

**Worksheet for Corporations & PLL**

Instructions: Fill out the informational questions below and send us a printed copy of your end of year income statement and balance sheet reports from your corporate accounting software.

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Federal EIN \_\_\_\_\_

State EIN \_\_\_\_\_

State Sales Tax # \_\_\_\_\_

Business Activity \_\_\_\_\_

Product or service \_\_\_\_\_

S-corp  C-corp  Partnership

Date of Incorporation \_\_\_\_\_

Date of S-corp election \_\_\_\_\_

If LLC, How is your LLC recognized for tax purposes?

S-corp  C-corp  Partnership

Yes No

- Has this corporation ever changed its subchapter election (C to S, or S to C) ?
- Does this corporation own 50% or more of the voting stock of another corporation?
- Is this corporation a subsidiary in an affiliated group?
- Does any individual or entity own 50% or more of this corporation's stock?
- Did this corporation declare and pay a dividend this year?
- Did this corporation distribute any property to shareholders?
- Did this corporation own shares of any controlled foreign corporations?
- Did this corporation have an interest in a foreign financial account?
- Did this corporation receive a distribution from or transfer a distribution to a foreign trust?
- Did a foreign person own 25% of this corporation?

Number of shares outstanding \_\_\_\_\_

List each shareholder and the number of shares owned along with address and SS#

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

**D. Tax Reduction Questions**

1. Are you in business for yourself (self-employed, contractor, home based business, even part-time)?  
 NO  YES

**If you have more than one business – complete questions 1,2 & 3 separately for each business.**

If your business is incorporated, use the worksheet for corporations and partnerships located near the end of this organizer.

Federal ID # \_\_\_\_\_ Date started: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Who is business owner? \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Main Product or Service: \_\_\_\_\_

Did you work in this business at least 2 hours per week?  YES  NO

**2. Business Income and Expenses** (If you have more than one business, complete questions 1, 2 and 3 separately for each business.)

*If this business is a corporation or partnership, do not use this section. Use the worksheet for those types of businesses located near the end of this organizer.*

<b>Gross Receipts &amp; Sales not reported to you on a 1099</b> (Income this tax year)	\$ _____
<b>Gross Receipts &amp; Sales reported to you on a 1099</b>	\$ _____
<b>Returns &amp; Allowances</b> (Refunds to customers)	\$ _____
<b>Beginning Inventory</b> (If any) (Always 0 in first year of business)	\$ _____
<b>Purchases</b> of items to resell as they are	\$ _____
<b>Personal Use Items</b>	\$ _____
Cost of <b>Contract Labor</b> (Not Employee Wages)	\$ _____
Cost of <b>Materials</b> that went into your finished product	\$ _____
<b>Ending Inventory</b> (Physical count of inventory on hand on 12/31 at your cost)	\$ _____

**Business Expenses**

*\*Only enter expenses into 1 category, do not double-enter. If unsure how to classify, place in "other expenses" with description.*

Advertising	\$ _____
Bad debts (Accrual only)	\$ _____
Commissions <i>Paid By</i> you	\$ _____
Medical Expenses reimbursed to employees	\$ _____
Education Expenses reimbursed to employees	\$ _____
Employee Business Expense Reimbursements	\$ _____
Insurance (except health, home, auto, or life)	\$ _____
Interest (except home or auto)	\$ _____
Legal/Professional	\$ _____
Office expense	\$ _____
Pension plans for employees	\$ _____
Rent of Vehicles or Equipment	\$ _____
Rent of property (except home)	\$ _____
Repairs & Maintenance (other than home or auto)	\$ _____
Supplies	\$ _____
Taxes & Licenses (other than home or auto)	\$ _____
Travel Expense	\$ _____
Meals & Entertainment	\$ _____
Utilities (other than home)	\$ _____
Wages (Paid by business/W-2's and W-3 filed)	\$ _____

