2 0 1 6 BUSINESS TAX ORGANIZER

Please answer each question as accurately as possible. The information you provide will help ensure the accuracy of your tax returns (reducing the likelihood of audits, interest, and penalties), and will assist in ensuring that you receive all deductions for which you are qualified (saving you money).

_____ _____
Company Name Federal ID Number

_____
Company's Current Address (to be used on tax return)

_____ _____ _____
Your Name Phone # Email Address

TAX COMPLIANCE MATTERS	YES	NO	N/A	NOT SURE
1. Have all required W-3's, W-2's and 1099's been issued/filed?	_____	_____	_____	_____
2. Did you maintain mileage logs for all vehicles used for business purposes?	_____	_____	_____	_____
3. Do you have records to support business purpose for meals, travel, and entertainment claimed?	_____	_____	_____	_____
4. Do you maintain records to support business purpose for expense reimbursements made to shareholders/members and employees?	_____	_____	_____	_____
5. Do you have documentation to support all charitable contributions of $250 or more?	_____	_____	_____	_____
6. Do you have an EFTPS, IL MyTax, or other online tax account? (please provide logins/passwords so we may clarify any issues)	_____	_____	_____	_____
7. Do you have any overdue payroll, sales, or business property taxes? (please provide details)	_____	_____	_____	_____
8. Did your business have foreign income or a foreign bank account?	_____	_____	_____	_____
9. Do your employees receive tips? If so were those tips reported as wages?	_____	_____	_____	_____
10. Did your business continue to pay wages to an armed service member while away on active duty during the year?	_____	_____	_____	_____
11. Did your business pay or incur any expenses to provide access to persons with disabilities?	_____	_____	_____	_____

	YES	NO	N/A	NOT SURE

TAX COMPLIANCE MATTERS (cont'd)

12. Did you buy fuel to operate business equipment or off-road vehicles? (please provide total gallons used)	_____	_____	_____	_____
13. Did your company offer an employee pension plan this year? If so, will you do a profit sharing contribution? Y / N	_____	_____	_____	_____
14. Did your business offer health insurance benefits to employees who are not owners or owners' family members?	_____	_____	_____	_____
15. Are there any other credits or deductions related to your industry for which you feel you may qualify?	_____	_____	_____	_____
16. Please list all shareholders/partners in your business and the approximate number of hours each works in the business each year:				

OTHER INFO IMPACTING TAX PREPARATION

17. Did you receive any letters or tax notices from the IRS or other tax authorities that we do not already have copies of?	_____	_____	_____	_____
18. Did your business experience any of the following situations this year:				
a.) change or add states where it operates or makes sales?	_____	_____	_____	_____
b.) operate or make sales in St. Louis City?	_____	_____	_____	_____
c.) buy or sell a business or a business segment?	_____	_____	_____	_____
d.) engage in any new activities?	_____	_____	_____	_____
e.) incur any theft or casualty losses during the year?	_____	_____	_____	_____
f.) retire or sell any assets currently listed on the depreciation schedule? (Please explain)	_____	_____	_____	_____
g.) buy any single assets over $250? (Please provide a list including dates purchased and amounts)	_____	_____	_____	_____
h.) engage in any bartering/trading of goods or services during the year?	_____	_____	_____	_____
i.) receive any debt forgiveness?	_____	_____	_____	_____

	YES	NO	N/A	NOT SURE

OTHER INFO IMPACTING TAX PREPARATION (cont'd)

18. Did your business experience any of the following situations this year (cont'd):

j.) Have any uncollectable accounts?	_____	_____	_____	_____
k.) Refinance or restructure any outstanding debt?	_____	_____	_____	_____
l.) Have major repairs performed on equipment, property, or leased facilities?	_____	_____	_____	_____
m.) Loan money to or receive loans from officers, members, or shareholders?	_____	_____	_____	_____
n.) Pay life insurance premiums for officers or employees?	_____	_____	_____	_____
o.) Owner or ownership % changes?	_____	_____	_____	_____
p.) Officer/director appointment changes?	_____	_____	_____	_____
q.) Any other matters we should be aware of?	_____	_____	_____	_____

Please make sure you provide us with copies of the following:

1.) Monthly statements for all bank accounts

2.) Loan, line-of-credit, and credit card statements as-of 12/31 and interest/activity for the year

3.) Invoices for single-item purchases over $250 (vehicles, equipment, furniture and fixtures)that need to be capitalized and depreciated

4.) W-3, W-2, and 1099's (if our firm did not prepare them)

5.) Login/passwords for your EFTPS, IL MyTax, and any other online tax accounts so we can easily clarify issues

6.) If your business operates in multiple states, provide a breakdown of sales and wages by location

I have compiled the information provided and answers contained in this document. I certify that the information is complete and truthfully reflects my business operations for the 2016 tax year.

_____ _____

Officer signature Date