

# 2016 Tax Organizer for Corporate Returns 1120 & 1120s Returns

Use this Organizer for Corporations or LLCs Taxed as Corporations

## **IMPORTANT**

We will be unable to complete your tax return until we have received the completed tax organizer and required documentation including the client statement, payment information, corporate information & ownership information.

Anderson Advisors 3225 McLeod Drive, Suite 100 Las Vegas, NV 89121 Toll Free: 800.706.4741 Local: 702.214.1100 Fax: 702.664.0547

E-Mail: <u>taxcoordinators@andersonadvisors.com</u> Secure Online Upload Page: <u>https://andersonadvisors.com/upload-documents/</u>

# FAX COVER PAGE

Attention: Anderse	on Advisors - 7	<b>Fax Preparation</b>	Department
		A	L

То:	Anderson Advisors: 702.664.0547	
Attentio	on:	
From:		
Date:		
Total Nu	mber of Pages:(including c	over page)
THIS FAX	X INCLUDES THE FOLLOWING (Check all that a	ipply)
Clien	at Statement	
Orgai	nizer for (Name	)
Supp	ortingDocuments	
Othe	r	

You may also upload all documents securely online at: <u>https://andersonadvisors.com/upload-documents/</u>

### **CLIENT STATEMENT**

In order to make the filing tax deadline, completed Tax Organizers and backup documents are due in our offices 30 days prior to the return deadline. Tax returns are prepared in the order this information is received. In the event a Tax Organizer is received within the 30 day period prior to the tax deadline, client will pay an expedite fee of \$150.00 for timely completion and if received in the final 2 weeks before the deadline, client will pay \$250.00 for timely completion. It may become necessary to apply for an extension of time to file your tax returns if there are unresolved issues, delays in processing, or if we do not receive all the necessary information from you on a timely basis. We will apply for an extension on all returns not filed with the taxing authorities within 3 business days of the filing deadline. All tax is still due and payable by the filing deadline.

The scope of work in connection with the preparation of your ("the Client") federal and state income tax returns is intended to be in compliance with the requirements issued by the various taxing authorities. Because tax laws are not always clear, honest differences of opinions may arise between our interpretation of laws and that of the various taxing authorities. We will assist you in resolving these differences in your favor whenever possible.

Client and/or your duly appointed representative agree not to hold Anderson Advisors liable for interpretations made with regard to any of the information supplied by Client and used in the preparation of the tax returns. Unless compelled to do so by law, Anderson Advisors does not disclose any irregularities or provide statements with regard to the validity of the information supplied by Client to any taxing authority.

All tax returns are subject to review and acceptance by the various taxing authorities. In the event of an examination or other taxing authority contact Anderson Advisors. Anderson Advisors can respond or represent your position to the taxing authority; however, there is a fee for this service. You may appeal any adjustments proposed by a taxing authority.

Please review any completed tax returns carefully. As preparers, we have a responsibility both to the various taxing authorities with whom we file tax returns as well as to our clients. Any client will remain liable for the contents of tax returns prepared by Anderson Advisors with data provided by said client.

All tax return preparation fees must be paid before the tax return can be electronically processed. Once payment is received and the proper forms are signed to electronically file the tax return, i.e. Form 8879, Anderson will electronically file the tax return.

By signing this document I acknowledge this statement and the dates below.

Signature:					
Name on Credit Card:					
Credit Card Number:					
Expiration Date:	Security Code:				

By submitting this form, you are authorizing Anderson Advisors to send you an invoice electronically (via email or box.com) and to charge the credit card provided above five (5) days after the invoice has been submitted to you.

Would you like to use your prepaid tax package time for this return or have a quote prior to preparing your return?



