

2020 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: _____)
- Supporting Documents
- Other

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

CLIENT STATEMENT

Anderson Business Advisors' Tax Department will start accepting Tax Organizers to prepare 2020 tax year returns **starting January 15th, 2021**. 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 preparation 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; however, 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. Our minimum fee for the preparation of a tax return is \$600 (\$500 if you have a tax package.) 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):

By submitting this form, you are authorizing Anderson Business 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?
 Yes No

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 2020 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. In all such situations, we stress the confidential nature of information being shared.

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

2020

Taxpayer:

| | |
|--|--|
| First Name and Initial | Last Name |
| Name of Corporation | Employer ID Number (EIN) Signing Officer Title |
| Street Address of Business | City State Zip |
| Daytime/Work Phone Number Cellphone | Email |

Return Information:

| | | | |
|-----------------------|------|-------|-----|
| Mail Completed Return | City | State | Zip |
|-----------------------|------|-------|-----|

Entity Information:

| | | | |
|---|--------------|--------------------------|----------------------|
| Does your Entity have a year end other than Dec?..... | Yes | No | |
| | | | |
| If Yes, when? | Yes | No | |
| | | | |
| Is this the Corporations first return? | | | |
| Is this the final tax r return? | | | |
| | | | |
| If Yes, what is the D issolution date? | | | |
| | | | |
| State of Incorporation | State ID No. | Webflie Number (TX only) | SOS Number (CA only) |
| | | | |
| What date was the Corporation Formed? | | | |
| Are you registered to do business in ano ther state(s)? | | | |
| | | | |
| What is the principal business? | | | |

Entity Information:

| | | | | |
|---|------|---------|-------|-------------------------|
| Accounting Method | Cash | Accrual | Other | if other please explain |
| | | | | |
| At the end o f the tax year, did the c orporation own, directly or indirectly, 50% or more of the voting stock of another domestic c orporation?..... | Yes | No | | |
| | | | | |
| Did the Corporation have any interest in a partnership or LLC? | | | | |
| | | | | |
| If yes, please list name o f Partnership or LLC | | | | |
| | | | | |
| How many shareholders did the c orporation have at the end o f the tax year? | | | | |

Ownership Information

2020

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 Yes No | | If no, Where? |
| | | | | |
| State | | Zip | Shareholder's Social Security Number / EIN | Title |
| | | | | Ownership |
| | | | | |

| | | | | |
|---------------------|--|---------------------------|---|---------------|
| | | | | |
| Name of Shareholder | | U.S. Citizen Yes No | | If no, Where? |
| | | | | |
| State | | Zip | Shareholder's Social Security Number / EIN | Title |
| | | | | Ownership |
| | | | | |

| | | | | |
|---------------------|--|---------------------------|---|---------------|
| | | | | |
| Name of Shareholder | | U.S. Citizen Yes No | | If no, Where? |
| | | | | |
| State | | Zip | Shareholder's Social Security Number / EIN | Title |
| | | | | Ownership |
| | | | | |

| | | | | |
|---------------------|--|---------------------------|---|---------------|
| | | | | |
| Name of Shareholder | | U.S. Citizen Yes No | | If no, Where? |
| | | | | |
| State | | Zip | Shareholder's Social Security Number / EIN | Title |
| | | | | Ownership |
| | | | | |

| | | | | |
|---------------------|--|---------------------------|---|---------------|
| | | | | |
| Name of Shareholder | | U.S. Citizen Yes No | | If no, Where? |
| | | | | |
| State | | Zip | Shareholder's Social Security Number / EIN | Title |
| | | | | Ownership |
| | | | | |

Were there any changes in ownership during the year?..... Yes No

Financial Statements

2020

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

| | | |
|-------------------------|--|--|
| 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 | |
| | Less 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 S tmts & Depreciation Schedules) | |

Expenses

2020

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 | |
| Accounting | |
| Outside services/independent contractors | |
| Payroll Tax Expense (FICA, FUTA, SDI, e tc. 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you issue all necessary 1099s? | <input type="checkbox"/> | <input type="checkbox"/> |

Other Expenses (Describe)

| | |
|-------|--|
| Other | |
| Other | |
| Other | |
| Other | |
| Other | |

Pre-Incorporation Expenses

Is this the first Corporate Tax Return filed by this Entity?.....

