



LLC Tax Organizer

New Clients:

- Provide copies of LLC's Articles of Organization and Operating Agreement (if any).
- Provide copies of Depreciation Schedules for book, Tax and AMT, and copies of Tax Returns for last two years, including State Returns.

LLC General Information:

Legal Name of LLC:		EIN#:
Address:		
New Clients	Date LLC Formed:	State LLC Formed in:
Tax Matters Individual:	Phone:	Title:
Yes No	Did the Corporation have a change of Business Name during the year?	
Principal Business Activity:		
Principal Product or Service:		
Yes No	Was the Primary Purpose of the LLC activity to Realize a Profit?	
Accounting Method:	Cash	Accrual Other (specify)
Yes No	Does the LLC file under a Calendar Year? (If no, what is the fiscal year?)	
Yes 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, Election by a Small Business Corporation, and the acceptance letter from the IRS.		

LLC Specific Questions

Yes No	Did 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.)
Yes No	Are all members actively participating in the business?
Yes No	Is any member in the LLC a Disregarded Entity, a Partnership, a Trust, an S Corporation, or an Estate?
Yes No	Is the LLC a partner in another partnership?
Yes 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?
Yes 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?
Yes 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?
Yes 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?
Yes No	Was there distribution of property or transfer (by sale or death) of an LLC interest during the tax year?
Yes 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 year were less than \$1 million.
Yes No	Did the LLC pay \$600 or more to any individual? If yes, include a copy of Form 1099-MISC for each.

Principal Members Ownership Information

Name	Tax ID # (SSN or EIN)	Address	Ownership Percentage	Member or Member-Manager	U.S Citizen?
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

LLC Other Transactions

Member Name	Guaranteed Payments	Health Insurance Premiums Paid	Capital Contributions from Member	Distributions to Member	Member Loans to LLC	Loans Repaid by LLC to Member

LLC Income (Include all Forms 1099-K Received)

Gross Receipts or Sales	\$	Dividends Income (Include all 1099-DIV Forms)	\$
Returns and Allowances	\$	Capital Gain/Loss (Include all 1099-B Forms)	\$
Interest Income (Include all 1099-INT Forms)	\$	Other Income (loss) (Include statement)	\$

LLC Cost of Goods Sold (for manufacturers, wholesalers, and businesses that make, buy, or sell goods)

Inventory at Beginning of the Year	\$	Inventory at the End of the Year	\$
Purchases	\$	Materials and Supplies	\$
Cost of Labor	\$		

LLC Expenses

Advertising	\$	Management Fees	\$
Bad Debts	\$	Office Supplies	\$
Bank Charges	\$	Organization Costs	\$
Business Licenses	\$	Pension and Profit Sharing Plans	\$
Commissions and Fees	\$	Rent or Lease- car, machinery, equipment	\$
Contract Labor	\$	Rent or Lease- Other Business Property	\$
Employee Benefit Programs	\$	Repairs and Maintenance	\$
Employee Health Care Plans	\$	Taxes- Payroll	\$
Entertainment and Business Meals	\$	Taxes- Property	\$
Gifts	\$	Taxes- Sales	\$
Guaranteed Payments to Members	\$	Taxes- State	\$
Insurance (other than health)	\$	Telephone	\$
Interest- business loans/credit lines	\$	Utilities	\$
Interest- Mortgage	\$	Wages	\$
Interest- Other	\$	Other	\$
Internet Service	\$	Other	\$
Legal and professional Services	\$	Other	\$

Car Expenses- Use a separate form for each vehicle

Make/Model:			Date Car Placed in Service:		
Yes	No	Car Available for personal use during off-duty hours?			
Yes	No	Do you (or spouse) have any other cars for personal use?	Did you trade in your car this year? Yes No		
Yes	No	Do you have evidence?	Cost of Trade-In		Trade-In Value
Yes	No	Is your evidence written?	\$		\$
Mileage			Actual Expenses		
Beginning of Year Odometer			Gas/Oil		\$
End of Year Odometer			Insurance		\$
Business Mileage			Parking Fees/ Tolls		\$
Commuting Mileage			Registration/ Fees		\$
Other Mileage			Repairs		\$

*You can use either the standard mileage rate or actual expenses to figure the deductible costs of operating your car for business purposes. However, to use the standard mileage rate, it must be used in the first year the car is available for business. In later years, you can then choose between either the standard mileage rate method or actual expenses.

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 (if answered Yes for any of the below, please provide a statement with details)

Yes	No	Did the business pay expenses to make it accessible by individuals with disabilities?		
Yes	No	Did the business pay any FICA on employee wages for tips above minimum wage?		
Yes	No	Did the business own any residential rental building providing qualified low-income housing?		
Yes	No	Did the business incur any research and experimental expenditures during the tax year?		
Yes	No	Did the business have employer pension plan start-up costs?	Total Number of Employees #	
Yes	No	Did the business pay health insurance premiums for employees?	Total Number of Employees #	

All Clients

- 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, W-3, 940, 941, 1096, 1099-MISC, and any other forms issued to workers.
- If any members live in a different state or outside the United States, provide details. The business may be subject to withholding requirements.