Anderson Law Group, PLLC 3225 McLeod Drive Las Vegas, NV 89121

**Dear Valued Client** 

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2016 federal and requested state income tax returns from information that you will furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and/or worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping pertinent information from being overlooked.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us. Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, such as gift and/or property, please inform us by noting so just below your signature at the end of the returned copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Sincerely,

Anderson Advisors Tax Team

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_

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Anderson Law Group, PLLC 3225 McLeod Drive Las Vegas, NV 89121

#### PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

#### TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

#### PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

#### PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

#### \*\*\*\*\*

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

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# Corporate Information

2016

Taxpayer:							
	First Name and Initial		L	_ast Name			
	Name of Corporation		E	Employer ID Number (EIN)	Signing Officer	ſitle	
	Street Address of Business		(	City	State	Zip	
	Daytime/Work Phone Number	Cell Phone	E	Email			
Return Information:							
	Mail Completed Return		(	City	State	Zip	
Entity Information:	Does your Entity have a year end o	other than Dec?				Yes	No
	If Yes, When?						
	Is this the Corporations first return	?					
	Is this the final tax return?						
	If Yes, what is the Dissolution date	?					
	State of Incorporation	State ID No.		Webflie Number (TX only)	SOS Number (CA	only)	
	What date was the Corporation Fo	ormed?					
	Are you registered to do business i	in another.state(s)?					
	What is the principal business?						
Other Information:	Accounting Method Cash	Accrual Other	if other ple	ease explain			
						Yes	No
	At the end of the tax year, did the domestic corporation?						
	Did the Corporation have any inter						
	If yes, please list name of Partnersh	nip or LLC					
	How many shareholders did the co	prporation have at the en	nd of the tax yea	nr?			

# Ownership Information

## 2016

## Please fill in all information - If shareholder is an individual, use Social Security Number. If shareholder is an entity, use the EIN number

	Name of Shareholder		U.S. C	itizen	If no, Where?	Street Address	City
A			Yes	No			
	State	Zip	Soci	ial Secu	rity Number / EIN	Title	Ownership
A							

	Name of Shareholder		U.S. C	itizen	If no, Where?	Street Address	City
В			Yes	No			
	State	Zip	Social Security Number / EIN			Title	Ownership
В							

	Name of	Name of Shareholder		tizen	If no, Where?	Street Address	City
С			Yes	No			
	State	Zip	Social Security Number / EIN			Title	Ownership
С							

	Name of Shareholder		U.S. C	itizen	If no, Where?	Street Address	City
D			Yes	No			
	State	Zip	Social Security Number / EIN			Title	Ownership
D							

	Name of	me of Shareholder		U.S. Citizen If no, Where?		Street Address	City
E			Yes	No			
	State	Zip	Social Security Number / EIN			Title	Ownership
E							

# **Financial Statements**

# Please complete this section only if the partnership balance sheet, general ledger, and statement of profit and loss are not included.

# **Balance Sheet**

Assets

Cash in Bank on Last Day of Business Year	
Trade Notes and Accounts Receivable (for accrual basis only)	
Inventories	
Other Current Assets (attach statement)	
Other Investments (attach statement)	
Buildings and Other Depreciable Assets	
Less accumulated Depreciation	
Land	
Intangible Assets	
Les accumulated Amortization	
Total Assets	

#### Liabilities and Capital

Accounts Payable	
Mortgages and Notes Payable in Less Than 1 Year (accrual basis only)	
Other current liabilities (attach statement)	
All Non-recourse Loans	
Mortgages, Notes Payable in 1 Year or More	
Other Liabilities (Attach Statement)	
Common Stock	
Additional Paid in Capital	
Total Liabilities and Capital	

#### Statement of Income

Business Income	
Interest Received (Enclose all 1099-INT Forms)	
Dividends Received (Enclose all 1099-DIV Forms)	
Gross Rents	
Gross Royalties	
Other Income (Attach Schedule)	
Gains from Sale of Business Property (Attach Purchase & Sale, HUD Stmts & Depreciation Schedules)	

2016

## Expenses

Cost of Goods Sold (For Corporations Manufacturing Goods or Housing Inventory for Resale)

		Amount
	Beginning Inventory	
	Purchases Materials	
	Purchases Supplies	
	Other Costs (Explain)	
	Cost of Labor	
	Less Ending Inventory Balance	
Business Expense	Accounting	
	Automobile & truck expense	
	Business Mileage	
	Total Business Miles	
	Bank charges	
	Computer services and supplies	
	Delivery and Freight	
	Dues and subscriptions	
	Equipment rent	
	Gift (\$25.00 maximum per gift)	
	Insurance (medical)	
	Insurance (other, not life)	
	Legal and Professional	
	Meals & entertainment	
	Medical reimbursement	
	Office expense	
	Outside services/independent contractors	
	Payroll Tax Expense (FICA, FUTA, SDI, etc. Employer portion only. Attach payroll reports, w3 etc.)	
	Permits and licenses	
	Parking and Tolls	
	Postage	
	Printing	
	Supplies	
	Telephone	
	Tools	
	Training/continuing education	
	Travel	

	Yes	No
Do you offer health insurance for all your employees and pay at least 50% of the premium?		
Did you issue all necessary 1099s?		

