

LLC Tax Organizer

Use a separate sheet for each LLC

LLC General Information

Legal name of LLC	EIN#	-
LLC address <input type="checkbox"/> (check if new address)		
Tax Matters Individual	Title	Phone ()
Principal business activity		
Principal product or service		
<input type="checkbox"/> Yes <input type="checkbox"/> No Was the primary purpose of the LLC activity to realize a profit?		
Accounting method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)		
<input type="checkbox"/> Yes <input type="checkbox"/> No Does the LLC file under a calendar year? (If no, what is the fiscal year?)		
<input type="checkbox"/> Yes <input type="checkbox"/> No Has the LLC made the election to be taxed as a corporation?		
If the LLC is an S corporation, provide a copy of Form 2553, <i>Election by a Small Business Corporation</i> , and the acceptance letter from the IRS.		

LLC Specific Questions

<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the LLC have an operating agreement? (If this is the first year of the LLC's existence, please provide a copy of the operating agreement and the articles of organization)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are all members actively participating in the business?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the LLC publicly traded?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is any member in the LLC a disregarded entity, a partnership, a trust, an S corporation, or an estate?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the LLC a partner in another partnership?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did any foreign or domestic corporation, partnership, trust, tax-exempt organization, individual, or estate own directly or indirectly 50% or more of the profit, loss, or capital of the LLC?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the LLC own directly 20% or more, or own directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the LLC have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce principal amount of debt?
<input type="checkbox"/> Yes <input type="checkbox"/> No	At any time during the year, did the LLC have an interest in, or signature authority over a financial account 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 an LLC interest during the tax year?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the LLC satisfy the following conditions? <ul style="list-style-type: none"> • The LLC's total receipts for the tax year were less than \$250,000. • The LLC's total assets at the end of the tax year were less than \$1 million.

Principal Members Ownership Information

Name	Tax ID number (SSN or EIN)	Address	Ownership percentage	Member or member-manager	U.S. citizen?

LLC Other Transactions

Member name	Guaranteed payments	Health insurance premiums paid	Capital contributions from member	Distributions to member	Member loans to the LLC	Loans repaid by LLC to member

All Clients – Additional information and documents required

- Provide the income/financial statements for the year (per books), balance sheet, depreciation schedule per books, and cash reconciliation of business bank accounts with ending cash balance.
- If the LLC has employees or paid independent contractors, provide a copy of all W-2, 1099-MISC and any other forms issued to workers.
- If any members live in a different state or outside the U.S., provide details. The business may be subject to withholding requirements.

New Clients – Additional information and documents required

- | |
|--|
| Date LLC formed |
| State LLC formed in |
| <ul style="list-style-type: none"> • Provide copies of LLC's Articles of Organization and Operating Agreement (if any). • Provide copies of depreciation schedules for book, tax, and AMT. • Provide copies of tax returns for last two years, including state returns (if applicable). |

LLC Income	
Gross receipts or sales	\$
Returns and allowances	\$ ()
Interest income (include all 1099-INT Forms)	\$
Dividends income (include all 1099-DIV Forms)	\$
Capital gain/loss (include all 1099-B Forms)	\$
Other income (loss) (include a statement)	\$

LLC Cost of Goods Sold (for manufacturers, wholesalers, and businesses that make, buy, or sell goods)	
Inventory at beginning of the year	\$
Purchases	\$
Cost of labor	\$
Materials and supplies	\$
Inventory at the end of the year	\$

LLC Expenses			
Advertising	\$	Legal and professional services	\$
Bad debts	\$	Management fees	\$
Bank charges	\$	Office supplies	\$
Business licenses	\$	Organization costs	\$
Commissions and fees	\$	Pension and profit sharing plans	\$
Contract labor	\$	Rent or lease – car, machinery, equipment	\$
Employee benefit programs	\$	Rent or lease – other business property	\$
Employee health care plans	\$	Repairs and maintenance	\$
Entertainment and business meals	\$	Taxes – payroll	\$
Gifts	\$	Taxes – property	\$
Guaranteed payments to members	\$	Taxes – sales	\$
Insurance (other than health insurance)	\$	Taxes – state	\$
Interest – mortgage	\$	Telephone	\$
Interest – other	\$	Utilities	\$
Internet service	\$	Wages	\$

Other Expenses – List out type and expense amount			
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Equipment Purchases – Enter the following information for depreciable assets purchased that have a useful life greater than one year				
Asset	Date purchased	Cost	Date placed in service	New or used?
		\$		
		\$		
		\$		
		\$		
		\$		

Equipment Sold or Disposed of During Year				
Asset	Date out of service	Date sold	Selling price/FMV	Trade-in?
			\$	
			\$	
			\$	
			\$	
			\$	

LLC Business Credits		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the business pay expenses to make it accessible by individuals with disabilities?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the business pay any FICA on employee wages for tips above minimum wage?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the business own any residential rental buildings providing qualified low-income housing?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the business incur any research and experimental expenditures during the tax year?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the business have employer pension plan start-up costs?	Total number of employees
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the business pay health insurance premiums for employees?	Total number of employees

If answered Yes for any of the above, please provide a statement with details.