

2024 Tax Organizer Exempt Organization Information

General Information

Organization name		EIN	
Doing business as			
Street address, city, state, and ZIP			
Email address			
Phone number		Cell number	
		Fax number	

Yes No

☐ ☐ Does the organization file under a calendar year?

If "No," what is the tax year begin date? _____ Tax year end date? _____

The organization is exempt under section:

☐ 501 () () ☐ 408(e) ☐ 408A ☐ 529(a) ☐ 220(e) ☐ 530(a) ☐ 529A

If the organization is filing a group return or if the organization is a central / subordinate organization in a group exemption and is filing a separate return, what is the group exemption number? _____

What type of entity is the organization?

☐ Corporation ☐ Trust ☐ Association ☐ Other trust ☐ State college / university

☐ ☐ Is the organization a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation?

☐ ☐ Did the organization have any unrelated trades or businesses?

If "Yes," how many? _____

☐ ☐ During the tax year, was 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 (EIN) _____

Name of parent corporation _____

Provide the name and phone number of the person who has the organization's books and records.

Name _____

Phone number _____

Estimates

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

Account Information for Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account	
			Checking	Savings

Questionnaire

Organization 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 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 receive the Employee Retention Credit?
 If yes, amount of credit: _____
 Please provide copies of all paperwork related to the credit.
☐ ☐ ☐ 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: _____