

## Auto Expense

Corporation Name: \_\_\_\_\_

EIN: \_\_\_\_\_

### Auto Expense

Name of activity vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_

Date vehicle was placed in service \_\_\_\_\_

Yes No

- Was this vehicle available for personal use during off-duty hours?
- Was the vehicle used primarily by someone with more than 5% ownership or a related person?
- Was another vehicle available for personal use?

Number of miles the vehicle was driven during 2024	2024	2023	Total number of miles the vehicle was driven in prior years	2024	2023
Business . . . . .	_____	_____	Business . . . . .	_____	_____
Commuting . . . . .	_____	_____	Total . . . . .	_____	_____
Other . . . . .	_____	_____			

Expenses	2024	2023		2024	2023
Garage rent . . . . .	_____	_____	Repairs . . . . .	_____	_____
Gas . . . . .	_____	_____	Tires . . . . .	_____	_____
Insurance . . . . .	_____	_____	Tolls . . . . .	_____	_____
Licenses . . . . .	_____	_____	Lease addback . . . . .	_____	_____
Oil . . . . .	_____	_____	Other expenses		_____
Parking fees . . . . .	_____	_____	_____	_____	_____
Rental fees . . . . .	_____	_____	_____	_____	_____
Interest . . . . .	_____	_____	_____	_____	_____
Property tax . . . . .	_____	_____			



Detail Worksheet

Corporation Name: \_\_\_\_\_

EIN: \_\_\_\_\_

Description	2024	2023

## 2024 Tax Organizer for Corporations Business Information

### Business Information

<b>Corporation's legal name</b>		<b>EIN</b>	
<b>Doing business as</b>			
<b>In care of name</b>			
<b>Street address, city, state, and ZIP</b>			
<b>Email</b>			
<b>Phone number</b>		<b>Cell number</b>	
			<b>Fax number</b>
<b>Date incorporated</b>		<b>State of incorporation</b>	

**Yes No**

Does the corporation file under a calendar year?  
 If "No," what is the tax year begin date? \_\_\_\_\_ Tax year end date? \_\_\_\_\_

Did the corporation conduct business activities in any state other than the resident state?  
 If "Yes," what states? \_\_\_\_\_

Is this a consolidated return?  
 If "Yes," is this a life / nonlife consolidated return? \_\_\_\_\_

Is the corporation a personal holding company?

Is the corporation a personal service corporation?

Is the corporation a qualified personal service corporation?

Is the corporation a cooperative association?

Is the corporation a homeowners association?

What is the corporation's main business activity? \_\_\_\_\_

What product or service does the corporation provide? \_\_\_\_\_

What accounting method does the corporation use?  
 Cash  Accrual  Other (describe) \_\_\_\_\_

What is the corporation's principal business activity? \_\_\_\_\_

What product or service does the corporation provide? \_\_\_\_\_

Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  
 If "Yes," provide the following information for the parent corporation  
 Employer ID number \_\_\_\_\_  
 Name \_\_\_\_\_

### Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2023	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

### Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use This Account for	
			Checking	Savings	Deposits	Withdrawals

## Income or Loss from Investments in Partnerships

Corporation Name:

EIN:

**Schedule K-1 from Partnerships**

Provide all copies of Schedule K-1 and attachments

**Entity Name**

**EIN**

Officer Information

Corporation Name:

EIN:

Name Title Address City, State, and ZIP	ID Number	Percentage of Time Devoted or Stock Owned			Compensation
		Time	Common	Preferred	

**Sale of Stock, Real Estate, or Other Property**

Corporation Name: \_\_\_\_\_

EIN: \_\_\_\_\_

**Sale of Capital Assets (including assets not reported on Form 1099-B)**

Provide all brokerage statements

Description of Property	Date Purchased	Date Sold	Sales Price	Cost

**Installment Sale Income**

Description of property: \_\_\_\_\_

	2024	Prior Years
Date acquired _____ Date sold _____		
Selling price . . . . .	_____	
Mortgages assumed . . . . .	_____	
Cost of property sold . . . . .	_____	
Depreciation allowed . . . . .	_____	
Commissions and expense of sale . . . . .	_____	
Gross profit percentage . . . . .	_____	
Interest received . . . . .	_____	
Principal payments received . . . . .	_____	

Property was sold to a related party

# Checklist

Corporation Name:

EIN:

## Checklist



## Questionnaire

Corporation Name:

EIN:

### Questionnaire