



**SWC BUSINESS  
ENTERPRISES, P C .**

Dear Client:

We appreciate this opportunity to work with you and advise you regarding your income taxes. To ensure a complete understanding between us, we are setting forth the pertinent information about the services that we will perform on your behalf.

**Returns we will prepare/Tax information required**

We will prepare your federal and state(s) income tax returns with the information which you will provide to us. We will make no audit or other verification of the data you have submitted and we perform our consulting and tax services under the assumption that all the information you submit to us is true, complete and accurate according to documents and other information retained in your files (particularly auto, travel and entertainment expenses). While it is not necessary that you provide us with support documents at the time we prepare your returns and review, you should retain all necessary written support and documentation should it be required by an IRS, AZDOR, or other state authority examination at a later date. We reserve the right to withdraw from this engagement if requested information is not received in a reasonable period of time. We will furnish you with questionnaires and/or worksheets to guide you in gathering the necessary information. If you prefer to assemble data in your own organized manner, please do so. Complete, and organized data will help to minimize our fee.

**We will advocate positions in your favor**

We will use our professional judgment to resolve any questions involving application or interpretation of tax laws. We will resolve such questions in your favor if there is reasonable justification for it. You have the final responsibility for the income tax and sales tax returns and, therefore, you should review them carefully before you sign them and or agree to any changes made.

**Penalties**

You should note that the taxing authorities provide for interest and penalties which may be imposed on you. Most of these penalties provide for assessment in the event of some wrongdoing or negligence on the part of the taxpayer. However, penalties may be imposed even though there is no fraud, negligence or willfulness on your part. The only way to avoid certain penalties is to show that there was either "substantial authority" for the position taken or to make "adequate disclosure" on the return. You are fully responsible for penalties and interest charges on your account unless they are due to our mistake. Once we prepare your return, and return it to you, any changes you make thereafter are not mistakes and you are subject to any penalties and interest imputed.

**Tax planning and tax notices**

5743 E THOMAS RD #6 SCOTTSDALE, AZ 85251

PHONE: 602-357-3275 FAX: 602-532-7088 • EMAIL: [INFO@SWCBE.COM](mailto:INFO@SWCBE.COM)

S:\DATA\FILES\SWC BUSINESS ENTERPRISES, PC\OFFICE - 2008\TAX RETURN ENGAGEMENT  
LETTER -\_080320.DOC

The most important part of the tax return is done when you plan and have control over the return's ultimate results. We urge you to call us during the year if you are about to enter into important transactions or make important business decisions. The questions you ask us before you make decisions could result in large fees for our services, and our time will be billed at our standard rates for tax matters.

***Our fees are \$175 per hour for Tax Matters.***

Generally, we will bill you after we complete the returns, for time spent plus out-of-pocket expenses and reasonable collection costs incurred on your behalf. However, progress billings may be prepared for returns that cannot be completed due to incomplete information from you. Our invoices are due and payable on presentation. In fairness to our clients who pay promptly we charge a late payment service charge on all accounts unpaid after 30 days from billing date at the rate of 2% (2 percent) per month on all delinquent balances. Any dispute over fees may be submitted for resolution by arbitration in at our sole discretion.

Our fees may be paid by check, cash, Visa, Mastercard, or debit/check card.

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**Your Fees MUST be paid in Full before the tax return will be released to you or filed with the IRS / State Governments.**  
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**Privacy**

As your CPA, we collect information provided by you from your tax organizer, worksheets, documents and discussions and information that we develop as part of the engagement. We are required to keep all information about our engagement confidential so we will not make any disclosure about you unless we have your approval or are required/permitted by law. This applies even if you are no longer a client. We are committed to the safekeeping of your confidential information and we maintain physical, electronic, and procedural safeguards to protect it.

**General**

Your original records, which will be returned to you, comprise the backup and support for your income tax returns. Our records and files are our property and not a substitute for your own records. Our firm destroys client files after a retention period of seven (7) years, after which time these items will no longer be available. Also, catastrophic events or physical deterioration may result in our records being unavailable.