# Other Expenses (Describe)

<u>Other Expenses (Describe)</u>	Amount
Other	

2016

# Assets for Depreciation

#### 2016

Business Asset Worksheet: Complete for all business assets purchased. List any repairs, furnishings and appliances greater than \$250, such as computers, office equipment, furniture, software, tools or machinery etc. that are used in your business.

	Date Purchased		Asset	Pric	e	If sold D	Date	Sa	le Price	
A										
B										
C D										
E										
[	Do you have additio	onal assets?							Yes	No
			Pre-Inco	orporatio	on Exp	<u>oenses</u>			Yes	No
[	Is this the first Corpo	orate Tax Return	filed by this Entity?							
							ľ	f no, skip	o this se	ection
DC	NOT INCLUDE FE	ES FOR ENTI	TIES MANAGED BY COR	PORATION					Amo	unt
	Organization Costs									
			START-UP COSTS (COSTS II							
			Start-Up Expenses must be ite	mized by pay		es and categoriz	ed as listed.			
¢	eminar & Education C	osts				Lodging				
	Date Taken	Amount			Date Ta	•••	Amount			
Г Г		Amount					Anount			
ŀ										
F										
			] Yes N	lo					Yes	No
Γ	Do you have additiona	I Education cost			Do you	have additiona	I Travel cost	s?		
			If yes, please attach stateme	ent.				s, please a	ttach sta	tement.
Ν	Aeals & Entertainment				Office Su	<u>upplies</u>				
0	Date Taken	Amount			Date Tal	ken	Amount			
-										
+										
-										
L			Yes N	lo					Yes	No
	Do you have additiona	al Meals and Ente	ertainment costs?		Do you	have additiona	l Office Supp	oly costs?		
Ē	quipment		If yes, please attach stateme	ent.	Other Co	<u>osts</u>	lf ye	s, please at	ttach sta	tement.
[	Date Taken	Amount			Date Tal	ken	Amount		Describ	e
-										
+										
┝										
L		1	Yes N	lo	L		<u> </u>		Yes	No
	Do you have additiona	al Equipment cos	sts?		Do you	have additiona	l costs?			
			If yes, please attach stateme	ent.			lf ye	s, please a	ttach sta	tement.

## Sales of Stocks, Bonds, <u>Mutual Funds and Other Securities</u>

Yes	No

Is the brokerage account in the name of this Corporation?

#### If no, skip to the next page.

Yes

No

Please include the entire form 1099-B furnished from your Brokers along with a Gain/Loss Activity Report in Excel format. If the broker statements include the COST of the securities sold during the year and or you are sending printouts showing the cost of the securities sold, you do not need to complete this section.

	Description	Date Sold (Mo/Da/Yr)	Date Acquired (Mo/Da/Yr)	Cost Basis	Sales Price
A					
В					
c					
D					
E					
F					
G					
н					

Do you have more sales?

	Total Options	Total Options	Capital Loss Carryover
	Purchased in 2016	Sold in 2016	from prior Year:
A			

\*\*INCLUDE ANY OPEN OPTION TRANSACTIONS AT YEAR END. \*\*

## Sale of Real Estate

#### 2016

#### Enclose copies of Form(s) 1099-S & CLOSING STATEMENTS HUD-1'S FOR ALL PURCHASES, SALES, AND REFINANCINGS.

	Description	Date Acquired	Date Sold	Sale Price	Cost Basis	Type of Property
A						
В						
c						
D						
E						
F						
G						
н						
1						
J						
к						
L						
М						

### If the sold properties have been depreciated as prior rentals please provide all depreciation schedules. RENTAL "REAL ESTATE" PROPERTY AND ROYALTY INCOME: ATTACH HUD-1'S FOR ALL PROPERTY PURCHASES & REFINANCINGS IN 2016

