C Corporation Tax Organizer

(See next page for Organizer)

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C Corporation Tax Organizer C Corporation General Information

Use a separate organizer for each C corporation

o oorporadio										
Legal name o	Legal name of C corporation EIN –									
C corporation address (check if new address)										
Date incorpor	cated	state domicile								
Corporation	Representative	Title								
			Email		Phone ()					
🗆 Yes 🗖 No	Did the corporation have a cha	nge of business	name during the year?							
Principal bus	iness activity									
Principal pro	duct or service									
🗆 Yes 🗆 No	Was the primary purpose of the corporation's activity to realize a profit?									
🗆 Yes 🗖 No										
Accounting n	nethod: 🗆 Cash 🛛 Accrual 🖓	Other (specify)								
□ Yes □ No	Does the corporation file under a calendar year? (If no, what is the fiscal year?)									
\$	*		e tax year. If there are no assets at		· · · · · · · · · · · · · · · · · · ·					
New Clients	 Provide a copy of the Articles of Incorporation, bylaws, corporate resolutions, and shareholder buy-sell agreements. Provide a copy of the depreciation schedules for book and tax, and copies of tax returns for the last three years, including state returns. 									
C Corporatio	n Specific Questions									
🗆 Yes 🗅 No										
🛛 Yes 🖵 No	Provide a schedule of ownersh	ip changes dur	ing the year, including dates and 1	number of shar	es or percentage of ownership.					
🗆 Yes 🗆 No	Have there been any changes to the shareholder's buy-sell agreements? If yes, provide a copy.									
🛛 Yes 🖵 No	Did the corporation hold an annual meeting with shareholders with a record of minutes maintained?									
🛛 Yes 🖵 No	Has the corporation updated its minute book for the year? If yes, provide a copy.									
🛾 Yes 🖾 No	Did the corporation purchase or sell a business or business segment during the year? If yes, provide a copy of the contract or agreement.									
🗆 Yes 🗆 No										
🗆 Yes 🗖 No	Did the corporation discontinue operations this year? If yes, provide details.									
	Does the corporation have any of the following employee benefit plans? If yes provide copies of plan documents.									
🛛 Yes 🖵 No	• Qualified retirement plan (e.g., 401k)?									
🛛 Yes 🖵 No	• SEP (simplified employee pension) or SIMPLE (savings incentive match plan for employees) plan?									
□ Yes □ No	If yes, do contributions need to be calculated?									
□ Yes □ No	• Cafeteria plan?									
□ Yes □ No	Nonqualified deferred compensation plan or agreement?									
□ Yes □ No	Other benefit plan not described above?									
□ Yes □ No	Did the corporation include taxable fringe benefits such as educational assistance in excess of \$5,250, nonaccountable expense allowances, or personal use of corporate vehicles in compensation on employees' Forms W-2 and, if applicable, subject such amounts to payroll taxes?									
🗆 Yes 🗖 No	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?									
🗆 Yes 🗆 No	Is any shareholder in the corporation a disregarded entity, a partnership, a trust, an S corporation, or an estate?									
🛾 Yes 🖾 No	Did any foreign or domestic corporation, partnership, trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote?									
□ Yes □ No	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote?									
□ Yes □ No	Did the corporation own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not already included in a listing of affiliated groups?									
□ Yes □ No	Did the corporation own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership or in the beneficial interest of a trust?									
□ Yes □ No	At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or the total value of all classes of the corporation's stock?									
🗆 Yes 🗆 No	Did the corporation have an 80)% or more chai	nge in ownership, including a cha	nge due to red	emption of its own stock?					
🗆 Yes 🗆 No	Did the corporation dispose of	more than 65%	of its assets in a taxable, nontaxa	ble, or tax defe	rred transaction?					
□ Yes □ No	Did the corporation receive assets in a property-for-stock nontaxable exchange in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?									
□ Yes □ No	At any time during the year did the corporation have an interest in, or signature authority over, a financial account in a foreign country?									
□ Yes □ No	Was there a distribution of pro	perty or a trans	fer (by sale or death) of a shareho	lder interest dı	uring the tax year?					