If you are no longer a client of SWC Business Enterprises, PC and you have lost originals or copies of the information you provided to us, or the tax returns as prepared, you may request a copy of this information for a \$25 administrative fee.

**Mailing of your Tax Returns**

Historically, SWC Business Enterprises, PC has mailed out tax returns for our clients at no additional fee. Going forward, we will require an administrative fee of \$25.00 per return (Federal & State, as well as any other states you have filed in) to be paid in advance of this service provided by SWC Business

Enterprises, PC. If you prefer, SWC Business Enterprises, PC will make your returns available for pick up at our office so that you may mail them yourself.

**Receipt of your Final Returns**

You may choose the form in which you will receive your returns. You may choose to have your returns provided to you electronically, on CD, or in paper format (which will include electronic versions of your tax returns, copies of your original information, and a copy of your signed engagement letter.

We are pleased to have you as a client and look forward to a long and mutually satisfying relationship. If the above fairly sets forth your understanding, please sign on the line below and return it to us. This letter will be in effect regarding our engagement until superseded by a subsequent understanding.

**Beginning the Work on Your Tax Return**

**The work on your tax return will NOT begin until SWC Business Enterprises, PC has a SIGNED copy of this engagement letter on file.**

We will notify you if we have not received your engagement letter at the time the preparation of your return is scheduled to begin.

The Staff of SWC Business Enterprises, PC

The above agreement is accepted by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
PRINT: Approved by (NAME)

\_\_\_\_\_  
Date

## Power of Attorney and Declaration of Representative

OMB No. 1545-0150  
**For IRS Use Only**

▶ **Type or print.** ▶ **See the separate instructions.**

Received by:  
 Name \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Function \_\_\_\_\_  
 Date     /     /

**Part I** **Power of Attorney**

**Caution:** Form 2848 will not be honored for any purpose other than representation before the IRS.

**1 Taxpayer information.** Taxpayer(s) must sign and date this form on page 2, line 9.

Taxpayer name(s) and address	<b>Social security number(s)</b> _____ _____ _____	<b>Employer identification number</b> _____ _____
	Daytime telephone number (     )     -     _____	Plan number (if applicable) _____

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

**2 Representative(s)** must sign and date this form on page 2, Part II.

Name and address	CAF No. _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

**3 Tax matters**

Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s) (see the instructions for line 3)

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for **Line 4. Specific uses not recorded on CAF.**

**5 Acts authorized.** The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

**Exceptions.** An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** on page 2 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Circular 230. See the line 5 instructions for restrictions on tax matters partners.

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6 Receipt of refund checks.** If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here \_\_\_\_\_ and list the name of that representative below.

Name of representative to receive refund check(s) ▶ \_\_\_\_\_

- 7 Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.
- a** If you also want the second representative listed to receive a copy of notices and communications, check this box
  - b** If you do not want any notices or communications sent to your representative(s), check this box

**8 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here.

**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

**9 Signature of taxpayer(s).** If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

**▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.**

Signature	Date	Title (if applicable)
Print Name	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN Number	Print name of taxpayer from line 1 if other than individual
Signature	Date	Title (if applicable)
Print Name	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN Number	

**Part II Declaration of Representative**

**Caution:** *Students with a special order to represent taxpayers in Qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program, see the instructions for Part II.*

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
  - a** Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b** Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c** Enrolled Agent—enrolled as an agent under the requirements of Treasury Department Circular No. 230.
  - d** Officer—a bona fide officer of the taxpayer’s organization.
  - e** Full-Time Employee—a full-time employee of the taxpayer.
  - f** Family Member—a member of the taxpayer’s immediate family (i.e., spouse, parent, child, brother, or sister).
  - g** Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d) of Treasury Department Circular No. 230).
  - h** Unenrolled Return Preparer—the authority to practice before the Internal Revenue Service is limited by Treasury Department Circular No. 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See **Unenrolled Return Preparer** on page 2 of the instructions.

**▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.** See the Part II instructions.

Designation—Insert above letter (a–h)	Jurisdiction (state) or identification	Signature	Date

**CORPORATION TAX ORGANIZER (1120)**  
**(SHORT VERSION)**

Corporation Name _____	Tax Period _____
Address _____	Federal ID# _____
_____	State ID# _____

Provide a general ledger, trial balance, depreciation schedules, balance sheet and profit and loss statement. In addition, provide the following information:

	<u>DONE</u>	<u>N/A</u>
1. Copies of correspondence with tax authorities regarding changes to prior year(s) returns.	_____	_____
2. Details of changes in stock ownership.	_____	_____
3. For each corporate officer, SSN, compensation, percentage of ownership and time devoted to business.	_____	_____
4. Schedule of loans to/from shareholders, officers and related parties including interest rates and payment schedules.	_____	_____
5. Copies of all deferred compensation plans and agreements.	_____	_____
6. Copies of all federal and state payroll reports filed.	_____	_____
7. Copies of Forms 1096/1099, 5500, 1042, 5471, 5472, 8865, 8858, and 8886 that have been <u>filed</u> .	_____	_____
8. Copies of Forms 1099, 5471, 5472, 8865, 8858, 8886, and Schedules K-1 that have been <u>received</u> .	_____	_____
9. List of all entries in prepaid, accrued, and income tax expense accounts, including dates and amounts of all federal, state and local income tax payments and refunds.	_____	_____
10. Schedule of all interest and dividend income not on Forms 1099.	_____	_____
11. Schedule of assets acquired and/or sold during the year including date acquired, date sold, sales or purchase price, including any trade-in allowance. Form HUD-1 for real estate sales/purchases.	_____	_____
12. Copy of the inventory uniform capitalization computation.	_____	_____
13. Schedule of contributions.	_____	_____
14. Detail of any lobbying expenses.	_____	_____
15. List of potential non-deductible expenses, such as penalties and life insurance premiums.	_____	_____
16. Schedule of any club dues paid.	_____	_____
17. Vehicle and mileage data for company-owned passenger vehicles.	_____	_____
18. Information to compute the domestic production activities deduction.	_____	_____
19. List of all entries in miscellaneous income/expense accounts.	_____	_____
20. Detail of meal and entertainment expenses.	_____	_____
21. List of activities conducted in other states, including gross receipts by state.	_____	_____

Can the Internal Revenue Service discuss questions about this return with the preparer? Yes \_\_\_ No \_\_\_

**S CORPORATION TAX ORGANIZER (1120S)**  
**(SHORT VERSION)**

Corporation Name _____	Tax Period _____
Address _____	Federal ID# _____
_____	State ID# _____

Provide a general ledger, trial balance, depreciation schedules, balance sheet, and profit and loss statement by activity. In addition, provide the following information:

	<u>DONE</u>	<u>N/A</u>
1. Copies of correspondence with tax authorities regarding changes to prior year(s) returns.	_____	_____
2. Details of changes in stock ownership.	_____	_____
3. For each shareholder TIN, compensation, percentage of ownership, time devoted to business, date ownership acquired and detail of distributions received.	_____	_____
4. Schedule of all fringe benefits paid on behalf of more than 2% shareholders and indicate which benefits have been included in their Forms W-2.	_____	_____
5. Schedule of loans to/from shareholders, officers and related parties including interest rates and payment schedules.	_____	_____
6. Copies of all deferred compensation plans and agreements.	_____	_____
7. Copies of all federal and state payroll reports.	_____	_____
8. Copies of Forms 1099/1096, 5500, 1042, 5471, 5472, 8865, 8858, 8886 that have been <u>filed</u> .	_____	_____
9. Copies of Forms 1099, 5471, 5472, 8865, 8858, 8886 and Schedules K-1 that have been <u>received</u> .	_____	_____
10. Schedule of built-in gains.	_____	_____
11. List of all entries in prepaid, accrued, and income tax expense accounts, including dates and amounts of all federal, state and local income tax payments and refunds.	_____	_____
12. Schedule of all interest and dividend income, not included on Forms 1099.	_____	_____
13. Schedule of assets acquired and/or sold during the year including date acquired, date sold, sales or purchase price, including any trade-in allowance. Form HUD-1 for real estate.	_____	_____
14. Copy of the inventory uniform capitalization computation.	_____	_____
15. Schedule of contributions.	_____	_____
16. Detail of any lobbying expenses.	_____	_____
17. Schedule of any club dues paid.	_____	_____
18. List of potential non-deductible expenses such as penalties and life insurance premiums.	_____	_____
19. Vehicle and mileage data for company-owned passenger vehicles.	_____	_____
20. Information to compute the domestic production activities.	_____	_____
21. List of all entries in miscellaneous income/expense accounts.	_____	_____
22. Detail of meal and entertainment expenses.	_____	_____
23. List of each type of trade or business activity or rental activity, indicating the date started or acquired.	_____	_____
24. List of activities conducted in other states, including gross receipts by state.	_____	_____

