



2015

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 | Anderson Business Advisors
3225 McLeod Drive, Suite 100
Las Vegas, NV 89121
Toll Free: 800-706-4741
Local: 702-487-3780
Fax: 702-664-0547

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

INSTRUCTIONS

- Please attach a copy of your previous year tax return if not prepared by our company.
- Complete the sections pertaining to your tax reporting requirements.
- Please check the organizer to make sure you are furnishing all the information needed to complete your return correctly and accurately.
- Use the last page of the organizer to write down questions you may have and we will address them during the preparation of the tax return.
- Please print out a Balance Sheet and a Profit & Loss Statement from your accounting program using cash basis.

CLIENT STATEMENT

Tax returns are prepared in the order received. Completed Tax Organizers are due in our offices 30 days prior to the return deadline in order for Anderson Advisors to guarantee the timeliness of the return. 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 to ensure timely completion and if received in the final 2 weeks before the deadline, Client will pay \$250.00 to ensure timely completion. If unable to complete by deadline, Anderson Advisors will request an extension on client's behalf if that option is available.

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 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, we will file the tax return.

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

Signature:

Name on Credit Card:

Credit Card Number:

Exp Date:

3/4 Digit Code:

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

Check if you would like a quote for the preparation fees based on the information provided in this Organizer before work is commenced.

Yes

Would you like to use your prepaid tax package time for this return? (if applicable)

Yes

No

Not sure, please contact me to discuss

FAX COVER PAGE

Attention: Anderson Advisors - Tax Preparation Department

To: Anderson Advisors - 702-664-0547

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/>

Corporation Information:

First Name & Last Name:

Name of Corporation:

Street Address of Business:

City:

State:

Zip:

Employer ID Number (EIN):

Signing Officer
Title:

Phone: (Best to Reach You During
the Day)

E-mail:

Mail Completed Return to:

City:

State:

Zip:

Does your entity have a year-end
other than Dec?

If so, When?

Is this the corporation's first return?

Is this the final tax return?

If yes, What is
the dissolution
date?

State of Incorporation:

State ID No.:

Webfile Number (TX only):

SOS Number
(CA only)

What date was the Corporation
formed?

Are you registered to do
business in another state(s)?

What is the principal business?

What is the main product or
service?

Other Information

Accounting Method

Cash

Accrual

Other

At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of another domestic corporation?

Did the Corporation have any interest in a partnership or LLC?

If yes, please list name of Partnership or LLC

How many shareholders did the corporation have at the end of the tax year?

Ownership Information

**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:

State:

Zip:

Social Security Number / EIN

Title:

Ownership

Name of Shareholder:

U.S. Citizen:

If no, Where?

Street Address:

City:

State:

Zip:

Social Security Number / EIN

Title:

Ownership

Name of Shareholder:

U.S. Citizen:

If no, Where?

Street Address:

City:

State:

Zip:

Social Security Number / EIN

Title:

Ownership

Name of Shareholder:

U.S. Citizen:

If no, Where?

Street Address:

City:

State:

Zip:

Social Security Number / EIN

Title:

Ownership

Name of Shareholder:

U.S. Citizen:

If no, Where?

Street Address:

City:

State:

Zip:

Social Security Number / EIN

Title:

Ownership

Do you have more Shareholders?

FINANCIAL STATEMENTS

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

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

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 Stmts & Depreciation
Schedules)

Expenses

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

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 & 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

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

Amount

Other

Amount

Other

Amount

Other

Amount

Assets For Depreciation:

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

Price:

If Sold: Date

Sale Price:

Date Purchased:

Asset

Price:

If Sold: Date

Sale Price:

Date Purchased:

Asset

Price:

If Sold: Date

Sale Price:

Date Purchased:

Asset

Price:

If Sold: Date

Sale Price:

Date Purchased:

Asset

Price:

If Sold: Date

Sale Price:

Do you have additional assets?

Pre- Incorporation Expenses

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

If no, skip this page

DO NOT INCLUDE FEES FOR ENTITIES MANAGED BY CORPORATION

Organization Costs

Start-Up Costs (Costs Incurred Prior to Date of Incorporation)

Seminar & Education Costs

Date Taken: Amount:

Date Taken: Amount:

Date Taken: Amount:

Date Taken: Amount:

Do you have additional Education
costs?

Travel & Lodging

Date: Amount:

Date: Amount:

Date: Amount:

Date: Amount:

Do you have additional
Travel costs?

Meals & Entertainment

Date:	<input type="text"/>	Amount:
Date:	<input type="text"/>	Amount:
Date:	<input type="text"/>	Amount:
Date:	<input type="text"/>	Amount:

Do you have additional
Meals and Entertainment costs?

Office Supplies

Date:	<input type="text"/>	Amount:
Date:	<input type="text"/>	Amount:
Date:	<input type="text"/>	Amount:
Date:	<input type="text"/>	Amount:

Do you have additional Office
Supply costs?

Equipment

Date:	<input type="text"/>	Amount:
Date:	<input type="text"/>	Amount:
Date:	<input type="text"/>	Amount:
Date:	<input type="text"/>	Amount:

Do you have additional
Equipment costs?

