



Julie K Wiedner CPA, PC

Business Client Tax Organizer

Please complete this Organizer before your appointment

TAX YEAR BEING FILED: _____

YOU ARE RESPONSIBLE FOR ALL INFORMATION ON YOUR RETURN, PLEASE PROVIDE COMPLETE AND ACCURATE INFORMATION

Company Information

Company Legal Name			
DBA Name			
Address			
Address			
Phone			
Fax			
FEIN (SS-4)		Texas Secretary of State ID	
email		Texas Comptroller's Tax ID	
website			
Date of Incorporation/Organization			
Date of S-Corp Election (please provide IRS letter)			
State of Incorporation/Organization (please provide SOS documents)			

	Name	Address	SSN
Directors: Manager			
Officers: President			
Vice President			
Secretary			
Treasurer			
Partners: General			
Limited			

Stock:	Type	Amt authorized	Amt Issued	Amt Outstanding	Par Value
	Common				
	Preferred				
	Treasury				

Items to Provide for your appointment: (We may have additional item request after review of Client data)

- | | |
|---|--|
| <input type="checkbox"/> Prior Years Tax Returns (federal and state) | <input type="checkbox"/> Legal Formation Documents |
| <input type="checkbox"/> Trial Balance (Prior Year and Current Year) | <input type="checkbox"/> Amendments to the Initial Formation |
| <input type="checkbox"/> Account Balance Reconciliations | <input type="checkbox"/> IRS SS-4 EIN Confirmation letter |
| <input type="checkbox"/> Account Reconciliation to Payroll Documents | <input type="checkbox"/> IRS confirmation of S-Corp Election |
| <input type="checkbox"/> Account Reconciliation to F1099 received and distributed | <input type="checkbox"/> Ownership Structure of Subsidiaries |
| <input type="checkbox"/> Multi State Apportionment (by state location) | <input type="checkbox"/> Company's Agreement and Bylaws |
| <input type="checkbox"/> * Property | <input type="checkbox"/> Partner/Members' Capital Account Activity |
| <input type="checkbox"/> * Payroll | <input type="checkbox"/> Owners' Loan w/Co. Documents |
| <input type="checkbox"/> * Sales | <input type="checkbox"/> Owners' Life Insurance (Co owned Policy?) |
| <input type="checkbox"/> Depreciation Schedule | <input type="checkbox"/> Owners' Health Insurance |
| <input type="checkbox"/> New Fixed Asset Purchase Information: Cost & Date | <input type="checkbox"/> Accountable Plan for Reimbursements |
| <input type="checkbox"/> Odometer Readings for auto mileage | <input type="checkbox"/> Audited Financial Report |
| <input type="checkbox"/> Amended Returns | <input type="checkbox"/> Audit Summaries |
| <input type="checkbox"/> Carryforward Schedules | <input type="checkbox"/> Additional State Registration Documentation |
- Did you pay any individual or business (LLC taxed as a sole proprietor or partnership) for services in the tax year being file that qualify for F-1099?**
- Did you file the F1096/F1099 for those services?**

To the best of my knowledge, the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Signature: _____ Date: _____

Title: _____