Can the Internal Revenue Service discuss questions about this return with the preparer? Yes  No

**CORPORATION TAX ORGANIZER (1120, 1120S)**  
**(EXPANDED VERSION)**

ORGANIZATION NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

FAX # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

TAX YEAR ENDING \_\_\_\_\_

FEDERAL ID # \_\_\_\_\_

STATE ID # \_\_\_\_\_

Enclosed is an organizer that I (we) provide to our tax clients to assist in gathering the information necessary to prepare the current year tax returns.

The Internal Revenue Service matches information returns with amounts reported on income tax returns. A negligence penalty may be assessed where income is unreported. Accordingly, all Forms 1099, Schedules K-1 and other information returns reflecting amounts reported to the Internal Revenue Service should be submitted with this organizer.

For your convenience, there is an engagement letter enclosed which explains the services that I (we) will provide to the corporation. Please sign a copy of the engagement letter and return it in the enclosed envelope. Keep the other copy for your records.

Your corporate income tax returns are due on \_\_\_\_\_. In order to meet this filing deadline, your completed tax organizer needs to be received no later than \_\_\_\_\_. Any information received after this date may require an extension of time be filed for this return.

**If an extension of time is required, any tax that may be due must be paid with the extension. Any taxes not paid by the filing deadline may be subject to late payment penalties and interest when those taxes are actually paid.**

I (we) look forward to providing services to you. Should you have any questions regarding any items, please do not hesitate to contact me (us).

**CORPORATION TAX ORGANIZER (1120, 1120S)**  
**(EXPANDED VERSION)**

Provide a general ledger, trial balance, depreciation schedules, balance sheet, and profit and loss statement by activity. In addition, provide the following information:

YES   NO   N/A

100) GENERAL INFORMATION

101) If this is the first year we will prepare your tax return(s), provide the following from your file or your prior accountant:

- |  |     |     |     |
|--|-----|-----|-----|
| .1) Tax returns for the prior three years  | ___ | ___ | ___ |
| .2) Depreciation schedules   | ___ | ___ | ___ |
| .3) List of all investments  | ___ | ___ | ___ |
| .4) All tax carryforward schedules, such as net operating losses, tax credits, contributions, etc. | ___ | ___ | ___ |
| .5) Shareholder buy/sell agreement   | ___ | ___ | ___ |
| .6) Copies of rulings issued by the IRS or other tax authorities                                   | ___ | ___ | ___ |
| .7) Copies of notices or changes to prior returns by the IRS or any other tax authorities          | ___ | ___ | ___ |
| .8) Copies of corporate documents, such as articles of incorporation and bylaws                    | ___ | ___ | ___ |