C Corporation	Specific Questio	ns continued												
□ Yes □ No														
□Yes □No	Did the corporation pay \$600 or more of nonemployee compensation to any individual? If yes, include a copy of Form 1099-NEC for each.													
□ Yes □ No	Did the corporation use any vehicles for business? If yes, include total business miles for each vehicle. Vehicle Total Miles Vehicle Total Miles													
□ Yes □ No	Venicie Total Miles Venicie Total Miles Did the corporation have a Paycheck Protection Program (PPP) loan that was forgiven in 2024? 1000 Program (PPP) 1000 Program (PPP)													
□ Yes □ No									perty or					
Principal Shareholders Ownership Information (include additional sheets as necessary)														
Name/Title		# Shares owned at start of year at end of year				Dividends issued t holder during the			U.S. citizen?					
		(SSN or EIN)	Address								8			
					-									
How many sl	nareholders we	re there on the la	st day of the y	vear?										
		following informat			orno	ratio	on during t	hovor						
Silarenoiuei	5 – Flovide die l	ionowing iniorinal	1011 101 ally Sila	Capital contrib			Distribut	-	Shareho	lder loans	Loans	s repaid by		
Shareholder na	ıme		Wages paid	from sharehold		115	sharehold		to corpo			ation to shareholder		
-														
C Corporatio	n Balance Sho	eet												
	,	poration assets at y	iear end	1	Corporation debts and equity at y						y at year	1		
	end of year ba			\$		Accounts payable at year end						\$		
	eivable at end c	of year		\$		Payables less than one year					\$			
Inventories	\$		Payables more than one year						\$					
Loans to shar	\$		Loans from shareholders						\$					
Mortgages ar	\$		Capital stock (preferred) Capital stock (common)						\$ ¢					
Stocks, bonds Other current	\$ \$		Retained earnings						\$ \$					
C Corporatio	ψ		Ret	anneu ear	inngs				Ψ					
Gross receipt	\$		Dividend income (<i>include all 1099-DIV Forms</i>)						\$					
Returns and a	\$(1099-B Fo		\$					
Gross income	\$		Other income/loss (<i>include a statement</i>)						\$					
-		099-INT Forms)		\$								\$		
		ds Sold (only for i	manufacturers,	wholesalers, and	d bus	sine	sses that r	nake, bu	y, or sell (roods)				
Inventory at l	\$		Inventory at the end of the year						\$					
Purchases	0 0	5		\$		Materials and supplies used in manufacture					\$			
Cost of labor for sale	\$		or sales production											
C Corporatio	n Expenses													
Advertising	•			\$ Legal and professional services							\$			
Annual corpo	\$		Meals – business						\$					
Bank fees and charges				\$		Office supplies						\$		
Charitable contributions				\$		Organization costs					\$			
Cleaning/janitorial				\$		Pension & profit sharing plans – employee					\$			
Commissions and fees				\$		Pension & profit sharing plans – shareholder					\$			
Contract labor (include Forms 1099-NEC)				\$		Professional education and training					\$			
Employee benefit programs				\$		Rent or lease – car, machinery, equipment					\$			
Entertainment (not deductible) Health care plans – employee				\$ ¢		Rent or lease – other business property Repairs and maintenance					/	\$ ¢		
Health care plans – employee Health care plans – shareholder				\$ \$						forms W-2))	\$ \$		
Insurance (other than health)				\$			aries and kes – payr		inciuue F	011115 VV-2)	1	\$ \$		
Interest – business credit cards				\$								\$ \$		
Interest – business credit cards				\$		Taxes – property Taxes – sales						\$		
Interest – mo	\$		Telephone					\$						
Internet service						Utilities					\$			

Other Expenses – List out type and expense amount											
		\$			\$				\$		
		\$			\$					\$	
Equipment Purchases – Enter the following information for depreciable assets purchased that have a useful life greater than one year											
Asset				Date p	urchased	Cost		Date placed in service		New or used?	
						\$	\$				
Equipment S	old or Dispose	ed of During Year									
Asset				Date o	ut of servic	e Da	Date sold		elling price/FMV	Trade-in?	
								\$			
C Corporation Business Credits (if you answered Yes for any of the questions below, please provide a statement with details)											
□ Yes □ No Did the corporation pay expenses to make it accessible by individuals with disabilities?											
🗆 Yes 🗅 No	Yes INO Did the corporation pay any FICA taxes on employee wages for tips above minimum wage?										
□ Yes □ No	Yes DNo Did the corporation own any residential rental buildings providing qualified low-income housing?										
□ Yes □ No	Yes DNo Did the corporation incur any research and experimental expenditures during the tax year?										
□ Yes □ No	Did the corpor	1									
🗆 Yes 🗆 No	Did the corpor		1 5								
□ Yes □ No	Did the corporation purchase and place in service any electric vehicles or energy efficient commercial building property?								coperty?		
All Clients – Additional information & documents required Estimated Tax Payments — Tax Year 2024											
• Provide the business income/financial state- ments for the year (per books), balance sheet, dividends paid out, estimated tax payments (include amounts and date paid), depreciation					Date	e paid	Federal		Date paid	State	
			First				\$			\$	
			Second				\$			\$	
schedule per books, and cash reconciliation of			Third				\$			\$	
	s bank account	Fourth				\$			\$		
balances.Provide copies of Form W-3, Form 940, Form 941,			Amount applied from 2023		2		\$			\$	
Form 1096, Form 1099-NEC, Form 1099-MISC,									+		
	te tax filing repo		' Total				\$			\$	

Tax Return Preparation

We will prepare the corporation's tax return based on information provided. In the event the return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of the corporation's return do not include auditing, review, or any other verification or assurance.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If additional information is received after we begin working on the return, you will contact us immediately to ensure the completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review documentation.
- You must be able to provide written records of all items included on the return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before the tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer may be required for preparation of returns.
- Keep a copy of the tax return and any related tax documents. You may be assessed a fee if you request a duplicate copy in the future.

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities.

Taxpayer	Title	Date
Privacy Policy		

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your express written permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.