

## 2024 Tax Organizer for Corporations Business Information

### Business Information

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

**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

## Questionnaire

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

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

### Questionnaire

I wish to receive my tax return in the following format(charges are donated to the National Multiple Sclerosis Society):

Portal: \_\_\_\_\_ Paper(\$5.00): \_\_\_\_\_ Memory Stick(supplied by you): \_\_\_\_\_

**Please Note: Request for copies of tax returns for 3rd party use will be posted to the portal for you to download and provide to the 3rd party - we will no longer provide your information directly to a 3rd party.**

#### Yes No

- ☐ ☐ ☐ Do you give Davis-Smith Accounting Associates permission to send invoices & statements via email?  
☐ ☐ ☐ Did you make any payments (\$600.00 or more) that would require you to file form(s) 1099?

#### Yes No

- ☐ ☐ ☐ Did you or will you file ALL required form(s) 1099?  
☐ ☐ ☐ Did you have employees?

If yes, please answer the following questions. If no, please move to the next section.

#### Yes No

- ☐ ☐ ☐ Did the business provide health insurance to the employees?  
☐ ☐ ☐ Did you offer ANY type of benefits to your employees(health/dental/vision/life/etc.)?  
☐ ☐ ☐ Did you receive the Employee Retention Credit?  
     If yes, amount of credit: \_\_\_\_\_  
     Please provide copies of all paperwork related to the credit.  
☐ ☐ ☐ Did you purchase a new or used electric vehicle?  
     a. Please provide copies of all paperwork related to the credit.  
☐ ☐ ☐ Have you or will you file the beneficial owners report with FINCEN?  
☐ ☐ ☐ Did you have any transactions in any form of crypto-currency(Bitcoin, Ethereum, Coinbase)?  
☐ ☐ ☐ Did you have any income from an on-line business(E-bay Etsy, Facebook Marketplace) or income from Uber, Airbnb, or DoorDash?  
☐ ☐ ☐ Did you have a foreign bank account or have an interest in a foreign trust?  
     Please note: Penalties for failure to report foreign source income or ownership of foreign accounts start at \$10,000.00 per violation.

#### IF YOU OWN RENTAL PROPERTY:

#### Yes No

- ☐ ☐ ☐ On a regular basis(at least bi-weekly) & continuously throughout the year, do you consult with advisors, property managers, or personally visit the property(s)?  
☐ ☐ ☐ Is the activity conducted with a profit motive?  
☐ ☐ ☐ Do you spend several hours regularly or bi-weekly dealing with the advisors, managers, or personally with tenants, repair or maintenance companies or on-site issues?  
☐ ☐ ☐ Do you maintain written calendar time records to prove the regular, substantial, continuous activity?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Officer Information

Corporation Name:

EIN:

[illegible]