**S CORPORATION ONLY**

- |  |     |     |     |
|--|-----|-----|-----|
| .9) A copy of the S Corporation approval.  | ___ | ___ | ___ |
| .10) A list of all shareholders and provide the following information:   | ___ | ___ | ___ |
| (a) Name   |     |     |     |
| (b) Address  |     |     |     |
| (c) Tax ID#  |     |     |     |
| (d) Type of entity   |     |     |     |
| (e) Number of shares or percentage of ownership  |     |     |     |
| .11) If the corporation was a C Corporation prior to making the S election, provide a copy of the schedule of net built-in gains.                | ___ | ___ | ___ |
| .12) Has the corporation elected a fiscal year end? If yes, provide a copy of Form 8716.   | ___ | ___ | ___ |
| .13) Does the corporation engage in more than one trade or business activity? If yes, provide details of each activity.                          | ___ | ___ | ___ |
| .14) Does the corporation engage in any rental activity? If yes, details thereof.  | ___ | ___ | ___ |
| 102) Has the address on the prior year return changed? If so, furnish new address.   | ___ | ___ | ___ |
| 103) Has the corporation been notified of any changes to previous returns by any taxing authority? If yes, provide copies of all correspondence. | ___ | ___ | ___ |

**CORPORATION TAX ORGANIZER (1120, 1120S)**  
**(EXPANDED VERSION)**

- |  | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|--|------------|-----------|------------|
| 104) Has the corporation received any notices or correspondence from the IRS or any other tax agency? If yes, provide copies.  | ___        | ___       | ___        |
| 105) If ownership changed during the year, has there been a change in ownership percentages? If yes, provide a schedule of all changes, including dates and number of shares or percentage of ownership. | ___        | ___       | ___        |
| 106) Have there been any changes to the shareholders' buy/sell agreement(s)? If yes, provide a copy(ies).  | ___        | ___       | ___        |
| 107) Has the corporation updated its minute book for the year? If yes, provide copies.   | ___        | ___       | ___        |
| 108) Provide the names and telephone numbers of the corporation's advisors:  |            |           |            |

	Name and Address	Telephone #	Fax #	E-Mail
Attorney				
Banker				
Insurance				
Investment Broker				

- 109) Describe the principal business activity of the corporation:  
\_\_\_\_\_
- |  |     |     |     |
|--|-----|-----|-----|
| .1) Did the corporation purchase or sell a business or business segment during this year? If yes, provide a copy of contract or agreement. | ___ | ___ | ___ |
| .2) Did the corporation engage in any new activities during the year? If yes, describe new business on an attached sheet.                  | ___ | ___ | ___ |
| .3) Did the corporation discontinue operations this year? If yes, provide details.   | ___ | ___ | ___ |
- 110) Does the corporation have any of the following employee benefit plans? If yes, provide copies of plan documents.
- |  |     |     |     |
|--|-----|-----|-----|
| .1) Qualified retirement plan(s)?              | ___ | ___ | ___ |
| If yes, are we to prepare Form(s) 5500?        | ___ | ___ | ___ |
| Are we to compute the contribution(s)?         | ___ | ___ | ___ |
| .2) SEP or SIMPLE Plan?                        | ___ | ___ | ___ |
| If yes, are we to compute the contribution(s)? | ___ | ___ | ___ |
| .3) Cafeteria plan?                            | ___ | ___ | ___ |
| If yes, are we to prepare Form 5500?           | ___ | ___ | ___ |

**CORPORATION TAX ORGANIZER (1120, 1120S)**  
**(EXPANDED VERSION)**

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
.4) Non-qualified deferred compensation plan(s) or agreement(s)? If yes, has the "one time only" filing with the Department of Labor been done?	___	___	___
.5) Other benefit plans not described above?	___	___	___
111) Did the corporation include taxable fringe/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?	___	___	___
112) At year end, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? If yes, provide a copy of that corporation's current tax return.  Ownership percentage: _____	___	___	___
113) At year-end did any corporation, individual, partnership, trust or estate own, directly or indirectly, 50% or more of the corporation's voting stock? If yes, provide the following information for all owners:	___	___	___
.1) Name: _____ Address: _____ ID#: _____ Ownership percentage: _____			
.2) Was such owner a person other than a U.S. citizen?	___	___	___
114) Do the shareholders owning 80% or more of this corporation own 80% or more of any other corporation(s)? If yes, provide a copy of the other corporate tax returns.	___	___	___
115) Is this corporation a shareholder of any foreign corporation? If yes, identify each corporation.	___	___	___
116) Is this corporation a partner in any foreign partnership? If yes, identify each partnership.	___	___	___
117) Did this corporation own a disregarded entity at any time during the year? If yes, provide details.	___	___	___
118) Did the corporation at any time during the year have an interest in a foreign bank account? If yes, provide details.	___	___	___
119) Was the corporation the grantor or transferor to a foreign trust during the year? If yes, provide details.	___	___	___
120) During this taxable year, did the corporation pay dividends? If yes, attach a schedule reflecting date declared, date paid, amount and form of payment (cash, other).	___	___	___

