



TAX ORGANIZER FOR BUSINESSES (CORP, PARTNERSHIP, LLC, SOLE PROP)

Name: _____ Tax Year 2011

DONE N/A

GENERAL ITEMS:

- | | | |
|--|--------------------------|--------------------------|
| 1. Sign and return an engagement letter. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Make sure all entries provided by Cilliers, CPA PLLC in the prior year have been entered in your books and that no entries have been made to prior years since last year. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. (QuickBooks Users) Before making a backup copy for our review and tax preparation, lock the prior period so no entries are booked into last year after you have given us your file. This will avoid costly work on our part and save you in unnecessary fees. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Provide both an Accountant's Copy and a backup copy of QuickBooks if you use these programs to keep your accounting records. If you do not use QuickBooks, please provide a general ledger, trial balance, balance sheet, and profit and loss statement by activity. If possible, please provide this in an electronic format (such as an excel file or other file format). | <input type="checkbox"/> | <input type="checkbox"/> |

QuickBooks Password: _____

- | | | |
|---|--------------------------|--------------------------|
| 5. Copies of correspondence with tax authorities regarding changes to prior year(s) returns. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Details of changes in business ownership, if any.
If there were changes in ownership during the year, provide SSN, compensation, percentage of ownership, time devoted to business, date ownership acquired and detail of distributions received for any new shareholders, partners or members. | <input type="checkbox"/> | <input type="checkbox"/> |

PAYROLL RELATED

- | | | |
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| 7. (S CORP ONLY) Schedule of all fringe benefits paid on behalf of more than 2% shareholders and indicate which benefits have been included in their Form W-2. Fringe benefits include health insurance, life insurance, disability insurance, dependent care assistance, personal use of company provided auto, and any other payment for personal expenses. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Provide copies of Form W-3 for the company and Forms W-2 for each shareholder if we did not prepare these forms. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did you hire any new employees during the prior 12 months that qualify for the Work Opportunity Tax Credit? If so, please provide the employee names and amounts paid that qualify for this credit in 2011. | <input type="checkbox"/> | <input type="checkbox"/> |

ASSETS & LIABILITIES:

- | | | | |
|-----|---|--------------------------|--------------------------|
| 10. | Schedule of loans to/from shareholders/partners/members, officers and related parties including interest rates and payment schedules. If you have formal loan documents, please provide a copy. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Provide copies of bank, loan and credit card statements showing account and loan balances as of the end of the business's fiscal year reconciled to your general ledger as of year-end. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Schedule of assets acquired and/or sold during the year including description, date acquired, date sold, sales or purchase price (including any trade-in allowance). | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | If the company maintains inventory, has the balance you provided us been calculated by means of a physical inventory at year end, and is the inventory amount stated at cost (not retail value)?

<div style="margin-left: 40px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please attach an explanation as to why not) </div> | | |
| 14. | If the company owns or leases vehicles, please complete a <u>Vehicle Use Information Schedule</u> for each vehicle | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | If the business distributed earnings to its owners during the year, please attach a schedule showing the amounts distributed, by owner, during the year. (Not required if the information is easily attainable in your accounting records). | | |

EXPENSES AND INCOME ITEMS:

- | | | | |
|-----|---|--------------------------|--------------------------|
| 16. | Copies of Forms 1099 and K1 Schedules that have been received by the business. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | Copy of your sales tax return (Form ST-1) for the end of the year. | | |
| 18. | Schedule of any club dues (health clubs, golf clubs, boating clubs, etc) paid. | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. | List of potential non-deductible expenses such as penalties and life insurance premiums. | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. | Details of miscellaneous income/expense accounts. The detail we need could be a general ledger listing the activity during the year or a spreadsheet detailing the individual items that make up the amounts in these accounts. | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. | Furnish a total of meal and entertainment expenses, if not separately stated in your accounting records. | <input type="checkbox"/> | <input type="checkbox"/> |

INVESTMENT INCOME, SALES OF STOCK, BONDS & SECURITIES:

- | | | | |
|-----|---|--------------------------|--------------------------|
| 22. | Did the corporation receive interest income from the following sources?
If yes, list total amounts:
U.S. agencies _____
U.S. government _____
Tax exempt in state _____
Tax exempt out of state _____
Tax exempt private activity _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. | Did the corporation receive dividend income this year? If yes, provide details: | <input type="checkbox"/> | <input type="checkbox"/> |

- | | <u>DONE</u> | <u>N/A</u> |
|---|--------------------------|--------------------------|
| 24. Did the corporation sell any stocks, bonds, or securities during the year? If yes, provide details as to description of asset sold, date acquired, cost basis plus selling expense, date sold, total sales price. | <input type="checkbox"/> | <input type="checkbox"/> |

MISCELLANEOUS:

- | | | |
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| 25. Has the company updated its minute book for the year? If yes, provide copies. | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Has the corporation filed its required Annual Report with the proper Secretary of State? If yes, provide a copy. If not, would you like us to complete that for you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. List of activities conducted in other states, if any. Activities include renting property, maintaining employees, performing service, owning assets, etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Has the business started a retirement plan during the last three years? If so, please indicate any expenses associated with setting up or maintaining the plan last year.
\$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Are you self-assessing sales tax on out-of-state purchases and filing appropriate Use Tax Returns? | <input type="checkbox"/> | <input type="checkbox"/> |