2018 Tax Organizer for Corporate Returns &1120s Returns



Nevada

3225 McLeod Drive Las Vegas, NV 89121 Fax: 702.664.0545

Washington

732 Broadway, Suite 201 Tacoma, WA 98402 Fax: 253.238.0003

Wyoming

1718 Capitol Avenue Cheyenne, WY, 82001

800.706.4741 www.AndersonAdvisors.com

Use this Organizer for Corporations or LLCs Taxed as Corporations.

IMPORTANT

We are not able to complete your tax return until we have received the completed Tax Organizer and all required documentation, including but not limited to the Client Statement, payment information, corporate information, and ownership information.

Anderson Business 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: organizers@andersonadvisors.com

Secure Online Upload Page: https://andersonadvisors.com/upload-documents/

FAX COVER PAGE

Attention: Tax Preparation Department

To: Anderson Business Advisors: 702.664.0545

Attention:

From:

Date:

Total Number of Pages: (including cover page)

THIS FAX INCLUDES THE FOLLOWING (Check all that apply)

Client Statement

Organizer for (Name:

Other

You may also upload all documen ts securely online at: https://andersonadvisors.com/upload-documents/

CLIENT STATEMENT

Anderson Business Advisors' Tax Department will start accepting Tax Organizers to prepare 2018 tax year returns **starting January 15th, 2019**. Please complete the Tax Organizer to the best of your ability.

Tax returns are prepared in the order received. Any Tax Organizers submitted within 1-30 days prior to the deadline may need to file an extension (if possible) **OR** require an expedite fee of \$300. If your Tax Organizer is received within the final two weeks before the deadline, we will not guarantee that the return will be completed on time. All tax liabilities are still due and payable by the original filing deadline to avoid underpayment penalties and interest.

The scope of work in connection with the preparation of your ("the Client") federal and state 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.

You and/or your duly appointed representative agree not to hold Anderson Business Advisors ("Anderson") liable for interpretations made with regard to any of the information supplied by Client and used in the pr eparation of the tax returns.

Unless compelled to do so by law, Anderson does not disclose any irregularities or provide statements as 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 by the IRS or other taxing authority, contact Anderson. We can respond or represent your position to the taxing authority; ho wever, there is a fee for this service. You may appeal any adjustments proposed by a taxing authority.

Please review your 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. You remain liable for the contents of your tax returns prepared by Anderson from the data you provide.

All tax return preparation fees must be paid before the tax return can be electronically submitted to the taxing authority. Once payment is received and the proper forms are signed authorizing Anderson to electronically file the tax return, Anderson will then electronically file the tax return.

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

Signature:			
Name on Credit Card:			
Last 4 digits of Credit (Card being used (if Tax Package is not used):		
,	you are authorizing Anderson Business Adviso c charge the credit card provided above five (5	•	, ,
Would you like to use yo ☐ Yes ☐ No	our prepaid tax package time for this return or l	have a quote prior to prep	paring your return?

Please be advised, this form must be completed as your official consent to prepare your return(s).

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 2018 federal and requested state income tax returns from information that you furnish us. We do 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 assists 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 Business Advisors Tax Team	
Accepted By:	
Date:	
Additional Returns (if applicable):	

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

PRIVACY POLICY

Certified Public Accountants (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.

Corporate Information

Taxpayer:	First Name and Initial					Last Name					
	Name of Corporation	Name of Corporation					Signing O	fficer Title			
	Street Address of Business					City	State	Zip			
	Daytime/Work Phone N	Number	Cell Pho	ne		Email					
Return Information:											
	Mail Completed Return	1				City	State	Zip			
								Yes	No		
Entity Information:	Does your Entity have a	a year end	other than D	ec?							
	If Yes, When?										
	Is this the Corporations	s first retur	n?								
	Is this the final tax retu	rn?									
	If Yes, what is the Disso	olution dat	e?								
	State of Incorporation		State ID N	lo.		Webflie Number (TX only)	SOS Numbe	er (CA only)			
	What date was the Corp	poration F	ormed?								
	Are you registered to d	lo busines:	s in another.s	tate(s)?							
	What is the principal bu	usiness?									
Other Information:											
	Accounting Method	Cash	Accrual	Other	if other	please explain					
						y, 50% or more of the voting s		Yes	No		
	If yes, please list name										
	How many shareholder	rs did the	corporation h	ave at the er	nd of the tax	year?					

