



C-CORPORATION TAX ORGANIZER

LEGAL NAME OF C CORP _____		EIN _____	
C-CORP ADDRESS (CHECK IF NEW ADDRESS) _____			
DATE INCORPORATED _____	STATE OF INCORPORATION _____	CORP. STATE RESIDENCE _____	
CORPORATION REPRESENTATIVE _____		TITLE _____	
EMAIL _____		PHONE _____	
PRINCIPAL BUSINESS ACTIVITY _____			
PRINCIPAL PRODUCT OR SERVICE _____			
ACCOUNTING METHOD:	<input type="checkbox"/> CASH	<input type="checkbox"/> ACRRUAL	<input type="checkbox"/> OTHER _____
DOES THE C-CORP FILE UNDER A CALENDAR YEAR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	FISCAL YEAR? _____
DID THE CORPORATION HAVE A CHANGE OF BUSINESS NAME DURING THE YEAR? _____			
WAS THE PRIMARY PURPOSE OF THE C-CORPORATION'S ACTIVITY TO REALIZE A PROFIT? _____			
IS THE CORPORATION A PERSONAL SERVICE CORPORATION (PSC)? _____			

C-CORPORATION SPECIFIC QUESTIONS

HAS THE CORPORATION BEEN NOTIFIED OF ANY CHANGES TO PREVIOUS RETURNS BY ANY TAXING AUTHORITY?			
IF YES, PROVIDE COPIES OF ALL CORRESPONDENCE	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
PROVIDE A SCHEDULE OF OWNERSHIP CHANGES DURING THE YEAR, INCLUDING DATES AND NUMBERS OF SHARES OR			
PERCENTAGE OF OWNERSHIP.	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAVE THERE BEEN ANY CHANGES TO THE SHAREHOLDER'S BUY-SELL AGREEMENTS? IF YES PROVIDED A COPY			
	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DID THE CORPORATION HOLD AN ANNUAL MEETING WITH SHAREHOLDERS WITH A RECORD OF MINUTES MAINTAINED?			
	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAS THE CORPORATION UPDATED ITS MINUTE BOOK FOR THE YEAR? IF YES, PROVIDE A COPY			
	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DID THE CORPORATION PURCHASE OR SELL A BUSINESS OR BUSINESS SEGMENT DURING THE YEAR? IF YES, PROVIDE A COPY			
OF THE CONTRACT OR AGREEMENT	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DID THE CORPORATION ENGAGE IN ANY NEW ACTIVITIES DURING THE YEAR? IF YES, DESCRIBE THE NEW BUSINESS ON AN			
ATTACHED SHEET.	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DID THE CORPORATION DISCONTINUE OPERATIONS THIS YEAR?			
IF YES, PROVIDE DETAILS.	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DOES THE CORPORATION HAVE ANY OF THE FOLLOWING EMPLOYEE BENEFIT PLANS?			COMMENTS
IF YES PROVIDE COPIES OF PLAN DOCUMENTS	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
QUALIFIED RETIREMENT PLAN?	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SEP (SIMPLIFIED EMPLOYEE PENSION)	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SIMPLE (SAVINGS INCENTIVE MATCH PLAN FOR EMPLOYEES) PLAN?	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, DO CONTRIBUTIONS NEED TO BE CALCULATED?	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CAFETERIA PLAN?	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
NON-QUALIFIED DEFERRED COMPENSATION PLAN OR AGREEMENT?	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
OTHER BENEFIT PLAN NOT DESCRIBE ABOVE?	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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

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DID THE CORPORATION INCLUDED TAXABLE FRINGE OR WELFARE BENEFITS SUCH AS HEALTH INSURANCE, GROUP-TERM LIFE INSURANCE, EDUCATIONAL ASSISTANCE, NON-ACCOUNTABLE EXPENSE ALLOWANCES, AND 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 STATE?			
_____	YES	_____	NO _____
DID ANY FOREIGN OR DOMESTIC CORPORATION, PARTNERSHIP, TRUS, 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% OF 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 CHANGE IN OWNERSHIP, INCLUDING A CHANGE DUE TO REDEMPTION OF ITS OWN STOCK?			
_____	YES	_____	NO _____
DID THE CORPORATION DISPOSE OF MORE THAN 65% OF TIS ASSETS IN A TAXABLE, NONTAXABLE, OR TAX DEFERRED 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 PROPERTY OR A TRANSFER (BY SALE OR DEATH) OF A SHAREHOLDER INTEREST DURING THE TAX YEAR?			
_____	YES	_____	NO _____

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DOES THE CORPORATION SATISFY THE FOLLOWING CONDITIONS?

