# S-Corporation Tax Organizer



# TUOLUMNE BOOKS LLC

BOOKKEEPING · PAYROLL · TAXES

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Please upload this tax organizer and all supporting documents to our client portal.

You may also email the documents to us directly.

https://accountants.intuit.com/tax-client-portal-for-accountants/client-invitation/

Feel free to contact us with any questions you may have.

Thank you for chosing Tuolumne Books!



#### **Engagement Letter**

Client Name: Last 4 of SSN/ITIN:

This letter is to inform you, the client, of the services we provide and your associated responsibilities.

Our engagement is limited to performing the following services:

Federal/State Income Tax Service, on Form 1120S (S-Corporation), Tax Year: 2024

#### General

This engagement does not include any audit or examination of your books or records. You have the final responsibility for the accuracy and correctness of all income tax returns, attachments, worksheets and documentation, and you should review them carefully, and correct any errors before you accept or sign them.

This engagement pertains only to the service(s) above, and for the corresponding period(s). We are not responsible for delays or late filings caused by incorrect or missing information or delayed responses.

This engagement does not include bookkeeping, payroll or sales tax service.

#### **Tax Return Preparation**

- We will prepare your federal and state tax returns, based on information you provide. Services for preparation of your returns do not include auditing or verification of information provided by you.
- You must complete a tax organizer and supply all supporting documentation before we can prepare your return. We will do our best to file your return as expediently as possible, but cannot guarantee on-time filing.
- In the event your return is audited, you will be responsible for verifying the items reported.
- Fees charged for tax return preparation do not include audit service, IRS representation, amendments or preparing materials to respond to correspondence from taxing authorities.
- The engagement to prepare your tax returns for a given period terminates upon delivery of your completed returns and original documents to you. Please store your supporting documents and copies of your tax returns in a secure place for at least seven years. There may be a fee for sending documents after the completion of this engagement.

#### **Taxpayer Responsibilities**

- You as the taxpayer remain responsible for the payment of all taxes, penalties and interest charges imposed by taxing authorities. You agree that our firm's liability for any and all claims, damages, losses and costs of any nature arising from this engagement is limited to the total amount of fees paid by you to our firm for the specific service and period relating to that liability, and does not include the amount paid for other services or periods rendered under this or any other agreement.
- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your 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 your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- Fees must be paid before your tax return is delivered to you or filed for you.
- Our responsibilities do not include preparation of any other tax returns or periods that may be due to any taxing authority.
- We are not responsible for the disallowance of doubtful deductions or inadequately supported documentation, nor for resulting taxes, penalties and interest.

- If your return exposes us to a preparer penalty, and you do not agree to disclose or remove the position in question, we may withdraw from this engagement without completing or delivering your tax returns to you. Such withdrawal will complete our engagement, and the full fee will be due immediately.
- If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities.

#### Withdrawal

Either party may withdraw from this agreement, or part of it, at any time and for any reason. Written notice is required, and withdrawal is immediate. Fees for services rendered or periods begun prior to withdrawal are due in full at the time of withdrawal.

#### **Fees**

You agree to pay for services rendered. Our fee schedule may be updated from time to time, and fees will always be assessed the then-current rate. All additional services will be billed hourly. The fees below cover the initial preparation of your return, and associated e-signature and e-filing fees only. Significant changes to your return after its initial preparation will be billed hourly.

Form 1040	Individual, without schedule C, D, E or F	\$300
Form 1040	Individual, with schedule C, D, E or F	\$550
Form 1065	Multi-member LLC, Partnership	\$550
Form 1120S	S-Corp	\$550
Form 1120	C-Corp	\$550

#### **Privacy**

All information we obtain about you will be provided by you or obtained with your permission, and kept strictly confidential. Our firm has procedures and policies in place to protect your sensitive information. We restrict access to this 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 any third party without your express 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, but in communicating with us by email, you acknowledge that we cannot guarantee the confidentiality of email communication. Please contact us with any questions regarding our privacy policy.

#### **Signatures**

By signing below, you acknowledge that you, or your representative, have read, understand, and accept your obligations and responsibilities and that you understand our responsibilities in preparing your tax returns as explained above.