**Other expenses:** (Make separate list if too many to list below)

Accounting	\$ _____	_____	\$ _____
Bank Charges	\$ _____	_____	\$ _____
Credit & Collection	\$ _____	_____	\$ _____
Delivery & Freight	\$ _____	_____	\$ _____
Dues & Subscriptions	\$ _____	_____	\$ _____
Gifts	\$ _____	_____	\$ _____
Internet Access	\$ _____	_____	\$ _____
Janitorial	\$ _____	_____	\$ _____
Laundry & Cleaning	\$ _____	_____	\$ _____
Meeting Fees	\$ _____	_____	\$ _____
Outside Services	\$ _____	_____	\$ _____
Permits & Fees	\$ _____	_____	\$ _____
Postage	\$ _____	_____	\$ _____
Printing	\$ _____	_____	\$ _____
Seminars	\$ _____	_____	\$ _____
Telephone (Business Line)	\$ _____	_____	\$ _____
Cell Phone	\$ _____	_____	\$ _____
Voicemail	\$ _____	_____	\$ _____
Pager	\$ _____	_____	\$ _____
Web Hosting	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Assets purchased for business use during this tax year:

Asset	% business use	Month / Year Purchased	Price
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Additional assets - list on separate sheet.

**4. Do you, or your spouse have a self-employed retirement plan? (SEP/SIMPLE/KEOGH)**

YOU  SPOUSE  NEITHER

Amount contributed, for You \$ \_\_\_\_\_ , your spouse \$ \_\_\_\_\_

Do you want us to calculate the maximum contribution amount, and notify you prior to completion of the return? YES  NO

**5. Did you use your automobile for your business or for your employer (excluding commuting) during this tax year? YES  NO**

If **yes**, complete the following:

How many autos do you own? \_\_\_\_\_

Do you use more than one automobile at the same time for business?

Answer **NO** if you use various vehicles at different times. YES  NO

Did you buy or trade in or sell a vehicle used for business this year? YES  NO

If yes - send us copies of the sale and purchase contracts.

	Auto #1	Auto #2	Auto#3
Primary business or job in which auto is used.	_____	_____	_____
Do you own the automobile? YES or NO	_____	_____	_____
Do you have a written mileage log? YES or NO	_____	_____	_____
If leased, annual lease payment	_____	_____	_____
Period of lease (in months)	_____	_____	_____
Date lease began	_____	_____	_____
Make, Model and year of automobile	_____	_____	_____
Total miles driven during the year for each car	_____	_____	_____
Employee miles driven during the year	_____	_____	_____
Business miles driven during the year	_____	_____	_____
Total miles driven between similar jobs	_____	_____	_____
Charitable miles driven during the year	_____	_____	_____
Real Estate rental miles driven	_____	_____	_____
Medical miles driven during the year	_____	_____	_____
Miles driven for another business if more than one	_____	_____	_____
Date first used for business	_____	_____	_____
Purchase price of automobile at purchase (Including leased vehicles)	_____	_____	_____
Date Purchased:	_____	_____	_____
<b>Expenses of operation:</b>			
Gas	_____	_____	_____
Oil	_____	_____	_____
Repairs	_____	_____	_____
Insurance	_____	_____	_____
Property Tax	_____	_____	_____
License/Registration	_____	_____	_____
Parking/Tolls	_____	_____	_____
Interest paid on auto loan (in dollars)	_____	_____	_____

**OTHER CORPORATION INCOME:**

Dividends \_\_\_\_\_  
 Dividends from 20%-or-more owned corporations \_\_\_\_\_  
 Interest \_\_\_\_\_  
 Tax exempt interest \_\_\_\_\_  
 Rents \_\_\_\_\_  
 Royalties \_\_\_\_\_  
 Other income (attach schedule) \_\_\_\_\_

**ASSETS PURCHASED FOR USE IN YOUR BUSINESS**

Asset	Date purchased	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TAX PAYMENTS**

Estimated Tax Payments		
Quarter	Date	Amount
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
Payments made with extension		_____

**BALANCE SHEET ITEMS**

List amounts as of the end of your tax year

Cash on hand \_\_\_\_\_  
 Accounts receivable \_\_\_\_\_  
 US Government obligations \_\_\_\_\_  
 Tax exempt securities \_\_\_\_\_  
 Mortgage and real estate loans \_\_\_\_\_  
 Other investments (attach schedule) \_\_\_\_\_

Accounts payable \_\_\_\_\_  
 Debt due in less than 1 year \_\_\_\_\_  
 Other liabilities (attach schedule) \_\_\_\_\_

Was any additional money invested in (not loaned to) the business during the tax year?  
 YES  NO

Please attach copies of both federal and state income tax returns from the previous year (unless MY TAX Man did those returns for you), and return to:

**MY TAX MAN, INC.**  
**PO Box 682228**  
**Franklin, TN 37068**