



LLC TAX ORGANIZER

LEGAL NAME OF LLC _____		EIN _____	
LLC ADDRESS (CHECK IF NEW ADDRESS) _____			
LLC REPRESENTATIVE _____		TITLE _____	
PHONE _____	EMAIL _____		
PRINCIPAL BUSINESS ACTIVITY _____			
PRINCIPAL PRODUCT OR SERVICE _____			
ACCOUNTING METHOD:	<input type="checkbox"/>	CASH <input type="checkbox"/>	ACRRUAL <input type="checkbox"/> OTHER <input type="checkbox"/>
DOES THE LLC FILE UNDER A CALENDAR YEAR?	<input type="checkbox"/>	YES <input type="checkbox"/>	NO FISCAL YEAR? _____
HAS THE LLC MADE THE ELECTION TO BE TAXED AS A CORPORATION? _____			
IF THE LLC IS AN S CORPORATION, PROVIDE A COPY OF FORM 2553, AND THE ACCEPTANCE LETTER FROM THE IRS			

LLC SPECIFIC QUESTIONS

DOES THE LLC HAVE AN OPERATING AGREEMENT?	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, PLEASE PROVIDE _____
ARE ALL MEMBERS ACTIVELY PARTICIPATING IN THE BUSINESS?	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
IS ANY MEMBER IN THE LLC A DISREGARD ENTITY?	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	EXPLAIN _____
IS THE LLC A PARTNER IN ANOTHER PARTNERSHIP?	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
DID ANY FOREIGN OR DOMESTIC CORPORATION OWN 50%?	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	EXPLAIN _____
DID ANY FOREIGN OR DOMESTIC CORPORATION OWN 20%?	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	EXPLAIN _____
DID THE LLC HAVE ANY DEBT THAT WAS CANCELLED?	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	EXPLAIN _____
AT ANY TIME, DID THE LLC HAVE AN INTEREST IN, OR SIGNATURE AUTHORITY OVER A FINANCIAL ACCOUNT IN A FOREIGN COUNTRY?				
	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	EXPLAIN _____
WAS THERE A DISTRIBUTION OF PROPERTY OR A TRANSFER (BY SALE OR DEATH) OF AN LLC INTEREST DURING THE TAX YEAR?				
	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	EXPLAIN _____
DOES THE LLC SATISFY THE FOLLOWING CONDITIONS?				
THE LLC'S TOTAL RECEIPTS FOR THE TAX YEAR WERE LESS THAN \$250,000				
	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	EXPLAIN _____
THE LLC'S TOTAL ASSETS AT THE END OF THE TAX YEAR WERE LESS THAN \$1 MILLION				
	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	EXPLAIN _____

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 for the corporation's return do not include auditing review, or any other verification or assurance.

www.taxesgigi.com



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LEGAL NAME OF LLC _____ EIN _____

PRINCIPAL MEMBERS OWNERSHIP INFORMATION

NAME	OWNERSHIP %	MEMBER/MANAGER	ADDRESS	US CITIZEN

LLC OTHER TRANSACTIONS

MEMBER NAME	GUARANTEE PAYMENTS	HEALTH INSURANCE PREMIOUMS PAID

PRIVACY POLICY

The nature of our work requires us to clect certain nonpublic infirmation. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and converstaions 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 botained with your permission. GG Accounting & Taxation services has procedures and policies in place to protect your confidential information. We restric 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 pesonal information to a third parrry without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unathorized access.

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

Taxpayer

Title

Date

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