Representative Signature	Print Name	Date

We appreciate your confidence. Call us at (415) 488-5025 if you have questions. Sincerely,

Cian Richardson

Tuolumne Books LLC

Mandin

### **S-Corporation Tax Organizer**

S-Corporation:					
EIN		Name		Date Incorporated	Date of S-Election
Address:					
Contact Name.	Mailing Address	Suite #	City	State	Zip Code
Contact Name:			Email: _		
Contact Phones:					
somact mones.	(Office)		(Home)		(Mobile)
Contact Mailing Addr	ess	Suite #	City	State	Zip Code
This organizer is provi your corporate income for the last year filed in	tax returns. Pleas	se provide us	with a copy	y of the partn	
If you are already a bo and balance sheet sect books.					
If you maintain your o Quicken or Excel, you completing the income	may provide us v	with a profit &	loss state	ment and bal	ance sheet rather than
If you do not have they the box below. You do organizer. We will cor	not need to comp	plete the incor	ne, expens	e and balance	e sheet sections of th
☐ I would like reports for me.	Tuolumne Books	to set up a Qu	ickbooks a	account and g	generate financial
Filing Information. Please	answer "Yes" or "Ne	o" to ALL of the	following qu	uestions.	Yı No
Is this the Corporation's fi					
What is the state of incorp		What is the Cor	poration's st	tate of residence	:e?
What date was the Corpor			•		
Did the Corporation have					
Was the Corporation's s-e					
Is there a change of addre		2.22	, ,		
What is the principal busir		orporation?			
What accounting method			Accrual	Other 🗌	
(describe)					
Does the Corporation file	under a calendar yea	ir? (If not, what is	the fiscal yea	ar?)	

Shareholder Information							
First Name—Last Name (Enter information for all shareholders who owned shares at any time during the year)	Social Security Number	Shareholder Mailing Address Street Address City, State, Zip	% of shares owned at start of year	% of shares owned at end of year	Dates of share ownership change (if any)		
How many shareholders were there on the last day of the year?							

Provide the following information for any shareholder who was an officer or 2% or more owner of the Corporation during the year.								
Shareholder/officer name	Wages paid to the shareholder or officer	Health insurance premiums paid for shareholder during the year	Capital contributions made by the shareholder during the year	Distributions made to the shareholder during the year	Shareholder loans to the Corporation during the year	Loans repaid by the Corporation to the shareholder during the year		

Business income from other states							
Did the Corporation conduct business in more	o than one state?	? Yes No					
If yes, please apportion income by state.							
	State name Income apportionment \$ Payroll apportionment \$						
State name Income apportionme	ent \$	Payroll apportionment \$					
State name Income apportionme	ent \$	Payroll apportionment \$					
State name Income apportionme	ent \$	Payroll apportionment \$					
Income							
	as for the year?	<u> </u>					
What were the business gross receipts or sale	3S for the year:	ş	_				
What portion of receipts were reported on Fo	orm 1099-K?	\$	-				
What portion of gross sales listed above was	refunded or retu	rned? \$	_				
What were the gross receipts from rental pro	perty owned by t	the Corporation					
(Do not include rental income in gross receipts for							
Did the Corporation have any other income for <i>(If the Corporation had investment or capital had been had investment or capital had been had bee</i>			ove? No				
Interest/Dividend and/or Capital Gains Works	-	<i>.</i>	NO 🗀				
Describe any other income of the Corporation							
Cost of Goods Sold (COGS)							
Businesses such as restaurants, retail sellers			GS include all costs				
Businesses such as restaurants, retail sellers associated with manufacturing a product or	purchasing a prod	duct for resale.	GS include all costs				
Businesses such as restaurants, retail sellers associated with manufacturing a product or Do you manufacture or produce a product for	purchasing a prod or sale to custome	duct for resale. ers? Yes No	GS include all costs				
Businesses such as restaurants, retail sellers associated with manufacturing a product or	purchasing a prod or sale to custome s where you main	duct for resale. ers? Yes No No nation an inventory of goods? Yes					
Businesses such as restaurants, retail sellers associated with manufacturing a product or Do you manufacture or produce a product for Do you operate a wholesale or retail busines	purchasing a prod or sale to custome is where you main the first day of the	duct for resale. ers? Yes No ntain an inventory of goods? Yes eyear? \$					
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Dues and Subscriptions	\$ Taxes - State	\$
Employee benefit programs	\$ Annual corporation fees	\$
Health Insurance (employee)	\$ Telephone expense (Do not include cost of	\$
Health Insurance (shareholder)	\$ main home phone line)	
Insurance (other than health)	\$ Trough (Consider Towns   Forest Manual Page	
Internet service	\$ Travel (Complete <u>Travel Expense Worksheet</u> on Page 5 of this organizer)	
Interest – Mortgage (business)	\$ Utilities (Do not include home office)	\$
Interest – Business credit cards	\$ Wages (W-2s issued to employees)	\$
Interest – Business loans/credit line	\$	
Laundry/cleaning/janitorial	\$ Other Expenses	
Legal and professional services	\$	\$
Local (in-town) meals	\$	\$
Entertainment	\$	\$
Merchant credit card fees	\$	\$
Office expense	\$	\$
(Do not include equipment purchases – use <u>Asset</u> <u>Depreciation Worksheet</u> below)		\$
Parking & tolls	\$	\$
Postage & shipping	\$	\$