**CORPORATION TAX ORGANIZER (1120, 1120S)**  
**(EXPANDED VERSION)**

YES   NO   N/A

121) Did one foreign person, at any time during the tax year, own directly or indirectly, 25% or more of the total voting power or value of all classes of stock of the corporation? If yes:

\_\_\_\_\_

- .1) Enter the percentage owned \_\_\_\_\_
- .2) Enter the owner's country \_\_\_\_\_

122) List income tax deposits below in order of date paid:

	Prior Year Overpayment Applied	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Extension
FEDERAL						
Date Paid						
Amount	\$					
STATE						
Date Paid						
Amount	\$					

123) Provide a list of all entries in the general ledger relating to income taxes, including liability and expense accounts.

\_\_\_\_\_

124) Circle method of accounting for tax purposes:

Cash    Accrual    Other (Describe) \_\_\_\_\_

125) Did the corporation establish any new general ledger accounts during the year? If yes, provide a list with a brief explanation of each new account.

\_\_\_\_\_

126) Did the corporation post any entries to the retained earnings account during the year? If yes, provide a list of all entries.

\_\_\_\_\_

127) Provide copies of all federal and state payroll tax reports.

\_\_\_\_\_

128) Provide copies of Forms 1099/1096, 5500, 1042, 5471, 5472, 8865, 8858, and 8886 that have been filed.

\_\_\_\_\_

129) Provide copies of Forms 1099, 5471, 5472, 8865, 8858, 8886, and Schedules K-1 that have been received.

\_\_\_\_\_

130) Schedules of interest and dividend income, not included on Forms 1099.

\_\_\_\_\_

**CORPORATION TAX ORGANIZER (1120, 1120S)**  
**(EXPANDED VERSION)**

YES   NO   N/A

131) Did the corporation have loans to/from shareholder(s) and other related parties during the tax year? If yes, provide a schedule indicating the amount of the loan, date of transaction, interest rate and payments. Also, provide a copy of the note if not previously provided.

\_\_\_ \_\_\_ \_\_\_

132) Did the corporation refinance or restructure any outstanding debt this year? If yes, provide documentation.

\_\_\_ \_\_\_ \_\_\_

133) Does the corporation do business in more than one state? If yes, list the states that the corporation did business in during this year:

\_\_\_ \_\_\_ \_\_\_

\_\_\_\_\_

.1) Provide copies of supporting schedules reflecting property, rents, payroll, and sales by state.

\_\_\_ \_\_\_ \_\_\_

.2) Provide a schedule showing any amounts for which there are known timing or treatment differences between federal and state reporting.

\_\_\_ \_\_\_ \_\_\_

134) Can the Internal Revenue Service discuss questions about this return with the preparer?

\_\_\_ \_\_\_ \_\_\_

135) How many additional paper copies of the return do you need? \_\_\_\_\_

136) Do you want an electronic copy of return?

\_\_\_ \_\_\_ \_\_\_

200) INCOME

201) Did the corporation receive interest and dividend income from the following sources? If yes, provide details.

