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Tax Organizer for Corporations, S-Corporations, and LLCs

If you are a new client please supply the prior 2 years of tax returns for the company.

Instructions: Fill out all information in section 1. If you utilize a QuickBooks or other electronic bookkeeping system please upload a copy of your file to our online client portal. If you do not utilize an electronic bookkeeping system complete sections 2 through 5. Provide copies of your payroll reports. If you have more than one business, complete this organizer for each business.

Section 1 General Information

Name _____

Address _____

Federal EIN _____ State Tax ID _____ State Sales Tax # _____

Primary Contact _____

Business Activity _____ Product or service _____

Business Tax Treatment: S-corp _____ C-corp _____ Partnership _____

Date of Incorporation _____ Date of S-Corp election _____

State of Organization _____

Number of shares issued _____ List each shareholder/LLC Member and the number of shares owned or percentage owned and all identifying information below (attach a new sheet if necessary):

Name	Address	Social Security #	Percent/Shares

	Yes	No
Has this corporation ever changed its subchapter election (C to S, or S to C) ?		
Does this corporation own 50% or more of the voting stock of another corporation?		
Is this corporation a subsidiary in an affiliated group?		
Does any individual or entity own 50% or more of this corporation's stock?		
Did this corporation declare and pay a dividend this year?		
Did this corporation distribute any property to shareholders?		
Did this corporation own shares of any controlled foreign corporations?		
Did this corporation have an interest in a foreign financial account?		
Did this corporation receive a distribution from or transfer a distribution to a foreign trust?		
Did a foreign person own 25% of this corporation?		
Did this company file all 1099 reports?		
Did this company file all payroll reports?		

**Section 2
Income and Expenses**

Gross Receipts & Sales not reported to you on a 1099	
Gross Receipts & Sales reported to you on a 1099 (supply copies of 1099s)	
Returns & Allowances (Refunds to customers)	
Beginning Inventory (If any) (Always 0 in first year of business)	
Purchases of items to resell as they are	
Cost of Contract Labor (Not Employee Wages) (only if labor was for production of a product)	
Cost of Materials that went into your finished product	
Ending Inventory (Physical count of inventory on hand on 12/31 at your cost)	
<i>*Only enter expenses into 1 category, do not double-enter. If unsure how to classify, place in "other expenses" with Description.</i>	
Compensation of Officers/Shareholders/Members (paid on W2)	
Salaries and Wages	
Repairs and maintenance	
Bad debt	
Rents	
Taxes and licenses (including payroll taxes)	
1.	
2.	
Interest (what type?)	
Charitable contributions	
Advertising	
Pension, profit-sharing plans (employees only)	
Pension, profit-sharing plans (shareholder/member)	
Employee benefit programs (not shareholders/members only employees)	
Employee benefit programs (shareholders/members)	
Auto (if vehicle is owned by the business fill out auto section)	
Bank Charges	
Consulting	
Contract Labor (1099s required)	
Dues and subscriptions	
Insurance (not health describe type)	
Legal and professional	
Office expense	
Supplies	
Telephone	
Utilities	

Attach a new sheet for other expenses and describe: Accounting, Credit & Collection, Continuing Education, Delivery & Freight (not product related), Internet Access, Janitorial, Laundry & Cleaning, Meeting Fees, Postage, Printing, Seminars.

Assets purchased for business use during this tax year (attach additional sheet if necessary)

Asset	Date of Purchase	% used for business	Purchase Price

**Section 3
Retirement Funding**

Do any shareholder/LLC member have any contributions to a retirement account?

Shareholder/Member Name	Type of account	Amount of Contributions

Do you want us to calculate the maximum contribution amount, and notify you prior to completion of the return?

YES _____ NO _____

**Section 4
Equity Position**

For S-Corporation and LLC/Partnerships.

Shareholder/Member Name	Funds Received (not paid as wages)	Funds Contributed

**Section 5
Corporations Only**

OTHER CORPORATION INCOME:

Dividends _____ Dividends from 20%-or-more owned corporations _____

Interest _____ Tax exempt interest _____

Rents (if commercial or residential, fill out rental organizer separately) _____ Royalties _____

Other income (attach schedule)

Estimated Tax Payments

Date	Amount
Payments made with extension	

**Section 6
Balance Sheet**

Do not fill out this balance sheet if you meet any of the following criteria:

For Corporations (C and S) with total receipts **AND** total assets less than \$250,000.

For LLC or Partnerships that have total receipts less than \$250,000 **And** Total assets less than \$1 million.

	Amount		Amount
Cash on hand		Accounts payable	
Accounts receivable		Debt due in less than 1 year	
US Government obligations		Other liabilities	
Tax exempt securities			
Mortgage and real estate loans			
Other investments (list)			

Notes: