

Business Tax Organizer

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We need you to complete this form and send it to us before we can do your taxes. Once you have completed the form on-line, you can print the form and/or save the file. Either mail the form to the address above, fax it to 651 645-0034 or attach the saved document to an e-mail addressed to rick@painterconsulting.com. If you have rental property, open the "Rental Property" form and fill out one for each property. When you send us your form, you agree to have us do your taxes and will be charged our standard fees which start at \$395.

Business Information: Year: My company is going out of business. This is its final tax return ever.

Name Business Phone:
Address Business FAX
City State Zip Code Business e-mail:
IRS recognized S-Corp Start Date Federal ID #: State ID #:
State Charter #: Date Incorporated:
Method of Accounting: Accrual Cash Other

CEO Information:

CEO Name: Start-up Cost:
CEO Address: Organizational Cost:
City State Zip Code Capital Stock Value:
EOY Bank Cash (12/31 bank balance): CEO phone:

Shareholder & Basis Information:

Each Shareholder must state a basis. Basis is the yearly stock purchase value plus loans to the company value. These numbers must be provided yearly. If you have been a company for more than this year, we need a basis for last year as well, we need you to state last year's basis here: Last year's Stock Purchase \$
Last year's Loan \$

Shareholder and Basis for this year:

Shareholder	<input type="text"/>	SS #	<input type="text"/>	Stock Purchase \$	<input type="text"/>	Loan \$	<input type="text"/>	% Owned:	<input type="text"/>
Address	<input type="text"/>								
Shareholder	<input type="text"/>	SS #	<input type="text"/>	Stock Purchase \$	<input type="text"/>	Loan \$	<input type="text"/>	% Owned:	<input type="text"/>
Address	<input type="text"/>								
Shareholder	<input type="text"/>	SS #	<input type="text"/>	Stock Purchase \$	<input type="text"/>	Loan \$	<input type="text"/>	% Owned:	<input type="text"/>
Address	<input type="text"/>								
Shareholder	<input type="text"/>	SS #	<input type="text"/>	Stock Purchase \$	<input type="text"/>	Loan \$	<input type="text"/>	% Owned:	<input type="text"/>
Address	<input type="text"/>								

Income

1a Bank card sales: [] 1099 income: [] All other sales: [] Less returns: []

Cost of Goods Sold

1 Inventory at BEGINNING of year: [] 4 Additional Costs []
2 Purchases [] 5 Inventory at END of year []
3 Cost of Labor [] Total Cost of Goods Sold: []

Expenses / Deductions

7a Compensation to Officers or Shareholders paid on a W-2 or guaranteed payments to partners []
7b Money/Property/Compensation distributed to Officers/Shareholders as dividends NOT INCLUDED on a W-2 []
8 Salaries and wages paid on a W-2 to employees NOT Officers or Shareholders []
9 Repairs and Maintenance []
10 Bad debts []
11 Rents []
12a Employer Paid Payroll Taxes (Not included in wages above) []
12b License Fees, Property Taxes, Sales Taxes []
13 Interest []
16 Advertising []
17 Pension, Profit-sharing plans, etc. []
18a Employee Benefit Programs - Shareholders []
18b Employee Benefit Programs - Employees []
1 Accounting []
2 Amortization []
3 Automobile & Truck expense (Fill out the Vehicle Information Worksheet) []
4 Bank Charges []
5 Cleaning []
6 Commissions []
6a Computer Services & Supplies []
7 Credit and Collection Costs []

Expenses / Deductions, con't

8	Delivery and Freight	<input type="text"/>
9	Discounts	<input type="text"/>
10	Dues and Subscriptions	<input type="text"/>
11	Equipment Rentals	<input type="text"/>
12	Gifts	<input type="text"/>
13	Insurance	<input type="text"/>
14	Janitorial	<input type="text"/>
15	Laundry and Cleaning	<input type="text"/>
16	Legal and Professional	<input type="text"/>
17	Meals and Entertainment in Full	<input type="text"/>
18	Miscellaneous	<input type="text"/>
19	Office Expense	<input type="text"/>
20	Contractors (1099)	<input type="text"/> Sent required 1099's? Yes/No <input type="text"/>
21	Parking Fees and Tolls	<input type="text"/>
22	Permits and Fees	<input type="text"/>
23	Postage	<input type="text"/>
24	Printing	<input type="text"/>
25	Security	<input type="text"/>
26	Supplies	<input type="text"/>
27	Telephone	<input type="text"/>
28	Tools	<input type="text"/>
28a	Training & Education	<input type="text"/>
29	Travel	<input type="text"/>
30	Uniforms	<input type="text"/>
31	Utilities	<input type="text"/>
32	Other: Specify	<input type="text"/>

Vehicle Information Worksheet

24 Do you have evidence to support the business / investment use claimed? Yes No

If yes, is the evidence written? Yes No

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6
26a Type of Vehicle (Car /Truck)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
26b Make	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
26c Model	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
26d Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
26e Date Placed in Service	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
26f Business Use Percentage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
26g Cost or Other Basis	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
30 Total Business Miles Driven (this Year)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
31 Total Commuting Miles Driven (this Year)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
32 Total personal miles (non-commuting)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
33 Total miles driven during the year. Add lines 30-32.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
X1 Beginning Odometer Reading	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
X2 Ending Odometer Reading	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
34 Was this vehicle used for personal use during off-duty	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
35 Was this vehicle used primarily by a 5%-or-more owner or related person	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
36 Is another vehicle available for personal use?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Asset Worksheet

List all assets bought or sold during the current year
(computers, company-owned vehicles, machines, equipment, etc.)

	Description	Date of purchase or Sale	Cost or Sales Price	
X3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Purchased <input type="checkbox"/> Sold
X4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Purchased <input type="checkbox"/> Sold
X5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Purchased <input type="checkbox"/> Sold
X6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Purchased <input type="checkbox"/> Sold
X7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Purchased <input type="checkbox"/> Sold
X8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Purchased <input type="checkbox"/> Sold
X9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Purchased <input type="checkbox"/> Sold
X10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Purchased <input type="checkbox"/> Sold
X11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Purchased <input type="checkbox"/> Sold
X12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Purchased <input type="checkbox"/> Sold
X13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Purchased <input type="checkbox"/> Sold
X14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Purchased <input type="checkbox"/> Sold
X15	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Purchased <input type="checkbox"/> Sold

Balance Sheet

If you have assets or sales over \$250,000 you will need to submit a Balance Sheet with your Business Tax Organizer.

Once you have completed the form on-line, you can print the form and/or save the file. Either mail the form to the address above, fax it to 651 645-0034 or attach the saved document to an e-mail addressed to rick@painterconsulting.com. Questions? Please call 651-917-3727.

Enter any comments or special instructions for the tax preparer below.

[Empty rectangular box for tax preparer comments]