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. Citizen	If no, Where?	Street Address	City
		Yes No			
State	Zip	Social Secu	rity Number / EIN	Title	Ownership
			<u> </u>		
Na	me of Shareholder	U.S. Citizen	If no, Where?	Street Address	City
		Yes No			
State	Zip	Social Secu	rity Number / EIN	Title	Ownership
Na	me of Shareholder	U.S. Citizen	If no, Where?	Street Address	City
		Yes No			
State	Zip	Social Secu	rity Number / EIN	Title	Ownership
Na	Name of Shareholder U.S. Citizen If no, Where? Yes No		If no, Where?	Street Address	City
State	Zip	Social Secu	rity Number / EIN	Title	Ownership
Na	me of Shareholder	U.S. Citizen Yes No	If no, Where?	Street Address	City
State	Zip	Social Secu	rity Number / EIN	Title	Ownership

Skip the next few sections on Assets, Liabilities, Income and Expenses if you are providing a Balance Sheet and Profit and Loss Statement.

Balance Sheets

А	5	ς	P	tς

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	

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)	

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	
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	
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) Other Other Other Other Other Other Other Other

Assets for Depreciation

2018

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	Purchased Asse		Price		e	If sold Date		Sale P	ale Price	
									'es	No
Do you have additio	nal assets?			-				'	-	140
		D I.						l		
		Pre-Inc	corp	oratio	n Expe	<u>nses</u>		Y	'es	No
Is this the first Corpo	orate Tax Return fi	led by this Entity?								
							If no	, skip tl	his se	ctio
NOT INCLUDE FE	ES FOR ENTITI	ES MANAGED BY CO	ORPO	RATION					Amoı	ınt
Organization Costs									AIIIO	arit
Organization Costs										
		START-UP COSTS (COST	S INCLI	IRRED PRIC	R TO DATE C	F INCORPO	RATION)			
		3171111 01 (0313 (0031	3 11400	TITLED I TITLE	NI TO DITTE O	i iiveoiii o	10(11014)			
Seminar & Education Co	<u>osts</u>				Travel & Loc	lging				
Date Taken	Amount				Date Taken		Amount			
- are rune	T						7			
		Yes	No						V	NI.
Do you have additiona	I Meals and Enter		INO]	Do you hay	e additiona	l Travel costs?		Yes	N ₁
20 904 11410 4441110114				J	Do you nut	e daditiona	T Traver costs.			
<u>Meals</u>					Office Supp	<u>lies</u>				
Date Taken	Amount				Date Taken		Amount			
		Yes	No						Yes	N
Do you have additiona	l Meals costs?	163	INO]	Do vou hav	e additiona	l Office Supply c		163	
Equipment				J	Other Costs					
	Amount						A ma a un t	D.	escribe	_
Date Taken	Amount				Date Taken		Amount	D(escrib(<u> </u>
Do you have additiona		Yes	No	٦	Do you hay				Yes	N

2018

Sales of Stocks, Bonds, Mutual Funds and Other Securities

	Is the brokerage account in the name of this Corporation?					
	Please include the entire form 1099-B furnished from your Brokers along with a Gai COST of the securities sold during the year and or you are sending printouts showing			If the broker staten		e the
	Description	Date Sold (Mo/Da/Yr)	Date Acquired (Mo/Da/Yr)	Cost Basis	Sales Pi	rice
Α						
В						
c						
D						
Ε						
F						
G						
н						
	Do you have more sales?				Yes	No

Expenses

Meals

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
Α						
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 2015

	Description of Description of Complete Description (a) Circle Complete Comp	Date Property	Rents	Royalties
	Description of Property & Complete Property Address (ex: Single family, Duplex, Condo, or Commercial)	Became Available	Received	Received
Α				
В				
c				
D				

	Property A			
	Expense	Amount	Expense	Amount
Auto (Used for I	Rental Properties)		Advertising and Promotion	
Cleaning and Maintenance			Commissions	
Insurance			Legal and Professional Fees	
Mortgage Intere	est		Management Fees	
Points Purchase	e/Refinancing		Repairs (over \$250, itemized below)	
Real Estate Taxe	es		Utilities	

Other Expenses (List on Last Page)

	Property B			
	Expense	Amount	Expense	Amount
Auto (Used for Re	ntal Properties)		Advertising and Promotion	
Cleaning and Mai	ntenance		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			Other Expenses (List on Last Page)	

Expenses Continued

Property A

	1 Toperty A			
	Expense	Amount	Expense	Amount
Auto (Used for Re	ntal Properties)		Advertising and Promotion	
Cleaning and Mai	ntenance		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	·		Other Expenses (List on Last Page)	·

	1 Toperty B			
	Expense	Amount	Expense	Amount
Auto (Used for Re	ntal Properties)		Advertising and Promotion	
Cleaning and Mair	ntenance		Commissions	
Insurance			Legal and Professional Fees	
Mortgage Interest	:		Management Fees	
Points Purchase/R	efinancing		Repairs (over \$250, itemized below)	
Real Estate Taxes			Utilities	
Meals			Other Expenses (List on Last Page)	

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
Α						
В						
С						
D						
Е						
F						

	Yes	No	,
Do you have additional assets?			

Tax Payments

Federal Estimated Tax Payments for Tax Year 2018

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

State Estimated Tax Payments for Tax Year 2018

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

Additional Information or Comments?