[	Description of Dreasents & Consults a Dreasents Address (on Single foreity, Duralay, Conde or Consumersial)	Date Property	Rents	Royalties
	Description of Property & Complete Property Address (ex: Single family, Duplex, Condo, or Commercial)	Became Available	Received	Received
A				
В				
C				
D				

#### Expenses

## Property A

Expense	Amount	Expense	Amount
Auto Mileage (Used for Rental Properties)		Advertising and Promotion	
Cleaning and Maintenance		Commissions	
Insurance		Legal and Professional Fees	
Mortgage Interest		Management Fees	
Points Purchase/Refinancing		Repairs (over \$250, itemized below)	
Real Estate Taxes		Utilities	
Meals/Entertainment		Other Expenses (List on Last Page)	

	Property B			
	Expense	Amount	Expense	Amount
Auto Mileage (Used for Rental Properties)			Advertising and Promotion	
Cleaning and Maintenance			Commissions	
Insurance			Legal and Professional Fees	
Mortgage Interes	t		Management Fees	
Points Purchase/Refinancing			Repairs (over \$250, itemized below)	
Real Estate Taxes			Utilities	
Meals/Entertainm	ient		Other Expenses (List on Last Page)	

Expenses Continued  $\longrightarrow$ 

### **Expenses** Continued

	Property C			
	Expense	Amount	Expense	Amount
Auto Mileage (Used for Rental Properties)			Advertising and Promotion	
Cleaning and Maintenance			Commissions	
Insurance			Legal and Professional Fees	
Mortgage Interes	t		Management Fees	
Points Purchase/F	Refinancing		Repairs (over \$250, itemized below)	
Real Estate Taxes			Utilities	
Meals/Entertainment			Other Expenses (List on Last Page)	

	Property D			
	Expense	Amount	Expense	Amount
Auto Mileage (Used for Rental Properties)			Advertising and Promotion	
Cleaning and Mai	intenance		Commissions	
Insurance			Legal and Professional Fees	
Mortgage Interes	t		Management Fees	
Points Purchase/Refinancing			Repairs (over \$250, itemized below)	
Real Estate Taxes			Utilities	
Meals/Entertainment			Other Expenses (List on Last Page)	

# Assets For Depreciation

Rental Asset Worksheet: Complete for all rental assets purchased. List any repairs, furnishings and appliances over \$250.00.

Property ID	Date Purchased	Asset	Price	Date Sold (if applicable)	Sale Price
	Property ID	Property ID Date Purchased	Property ID  Date Purchased  Asset	Property ID  Date Purchased  Asset  Price    Image: Property ID  Image: Price  Image: Price    Image: Price  I	Property ID  Date Purchased  Asset  Price  Date Sold (if applicable)    Image: Constraint of the property ID  Image: Constraint of the property ID  Image: Constraint of the property ID    Image: Constraint of the property ID  Image: Constraint of the property ID  Image: Constraint of the property ID    Image: Constraint of the property ID  Image: Constraint of the property ID  Image: Constraint of the property ID    Image: Constraint of the property ID  Image: Constraint of the property ID  Image: Constraint of the property ID    Image: Constraint of the property ID  Image: Constraint of the property ID  Image: Constraint of the property ID    Image: Constraint of the property ID  Image: Constraint of the property ID  Image: Constraint of the property ID    Image: Constraint of the property ID  Image: Constraint of the property ID  Image: Constraint of the property ID    Image: Constraint of the property ID  Image: Constraint of the property ID  Image: Constraint of the property ID    Image: Constraint of the property ID  Image: Constraint of the property ID  Image: Constraint of the property ID    Image: Constraint of the property ID  Image: Constraint of the property ID  Image: Constraint of the property ID    Image: Constraint of the property ID  Image: Constraint of the property ID  Image: Constraint of the property ID    Image: Constraint of the property ID  Image: Constraint o

	Yes	ſ	No
		<b>—</b>	
Do you have additional assets?			

# Tax Payments

## 2016

## Federal Estimated Tax Payments for Tax Year 2016

	Date Paid	Amount Paid
1st Quarter		
2nd Quarter		
3rd Quarter		
4th Quarter		

### State Estimated Tax Payments for Tax Year 2016

	Date Paid	Amount Paid
1st Quarter		
2nd Quarter		
3rd Quarter		
4th Quarter		

# Additional Information or Comments?