Other Costs

Date: Amount:

Describe:

Date: Amount:

Describe:

Date: Amount:

Describe:

Date: Amount:

Describe:

Do you have additional costs?

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

Sales of Stocks, Bonds, Mutual Funds and Other Securities

Is the brokerage account in the name of this Corporation?

If no, skip to the next page.

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:

Date Acquired:

Cost Basis:

Sale Price:

Description:

Date Sold:

Date Acquired:

Cost Basis:

Sale Price:

Description:

Date Sold:

Date Acquired:

Cost Basis:

Sale Price:

Description:

Date Sold:

Date Acquired:

Cost Basis:

Sale Price:

Description:

Date Sold:

Date Acquired:

Cost Basis:

Sale Price:

Do you have more sales?

Total Options Purchased in 2014:

Total Options Sold in 2014:

Capital Loss Carryover from prior
Year:

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

Sale of Real Estate

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

Description:		Date Acquired:	<input type="text"/>
Date Sold:	<input type="text"/>	Sale Price:	
Cost Basis:		Type of Property:	

Description:		Date Acquired:	<input type="text"/>
Date Sold:	<input type="text"/>	Sale Price:	
Cost Basis:		Type of Property:	

Description:		Date Acquired:	<input type="text"/>
Date Sold:	<input type="text"/>	Sale Price:	
Cost Basis:		Type of Property:	

Description:		Date Acquired:	<input type="text"/>
Date Sold:	<input type="text"/>	Sale Price:	
Cost Basis:		Type of Property:	

Description:		Date Acquired:	<input type="text"/>
Date Sold:	<input type="text"/>	Sale Price:	
Cost Basis:		Type of Property:	

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 2014

Description of Property & Complete Property Address (ex: Single family, Duplex, Condo, or Commercial)

Property ID (A)

Property ID (B)

Property ID (C)

Property ID (D)

Income:

Property A:

Date Property became Available:

Rents Received:

Royalties Received:

Property B:

Date Property became Available:

Rents Received:

Royalties Received:

Property C:

Date Property became Available:

Rents Received:

Royalties Received:

Property D:

Date Property became Available:

Rents Received:

Royalties Received:

Expenses:

Property A:

Auto (Used for Rental Properties)

Cleaning and Maintenance

Insurance

Mortgage Interest

Points Purchase/Refinancing

Real Estate Taxes

Meals/Entertainment

Advertising and Promotion

Commissions

Legal and Professional Fees

Management Fees

Repairs (over \$250,
itemized below)

Utilities

Other Expenses (List on
Last Page)

Property B:

Auto (Used for Rental Properties)

Cleaning and Maintenance

Insurance

Mortgage Interest

Points Purchase/Refinancing

Real Estate Taxes

Meals/Entertainment

Advertising and Promotion

Commissions

Legal and Professional Fees

Management Fees

Repairs (over \$250,
itemized below)

Utilities

Other Expenses (List on
Last Page)

Property C:

Auto (Used for Rental Properties)

Cleaning and Maintenance

Insurance

Mortgage Interest

Points Purchase/Refinancing

Real Estate Taxes

Meals/Entertainment

Other Expenses (List on Last Page)

Property D:

Auto (Used for Rental Properties)

Cleaning and Maintenance

Insurance

Mortgage Interest

Points Purchase/Refinancing

Real Estate Taxes

Meals/Entertainment

Advertising and Promotion

Commissions

Legal and Professional Fees

Management Fees

Repairs (over \$250,
itemized below)

Utilities

Advertising and Promotion

Commissions

Legal and Professional Fees

Management Fees

Repairs (over \$250,
itemized below)

Utilities

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:

Date Purchased:

Asset:

Price:

Date Sold (if applicable):

Sale Price:

Property ID:

Date Purchased:

Asset:

Price:

Date Sold (if applicable):

Sale Price:

Property ID:

Date Purchased:

Asset:

Price:

Date Sold (if applicable):

Sale Price:

Property ID:

Date Purchased:

Asset:

Price:

Date Sold (if applicable):

Sale Price:

Do you have additional assets?

Tax Payments

Federal Estimated Tax Payments for Tax Year 2014

1st Quarter

Date Paid:

Amount Paid:

2nd Quarter

Date Paid:

Amount Paid:

3rd Quarter

Date Paid:

Amount Paid:

4th Quarter

Date Paid:

Amount Paid:

Additional Payments Made:

Date Paid:

Amount Paid:

State Estimated Tax Payments for Tax Year 2014

1st Quarter

Date Paid:

Amount Paid:

2nd Quarter

Date Paid:

Amount Paid:

3rd Quarter

Date Paid:

Amount Paid:

4th Quarter

Date Paid:

Amount Paid:

Additional Payments Made:

Date Paid:

Amount Paid:

ADDITIONAL INFORMATION OR COMMENTS:

Please save and submit form via email at:

coordinators@andersonadvisors.com

or you can our upload it to our secure server at:

<https://andersonadvisors.com/upload-documents/>

You may also print out the document and fax it to us at:

702.664.0547