<b>Asset Depreciation</b>	Worksheet						
You must report the	e purchase and dispos	sition of all	assets you used in you	ur business. For each			
	d, provide the following	ng informa					
Assets purchased du	ring the year		Assets sold or dispo	osed of during the year			
Description	Date Bought	Cost	Description	Disposition date	Sales price		

#### **Travel Expense Worksheet**

#### Meal Per Diem (Important facts)

- For each day a 2% shareholder of the company traveled away from home for business outside the metro area, the Corporation may claim the actual cost of shareholder lodging and meals. For meals only, the Corporation may reimburse the shareholder a daily per diem amount instead of actual costs.
- For each day a non-shareholder employee of the company traveled away from home for business outside the metro area, the Corporation may choose between claiming the actual cost of employee meals and lodging; or it can reimburse the employee a daily per diem amount for meals and lodging.
- The daily per diem amount varies depending on the city and country the employee traveled to. To calculate the per diem, amount the Corporation is entitled to reimburse, provide a detailing of each city the employee travelled to for business during the year and the number of days in each city.
- The Corporation can alternate between actual expenses and the per diem method for each business trip; however, it may not use both per diem and actual for the same business trip.
- The Corporation may reimburse a partial per diem if an employee or shareholder traveled outside metro area for less than a full day.

City visited (for per diem)	# of days in city	City visited (for	per diei	m)		# of days in c	ity
Travel Expenses		Travel Expens	ses				
Airfare	\$	Lodging				\$	
Bus, train, taxi	\$	Parking & tolls				\$	
Entertainment	\$	Other travel (d	lescribe	below)			
Magle petual receipts						\$	
Meals - actual receipts (Do not include cost of meals where you are						\$	
claiming the daily per diem rate)	\$					\$	
Information relating to deductions an	d credits the Corpo	ration may					
qualify for. Answer "Yes" or "No"	and provide info	rmation as					
applicable.			Yes	No		Details	
Did the Corporation purchase a plug-in ele	· · · · · · · · · · · · · · · · · · ·						
Did the Corporation pay wages to any emp	oloyees who were me	mbers of a		П			
targeted group?							
Did the Corporation initiate a new 401K pl				Ш			
Did the Corporation pay for disabled acces	s equipment or impro	ovements		П			
during the year?							
Did the Corporation provide for or reimbu	rse employees for chi	ldcare expenses					
during the year?	ev improvements?						
Did the Corporation make energy-efficience  Did the Corporation manufacture or bui		ho United	Ш	Ш			
States? If so, the following additional	•						
complete the Corporation's return:	illioilliation will be i	needed to					
<ul> <li>Gross receipts from sales of dome</li> </ul>	stically produced prov	duct					
<ul> <li>Cost of domestically produced good</li> </ul>	duct	_					
	domestic						
Expenses, deductions or losses directly allocable to the domestic product							
<ul> <li>Expenses, deductions or losses inc</li> </ul>	lirectly allocable to th	e domestic					
product.	•						
<ul> <li>Wages paid for the year.</li> </ul>							

#### **Business Use of Automobile**

Documentation must be kept proving business use of Corporation-owned or shareholder-owned vehicles.

- If a shareholder or an employee used his or her automobile for active conduct of Corporation business:
  - o The Corporation can provide reimbursement for actual operational expenses of the vehicle or it can reimburse using an allowable standard mileage rate.
  - A written log or other record must be maintained and submitted to the Corporation. o For each shareholder or employee for whom the Corporation paid auto-expense reimbursements during the year, the Corporation should maintain a written record of the expenses incurred and the reimbursements paid.
- The Corporation may claim actual operational expenses incurred for vehicles that are owned by the Corporation.
  - o Proof of business use in the form of a mileage log or a written calendar must be maintained unless it can be shown the vehicle was 100% business use.
  - o If the business provided a vehicle for employee use, complete Section B below.

For any vehicle that was used by a 5% or more owner of the business, additional information must be reported to IRS. Complete Section A shown below.