\_\_\_ \_\_\_ \_\_\_

- U.S. agencies
- U.S. government
- Tax-exempt by state
- Tax-exempt private activity

202) Did the corporation sell any stocks, bonds, or securities during the year? If yes, furnish Form(s) 1099B and complete the following:

\_\_\_ \_\_\_ \_\_\_

Description of Securities Sold	Date Acquired	Cost or Basis Plus Selling Expenses	(Trade Date) Date Sold	Total Sales Price

**CORPORATION TAX ORGANIZER (1120, 1120S)**  
**(EXPANDED VERSION)**

YES   NO   N/A

203) Did the corporation own securities that became worthless or loans that became uncollectible during the year? If yes, provide details. \_\_\_\_\_

204) Did the corporation sell or dispose of any assets used in its business? If yes, provide a schedule listing: \_\_\_\_\_

- Description of asset sold (Form HUD-1 for real estate)
- Date sold
- Sales price
- Selling expenses
- Date acquired
- Original cost or basis
- Depreciation claimed in prior years

205) Provide detail of all items greater than \$\_\_\_\_\_ in the miscellaneous income account. \_\_\_\_\_

Description	Amount

206) If dividends were received from mutual funds, provide the annual statements.

207) Did the corporation make any sales qualifying for the installment method of reporting? If yes, attach a copy of the agreement, a schedule of the payments received, and the beginning of year contract balance. Provide amortization schedule if available. \_\_\_\_\_

208) Were there any sales or exchanges during the year between the corporation and a shareholder or other related party? If yes, provide a detailed schedule. \_\_\_\_\_

219) Did the corporation engage in any bartering activity during the year? If yes, provide a schedule of all such activities. \_\_\_\_\_

210) Did the corporation have any foreign sales? If yes, provide sales by country and amount. \_\_\_\_\_

**CORPORATION TAX ORGANIZER (1120, 1120S)**  
**(EXPANDED VERSION)**

YES NO N/A

300) DEDUCTIONS

301) Provide information for corporate officers and directors:

Name	Title	Social Security Number	% Time Devoted to Business	% Stock Owned		Compensation
				Common	Preferred	

302) Fiscal year Personal Service Corporation (PSC): \_\_\_\_\_

.1) Is the PSC on a fiscal year? If yes, provide the following information:

Name of Officer/Shareholder	Compensation from Beg. of Fiscal Year to End of Calendar Year	Compensation from Beg. of Subsequent Calendar Year to End of Fiscal Year	Total Compensation

.2) If the PSC has elected a fiscal year-end, provide a copy of an approved election (Form 8716) if not previously provided. \_\_\_\_\_

303) Do the Uniform Capitalization Rules under section 263A related to items such as inventory and construction apply? If yes, provide copies of all schedules supporting the calculation of the amount of general and administrative expenses required to be capitalized in ending inventory or associated with self-constructed assets. \_\_\_\_\_

304) Provide details for calculating the domestic production activities deduction. \_\_\_\_\_

**CORPORATION TAX ORGANIZER (1120, 1120S)**  
**(EXPANDED VERSION)**

YES   NO   N/A

305) List charitable contributions made or accrued during the year by organization, date and amount:

NOTE: You need to have written acknowledgment from any charity to which individual donations of \$250 or more were made during the year. You must have receipts or bank records for all cash contributions.

.1) Did the corporation have an accrued charitable contribution at year-end? If yes, provide a copy of minutes authorizing contribution. \_\_\_ \_\_\_ \_\_\_

.2) Did the corporation make a charitable contribution of inventory or property? If yes, provide details. Provide appraisal if the value exceeds \$5,000. \_\_\_ \_\_\_ \_\_\_

.3) Did the corporation make political contributions during this tax year? If yes, enter amount \$\_\_\_\_\_. \_\_\_ \_\_\_ \_\_\_

306) Did you incur any expenses to influence legislation and "lobbying?" If yes, provide a schedule of "lobbying expenses" and indicate which accounts these expenses were posted to. \_\_\_ \_\_\_ \_\_\_

307) Was any computer equipment donated to educational institutions? If yes, provide details. \_\_\_ \_\_\_ \_\_\_

308) Does the corporation pay life insurance premiums (other than group-term life) for officers of the corporation? If yes, provide the following for each policy: \_\_\_ \_\_\_ \_\_\_

- Face amount
- Premium paid
- Insured
- Cash surrender value at year end
- Policy owner
- Loan balance at year end
- Beneficiary
- Interest paid on policy loan
- Type of policy
- Loans to pay premiums

To which general ledger accounts have the payments been posted? \_\_\_ \_\_\_ \_\_\_