THE CORPORATION'S TOTAL RECEIPTS FOR THE TAX YEAR WERE LESS THAN \$250,000, AND

	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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THE CORPORATION'S TOTAL ASSETS AT THE END OF THE TAX YEAR WERE LESS THAN \$250,000

	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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DOES THE CORPORATION PAY \$600 OR MORE OF NONEMPLOYEE COMPENSATION TO ANY INDIVIDUAL?

	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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IF YES, INCLUDED A COPY OF FORM 1099-, MISC FOR EACH

WAS THERE A DISTRIBUTION OF PROPERTY OR A TRANSFER (BY SALE OR DEATH) OF A SHAREHOLDER INTEREST DURING THE TAX YEAR?

	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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DID THE CORPORATION USE ANY VEHICLES FOR BUSINESS USE? IF YES, INCLUDE TOTAL BUSINESS MILES FOR EACH VEHICLE

VEHICLE	TOTAL MILES
VEHICLE	TOTAL MILES

PRINCIPAL SHAREHOLDERS OWNERSHIP INFORMATION

NAME / TITLE	TAX ID	ADDRESS	US CITIZEN

HOW MANY SHAREHOLDERS WERE THERE ON THE LAST DAY OF THE YEAR?

SHAREHOLDERS - PROVIDE THE FOLLOWING INFORMATION FOR ANY SHAREHOLDER WHO WAS AN OFFICER OR 2% OR MORE OWNER OF THE CORPORATION DURING THE YEAR

SHAREHOLDER/OFFICER NAME	WAGES PAID	HEALTH INSURANCE PREMIUMS PAID

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PRINCIPAL SHAREHOLDERS # SHARES OWNED

NAME	# SHARES OWNED AT START OF YEAR	# SHARES OWNED AT YEAR OF YEAR	DIVIDENS ISSUED TO SHAREHOLDER DURING THE YEAR

SHAREHOLDERS - PROVIDE THE FOLLOWING INFORMATION FOR ANY SHAREHOLDER WHO WAS AN OFFICER OR 2% OR MORE OWNER OF THE CORPORATION DURING THE YEAR

CAPITAL CONTRIBUTIONS FROM SHAREHOLDER	DISTRIBUTIONS TO SHAREHOLDER	SHAREHOLDER LOANS TO CORPORATION

LOANS REPAID BY CORPORATION TO SHAREHOLDER

C CORPORATIONS BUSINESS CREDITS

DID THE CORPORATION PAY EXPENSES TO MAKE IT ACCESIBLE BY INDIVIDUALS WITH DISABILITIES?			
[]	YES	[]	NO
DID THE CORPORATION PAY ANY FICA ON EMPLOYEE WAGES FOR TIPS ABOVE MINIMUM WAGE?			
[]	YES	[]	NO
DID THE CORPORATION OWN ANY RESIDENTIAL RENTAL BUILDINGS PROVIDING QUALIFIED LOW-INCOME HOUSING?			
[]	YES	[]	NO
DID THE CORPORATION INCUR ANY RESEARCH AND EXPERIMENTAL EXPENDITURES DURING THE TAX YEAR?			
[]	YES	[]	NO
DID THE CORPORATION HAVE EMPLOYER PENSION PLAN START-UP COSTS?			
[]	YES	[]	NO
DID THE CORPORATION PAY HEALTH INSURANCE PREMIUMS FOR EMPLOYEES?			
[]	YES	[]	NO
TOTAL NUMBER OF EMPLOYEES			
DID THE CORPORATION PAY HEALTH INSURANCE PREMIUMS FOR EMPLOYEES?			
[]	YES	[]	NO
TOTAL NUMBER OF EMPLOYEES			

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. GG Accounting & Taxation services 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 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.

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

Taxpayer

Title

Date

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