



S CORPORATION TAX ORGANIZER

LEGAL NAME OF S-CORP _____		EIN _____	
S-CORP ADDRESS (CHECK IF NEW ADDRESS) _____			
S-CORPREPRESENTATIVE _____		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 S-CORP FILE UNDER A CALENDAR YEAR?	<input type="checkbox"/>	YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>
FISCAL YEAR? _____			
DID THE CORPORATION HAVE A CHANGE OF BUSINESS NAME OR ADDRESS DURING THE YEAR? _____			
WAS THE PRIMARY PURPOSE OF THE S-CORPORATION'S ACTIVITY TO REALIZE A PROFIT? _____			

S-CORPORATION SPECIFIC QUESTIONS

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"/>
WAS THE CORPORATION A C CORPORATION BEFORE IT ELECTED TO BE AN S CORPORATION?			
	<input type="checkbox"/>	YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>
IS ANY SHAREHOLDER IN THE CORPORATION A DISREGARDED ENTITY, PARTNERSHIP, A TRUST, AN S CORPORATION			
OR AN ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DID THE CORPORATION OWN DIRECTLY 20% OR MORE, OR OWN, DIRECTLY OR INDIRECTLY, 50% OR MORE OF THE			
TOTAL STOCK ISSUED AND OUTSTANDING OF ANY FOREIGN OR DOMESTIC COPORATION?			
	<input type="checkbox"/>	YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>
DID THE CORPORATION OWN DIRECTLY AN INTEREST OF 20% OR MORE, OR OWN, DIRECTLY OR INDIRECTLY, 50% OR MORE IN THE			
PROFIT, LOSS, OR CAPITAL IN ANY FOREIGN OR DOMESTIC PARTNERSHIP OR IN THE BENEFICIAL INTREST OF A TRUST?			
	<input type="checkbox"/>	YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>
DID THE CORPORATION HAVE ANY OUTSTANDING SHARES OF RESTRICTED STOCK AT THE END OF THE TAX YEAR?			
	<input type="checkbox"/>	YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>
DID THE CORPORATION HAVE ANY OUTSTANDING STOCK OPTIONS, WARRANTS, OR SIMILAR INSTRUMENTS AT THE END			
OT THE TAX YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DID THE CORPORATION HAVE ANY NON-SHAREHOLDER DEBT THAT WAS CANCELLED, FORGIVEN, OR HAD TERMS			
MODIFIED TO REDUCE AMOUNT OF PRINCIPAL? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS THE CORPORATION'S S ELECTION TERMINATED OR REVOKED DURING THE YEAR?			
	<input type="checkbox"/>	YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>
AT ANY TIME DURING THE YEAR, DID THE CORPORATION HAVE AN INTEREST IN, OR SIGNATURE AUTHORITY OVER A FINANCIAL			
ACCOUNTING IN A FOREIGN COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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			
DOES THE CORPORATION SATISFY THE FOLLOWING CONDITIONS?			
THE CORPORATION'S TOTAL RECEIPTS FOT THE TAX YEAR WERE LESS THAN \$250,000, AND			
	<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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S CORPORATION TAX ORGANIZER

LEGAL NAME OF S-CORP	EIN
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S-CORPORATION SPECIFIC QUESTIONS

THE CORPORATION'S TOTAL ASSETS AT THE END OF THE TAX YEAR WERE LESS THAN \$250,000

	YES	NO
DOES THE CORPORATION PAY \$600 OR MORE OF NONEMPLOYEE COMPENSATION TO ANY INDIVIDUAL?		
	YES	NO

IF YES, INCLUDED A COPY OF FORM 1099-NEC FOR EACH

PRINCIPAL SHAREHOLDERS OWNERSHIP INFORMATION

NAME / TITLE	OWNERSHIP %	TAX ID NUMBER	SHAREHOLDER STOCK BASIS	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

SHAREHOLDERS BASIS WORKSHEET

STOCK BASIS BEGINNING OF YEAR	CAPITAL CONTRIBUTIONS FROM	DISTRIBUTIONS TO

SHAREHOLDERS LOANS

LOANS TO CORPORATION	REPAID BY CORPORATION TO SHAREHOLDER

NEW CLIENTS - ADDITIONAL INFORMATION AND DOCUMENTS REQUIRED

DATE INCORPORATE	
STATE OF INCORPORATION	
DATE OF S CORPORATION ELECTION	IRS NOTICE
CORPORATION STATE RESIDENCE	

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	www.taxesgigi.com
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