



212 TAX / JLD TAX BUSINESS ORGANIZER

Business Type (Select One):	LLC	S Corporation	C Corporation	Partnership	Other
What is the state of Formation?					

If an S Corporation, please provide the following information:

S Corp Election date with IRS: _____

S Corp Election date with State, if different: _____

IF YOU ARE FILING FOR THE FIRST TIME, PLEASE SHOW US PROOF THAT YOU HAVE BEEN APPROVED AS AN S-CORP
 IF YOU ARE A NEW CLIENT PLEASE PROVIDE A COPY OF YOUR 2021 TAX RETURN

Business Name:	
D/B/A, if applicable:	
Employer ID # (EIN)	
Date Business Started	
Principal Business Activity	
What accounting method does the business use?	Cash Accrual Other
Address	
Suite #	
City	
State	
Zip	
Phone Number	
Email Address	

Name of Member/Partner/Owner	Ownership %	Email	Phone Number	Address	SSN, EIN or ITIN #

Please provide your business bank account information:

Bank Routing #		Bank Account #	
Checking or Savings?		Bank Name	

At the End of the year did the business own directly 20% or own directly or indirectly 50% or more of the voting power of any foreign or domestic corporation?	YES	NO
At the End of the year did the business own directly 20% or more or own directly or indirectly 50% or more in the profit, loss, or capital in any foreign or domestic business, LLC or in the beneficial interest of a trust?		
During the tax year did the business have any debt that was cancelled or reduced?		
Did the entity conduct business in more than one state? If yes, please list all states:		
Does the business have any foreign bank accounts?		
Did the business receive any property in a like kind exchange?		
Did the business make any payments that would require the issuance of 1099 forms? If yes, did the business issue all required 1099 forms?		
During the year did the business have any change in ownership?		

What was the value of your assets & liabilities at the end of the year including all business bank accounts ?

Asset / Liability :	Value / Balance :	
\$ -	\$ -	-
\$ -	\$ -	-
\$ -	\$ -	-
\$ -	\$ -	-
\$ -	\$ -	-
\$ -	\$ -	-

TAXPAYER SIGNATURE: _____ DATE: _____

Name: _____

Title: _____

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EXPENSES :		INCOME		
Advertising & Marketing		Income on 1099-MISC, 1099-NEC		
Bank & Credit Card Merchant Fees		Income on 1099-K		
Business Gifts (up to \$ 25 per client)		Other income (not on 1099s)		
Business Meals		TOTAL GROSS INCOME:		
Commissions		Did you pay health insurance premiums ?	YES/NO	
Continuing Education & Seminars		If YES, how much ?		
Contract Labor		BUSINESS VEHICLE EXPENSES:		
Cost of Goods Sold (we can help with this)		Make, Model, and Year of Car:		
Employee Benefits (specify type please)		Total miles driven during the year:		
LLC/S-Corp shareholder/partners' Medical		Business miles (do not include commuting miles)		
Equipment Rent		Gas:		
Insurance (specify type please)		Insurance & Registration:		
Interest (specify type please)		Parking:		
Internet		Cleaning, Repairs, Maintenance:		
Legal & Professional Fees		Tolls:		
Licenses & Permits		Is the vehicle leased / financed / paid-off?		
Office Expenses		If financed/paid-off, please provide:		
Office Rent		Date of Purchase		
Office Supplies		Purchase Price		
Other taxes (non payroll related)		Annual Car Loan Interest		
Payroll service provider		If leased, please provide monthly lease payment:		
Payroll Taxes		If leased, please provide start date of lease:		
Repairs and Maintenance		If leased, please provide Fair Market Value:		
Salaries paid to Officers		For assets that were purchased, sold or disposed of during tax year please list the following :		
Salaries paid to employees		(including any cell phones, tablets, computers, equipment, furniture, and/or software)		
Shipping and Postage		Item Description	Specify if purchased, sold or disposed :	Date of purchase, sale, or disposition :
Small tools & equipment (under \$ 500 each)				Price of purchase, sale, or disposition :
Tax and Accounting				
Taxis				
Telephone/Fax (Landline & Cellular)				
Trade Publications				
Travel				
Uniforms & Dry Cleaning of uniforms				
Utilities				
Vehicle Rentals				
Miscellaneous expenses				
Other _____				
Other _____				
Other _____				
Please provide total contributions and distributions made by members/partners/shareholders				
Name	Distribution	Contribution		