$
Interest income (include all 1099-INT Forms)	\$		

**C Corporation Cost of Goods Sold (only for manufacturers, wholesalers, and businesses that make, buy, or sell goods)**

Inventory at beginning of the year	\$	Inventory at the end of the year	\$
Purchases	\$	Materials and supplies used in manufacture or sales production	\$
Cost of labor related to sale or production of goods held for sale	\$		

**C Corporation Expenses**

Advertising	\$	Management fees	\$
Annual corporation fees	\$	Meals – business	\$
Bank fees and charges	\$	Office supplies	\$
Charitable contributions	\$	Organization costs	\$
Cleaning/janitorial	\$	Pension & profit sharing plans – employee	\$
Commissions and fees	\$	Pension & profit sharing plans – shareholder	\$
Contract labor (include Forms 1099-MISC)	\$	Professional education and training	\$
Employee benefit programs	\$	Rent or lease – car, machinery, equipment	\$
Entertainment	\$	Rent or lease – other business property	\$
Health care plans – employee	\$	Repairs and maintenance	\$
Health care plans – shareholder	\$	Salaries and wages (include Forms W-2)	\$
Insurance (other than health)	\$	Taxes – payroll	\$
Interest – business credit cards	\$	Taxes – property	\$
Interest – business loans/credit lines	\$	Taxes – sales	\$
Interest – mortgage	\$	Telephone	\$
Internet service	\$	Utilities	\$
Legal and professional services	\$		

**Other Expenses – List out type and expense amount**

	\$		\$
	\$		\$

**Equipment Purchases – Enter the following information for depreciable assets purchased that have a useful life greater than one year**

Asset	Date purchased	Cost	Date placed in service	New or used?
		\$		

**Equipment Sold or Disposed of During Year**

Asset	Date out of service	Date sold	Selling price/FMV	Trade-in?
			\$	

**C Corporation Business Credits (if answered Yes for any of the below, please provide a statement with details)**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the corporation pay expenses to make it accessible by individuals with disabilities?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the corporation pay any FICA on employee wages for tips above minimum wage?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the corporation own any residential rental buildings providing qualified low-income housing?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the corporation incur any research and experimental expenditures during the tax year?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the corporation have employer pension plan start-up costs?	Total number of employees
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the corporation pay health insurance premiums for employees?	Total number of employees

**All Clients – Additional information and documents required**

- Provide the business income/financial statements for the year (per books), balance sheet, dividends paid out, estimated tax payments (include amounts and date paid), depreciation schedule per books, and cash reconciliation of all business bank accounts with ending cash balances.
- Provide copies of Form W-3, Form 940, Form 941, Form 1096, Form 1099-MISC (independent contractors), and any state tax filing reports.

**Estimated Tax Payments — Tax Year 2018**

Installment	Date paid	Federal	Date paid	State
First		\$		\$
Second		\$		\$
Third		\$		\$
Fourth		\$		\$
Amount applied from 2017 overpayment?		\$		\$
Total		\$		\$

**Tax Return Preparation**

We will prepare the corporation's tax return based on information provided. In the event the return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of the corporation's return do not include auditing, review, or any other verification or assurance.

**Taxpayer Responsibilities**

- You agree to provide us all income and deductible expense information. If additional information is received after we begin working on the return, you will contact us immediately to ensure the completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review documentation.
- You must be able to provide written records of all items included on the return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before the tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of late returns.
- You should keep a copy of the tax return and any related tax documents. You may be assessed a fee if you request a copy in the future.

**Signatures.** By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities.

\_\_\_\_\_  
Taxpayer

\_\_\_\_\_  
Date

**Privacy Policy**

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.