\_\_\_\_\_

\_\_\_\_\_

309) Did the corporation purchase life insurance on any employee after 08/17/06? If yes, have employees been notified and annual informational reports filed? \_\_\_ \_\_\_ \_\_\_

310) Did the corporation pay penalties/fines during the tax year? If yes, list amount(s) and indicate the reason for the penalty/fine. \_\_\_ \_\_\_ \_\_\_

Description	Amount

**CORPORATION TAX ORGANIZER (1120, 1120S)**  
**(EXPANDED VERSION)**

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
311) Did the corporation acquire any assets during the tax year? If yes, provide a schedule of assets purchased including the date placed in service and a copy of the purchase invoice. Include any trade-in information. Form HUD-1 for real estate.	___	___	___
312) Does the corporation wish to use accelerated depreciation methods? Does the corporation wish to use first year Section 179 depreciation?	___	___	___
313) Does the corporation own or lease any passenger vehicles? If yes, provide the following information for each vehicle (note certain exceptions may apply for companies with more than five vehicles):	___	___	___
<ul style="list-style-type: none"> <li>• Vehicle description</li> <li>• Other personal miles</li> <li>• Date placed in service</li> <li>• Total miles</li> </ul>			
<ul style="list-style-type: none"> <li>• Business miles</li> <li>• Average daily round trip commuting distance</li> <li>• Commuting miles</li> </ul>			
.1) Does the corporation have evidence to support the claimed business use? If yes, is the evidence written?	___	___	___
.2) Were the vehicles available for personal use during off-duty hours?	___	___	___
.3) Were the vehicles used primarily by a more than 5% owner or related person?	___	___	___
.4) Is another vehicle available for personal use?	___	___	___
.5) Provide a copy of the lease for any leased vehicles. If not available, provide the following:	___	___	___
<ul style="list-style-type: none"> <li>• Date of lease</li> <li>• Fair market value at inception</li> <li>• Term of the lease</li> <li>• Lease payments</li> </ul>			
314) Regarding corporate policy for vehicles:			
.1) Does the corporation maintain a written policy that prohibits all personal use of vehicles, <u>including</u> commuting, by employees?	___	___	___
.2) Does the corporation maintain a written policy that prohibits personal use of vehicles, <u>excluding</u> commuting, by employees?	___	___	___
.3) Does the corporation treat all use of vehicles by employees as personal use?	___	___	___
.4) Does the corporation provide more than five vehicles to employees and retain the information received from employees concerning the use of the vehicles?	___	___	___
.5) Does the corporation require or maintain copies of vehicle logs?	___	___	___

**CORPORATION TAX ORGANIZER (1120, 1120S)**  
**(EXPANDED VERSION)**

YES   NO   N/A

315) Are computers or cellular phones or other listed property used by employees for personal purposes? If "yes, complete the following: \_\_\_\_\_

Description	Date Placed in Service	Business Use %	Cost or Basis

.1) Does the corporation have evidence to support the business use claimed? \_\_\_\_\_

.2) If yes, is evidence written? \_\_\_\_\_

316) Did the corporation have any meal and/or entertainment expenses? If yes, provide details. To which account(s) were these items posted? \_\_\_\_\_

317) Did the corporation pay any club dues? If yes, provide details. To which account were these items posted? \_\_\_\_\_

318) List all items in the miscellaneous expense account greater than \$\_\_\_\_\_.

Description	Amount

319) Will all compensation-related accruals (including vacation pay) be paid within 2½ months of year-end? If no, provide details of unpaid amounts. \_\_\_\_\_

320) Are there any unpaid expenses to shareholder(s) at year-end? If "yes, provide detail. \_\_\_\_\_

321) Provide copies of certification for employees of target groups and associated wages paid qualifying for Work Opportunities Credit. \_\_\_\_\_

400) S CORPORATIONS ONLY

401) Have fringe benefits paid on behalf of more than 2% shareholders (including but not limited to medical, life insurance, disability, housing, etc.) been included in shareholder's compensation, and included in payroll taxes? Indicate to which accounts these amounts have been posted. \_\_\_\_\_