| |
|-----|
| Yes |
|-----|

| |
|----|
| No |
|----|

If no, skip this section

DO NOT INCLUDE FEES FOR ENTITIES MANAGED BY CORPORATION

Amount

| | |
|--------------------|--|
| Organization Costs | |
|--------------------|--|

START-UP COSTS (COSTS INCURRED PRIOR TO DATE OF INCORPORATION)

Seminar & Education Costs

Date Taken Amount

| | |
|--|--|
| | |
| | |
| | |
| | |

Yes No

| | | |
|---|--|--|
| Do you have additional Meals and Entertainment costs? | | |
|---|--|--|

Travel & Lodging

Date Taken Amount

| | |
|--|--|
| | |
| | |
| | |
| | |

Yes No

| | | |
|--------------------------------------|--|--|
| Do you have additional Travel costs? | | |
|--------------------------------------|--|--|

Meals

Date Taken Amount

| | |
|--|--|
| | |
| | |
| | |
| | |

Yes No

| | | |
|-------------------------------------|--|--|
| Do you have additional Meals costs? | | |
|-------------------------------------|--|--|

Office Supplies

Date Taken Amount

| | |
|--|--|
| | |
| | |
| | |
| | |

Yes No

| | | |
|---|--|--|
| Do you have additional Office Supply costs? | | |
|---|--|--|

Equipment

Date Taken Amount

| | |
|--|--|
| | |
| | |
| | |
| | |

Yes No

| | | |
|---|--|--|
| Do you have additional Equipment costs? | | |
|---|--|--|

Other Costs

Date Taken Amount

| | |
|--|--|
| | |
| | |
| | |
| | |

Yes No

| | | |
|-------------------------------|--|--|
| Do you have additional costs? | | |
|-------------------------------|--|--|

* Start-Up Expenses must be itemized by payment dates and categorized as listed above.

2020

Sales of Stocks, Bonds, Mutual Funds and Other Securities

Is the brokerage account in the name of this Corporation?.....

| |
|-----|
| Yes |
|-----|

| |
|----|
| No |
|----|

If no, skip this section

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 | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |
| F | | | | | |
| G | | | | | |
| H | | | | | |

Do you have more sales?.....

| |
|-----|
| Yes |
|-----|

| |
|----|
| No |
|----|

Sale of Real Estate

2020

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 | | | | | | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |
| E | | | | | | |
| F | | | | | | |
| G | | | | | | |
| H | | | | | | |
| I | | | | | | |
| J | | | | | | |
| K | | | | | | |
| L | | | | | | |
| M | | | | | | |

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 Property & Complete Property Address (ex: Single family, Duplex, Condo, or Commercial) | Date Property Became Available | Rents Received | Royalties Received |
|---|---|--------------------------------|----------------|--------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |

Expenses

Property A

| Expense | Amount | Expense | Amount |
|-----------------------------------|--------|--------------------------------------|--------|
| Auto (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 | | Other Expenses (List on Last Page) | |

Property B

| Expense | Amount | Expense | Amount |
|-----------------------------------|--------|--------------------------------------|--------|
| Auto (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 | | Other Expenses (List on Last Page) | |

Expenses Continued →

Expenses Continued

Property A

| Expense | Amount | Expense | Amount |
|-----------------------------------|--------|--------------------------------------|--------|
| Auto (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 | | Other Expenses (List on Last Page) | |

Property B

| Expense | Amount | Expense | Amount |
|-----------------------------------|--------|--------------------------------------|--------|
| Auto (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 | | Other Expenses (List on Last Page) | |

Assets For Depreciation

2020

Rental Asset Worksheet: Complete for all rental assets purchased. List any repairs, furnishings and appliances over \$2,500.

| | Property ID | Date Purchased | Asset | Price | Date Sold (if applicable) | Sale Price |
|---|-------------|----------------|-------|-------|---------------------------|------------|
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |
| E | | | | | | |
| F | | | | | | |

Do you have more sales?..... Yes No

Tax Payments

Federal Estimated Tax Payments for Tax Year 2020

State Estimated Tax Payments for Tax Year 2020

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

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

Additional Information or Comments?