Section A						
	Provide the following information for <u>each</u> vehicle used by a 5% or more owner of the business					
Purchase price of vehicle		\$				
Description (Model and year of vehicle)						
Date vehicle was first used in your busi	ness					
For this tax year only, enter the number	r of miles your vel	nicle was used for:				
E	Business miles (not	t including commute miles)				
		Commuting miles				
	All	other personal-use miles				
Interest paid on auto loan used to purc	hase this vehicle	\$				
Was the vehicle available for personal	use? Yes 🔲 No [					
Was the vehicle used primarily by a 5%	or more owner of	the Corporation? Yes 🔲 No 🗌				
Is another personal-use auto available?	Yes No No					
Was the standard mileage rate used las	st year? Yes 🔲 N	lo 🗌				
		Section B				
Additional Questions for Corporations		<u> </u>				
Does the Corporation maintain a writte	en policy prohibitin					
			Yes No			
Does the Corporation maintain a writte	en policy prohibitir	ng all use except commuting?	Yes No No			
Does the Corporation treat all use of ve	ehicles by employe	e as personal use?	Yes No No			
Does the Corporation provide more tha	an five vehicles to	employees and keep records?	Yes No No			
Automobile Expenses						
Mileage reimbursement amount paid t	to shareholders an	d employees for the year \$		_		
Garage rent	\$	Repairs		\$		
Gas	\$	Tires		\$		
Insurance	\$	Tolls		\$		
Licenses	\$	Registration fees		\$		
Oil	\$	Other expenses (list):		\$		
Parking fees	\$			\$		
Lease payments	\$			\$		

Interest and Dividend Income	Worksheet					
Please attach copies of all interest of a		•				
If the Corporation received in  SSN or FIN of the party makin		r a seller financed	l mortgage, we w	ill need the r	name,	address, and
<ul><li>SSN or EIN of the party makin</li><li>For each payer of interest or of</li></ul>		ntal interest or div	idend amount re	raivad		
Do you have money in or ownersh				lo $\square$		
Do you have money in or ownersh	Interest	t iii a ioreigii coui	itiy: Tes T	10 <u> </u>	Divid	dends Received
Name of bank or other payer	Received	Name of corn	oration or other	naver	DIVIC	dellus Receiveu
runic of built of other payer	\$	rume or corp	oration or other	payer	\$	
	\$				\$	
	\$				\$	
	\$				\$	
Does the Corporation have owners	ship or control over a f	foreign financial a	ccount or trust?	Yes No	, 	
If yes, provide the name(s) of the f	oreign country and m	aximum account v	alues for the yea	r\$		
, , ,	, ,		•			
Sale of stock, real estate or oth	er property					
<ul> <li>Please attach copies of year-e</li> </ul>		ents relating to sto	ock sales			
If real estate was sold during to the state was sold during to the st						
	, ,,	Date	Purchase			
Description of property sold		purchased	Price	Date So	ld	Sales Price
		-				
<b>Corporation Balance Sheet</b>						
If the Corporation gross receipts a	and/or assets at the er	nd of the year wer	e greater than \$2	50 000 the f	ollow	ing information
must be provided to the IRS. Ever		· ·	_			_
if possible.	The the corporation is	not required to pr	ovide tins inform		quest	you provide it
Assets at year end		Debts a	nd Equity at yea	r-end		
•			. , ,			
Bank account end of year balance	\$	Accoun	ts payable at yea	r end	\$	
Accounts receivable at end of yea	r \$	Payable	Payables less than 1 year		\$	
Loans to Shareholders	\$	Payable	Payables more than 1 year		\$	
Mortgages and loans held by Corp	). \$	Capital	Stock		\$	
Stocks, bonds and securities	\$	Loans f	rom shareholders	5	\$	
Other current assets (describe)	\$	Retaine	d Earnings		\$	
I affirm that the information containe	d in this tax organizer, s	ubmitted to Tuolum	nne Books LLC for p	preparing tax i	return	s, is true,
correct, and complete to the best of r	ny knowledge. I further	affirm that I have d	ocumentation/rece	ipts to suppo	rt this	information.
	Deint M		T:41-			
Signature	Print Name		Title	Dat	te	

By signing above you also affirm that you have received and reviewed the year-end bookkeeping statements organized by Tuolu mne Books LLC and agree that they are true, correct and complete to the best of your knowledge.

## Documentation

#### Please provide the following documentation with your completed tax organizer:

- The Social Security cards for all people included on your tax return.
- Driver's license, passport, or state identification card (or government-issued photo ID) for all people included on your tax return.
- Copy of last year's tax return (new clients only).

#### If Applicable:

- Other income forms, such as 1099-MISC (stock income), 1099-INT (interest income), and 1099-DIV (dividend income).
- Year-end balance sheet, profit & loss and statement of cashflows
- 1099S and closing statements (proceeds from real-estate transactions).
- Any other miscellaneous forms, receipts, or records sent to you for tax purposes.