Business/Fiduciary Tax Return Acknowledgement & Preferences

HOW DO YOU WANT TO RECEIVE YOUR TAX RETURN?

❑ I want to pick up a **paper copy** from the office

❑ I want a **digital*** copy *email required*

_____

❑ I want my paper copy **mailed*** to:

_____

_____

❑ *Please send it certified*

* If you request to have your return delivered to you only digitally or by mail, a summary of your return, eFile Signature Form, and invoice for our services will be sent to you. Your full return will be sent after payment has been made. Any original documents you provided will be mailed back to you.

THE BEST WAY TO CONTACT YOU

☐ Phone _____

☐ Email _____

HOW DO YOU WANT TO FILE YOUR RETURN?

❑ I want to file it electronically* *(default if none selected)*

❑ I want to mail in a paper copy**

* You will be required to verify and sign a completed Form 8879, IRS e-file Signature Authorization, and any state equivalent authorization form before your returns can be filed electronically. If married and filing jointly, your spouse will also need to sign. If no preference is indicated, we will set your return up to eFile.

**You will be required to sign an opt-out form indicating that you do not want to e-file your tax return.

IF YOU WILL BE PROVIDING US WITH A QUICKBOOKS FILE:

If you are sending an Accountant's Copy through QuickBooks, please call and confirm we have received it.

QuickBooks Version: _____ **Password: _____**

ITEMS NEEDED FOR YOUR RETURN INCLUDE:

- Report of Income received
- Record of Expenses Paid including mileage, home office, travel, meals and entertainment, and any car/truck expenses
- Bank Statements for the year
- Any B&O Tax Statements for the year
- Excise Tax Returns for the year
- Payroll Tax Returns for the year
- **If you are not sending us a QuickBooks file, please also include:**
  - Balance Sheet
  - Profit and Loss report
  - Inventory Valuation
  - Payroll Summary

Please Sign & Date below:

Due to Federal and State Regulations, we are required to have you complete and sign this page indicating having read and fully understood the attached engagement letter.

I/we agree to engage Toyer, Dietrich & Associates in accordance with the terms indicated in the engagement letter. I/we understand the returns are to be prepared from information I/we provide and that the final responsibility for a complete and accurate return rests with me/us. It is also my/our responsibility to review and understand the information on the returns prior to signing and filing them. If the engagement is terminated by either party prior to completion, I/we remain liable for all charges incurred in the preparation of the tax return(s) up until that point and agree to pay such charges upon receipt of invoice. ***I/we also understand that payment for services is due at the time of pick-up and that my return(s) will not be filed until payment is made or payment arrangements have been made and agree that Toyer, Dietrich & Associates are not liable for any penalties and/or interest that may be incurred.*** Taxes are processed in the order received. ***Peak season is January-May and returns received may take longer to complete during and in the months after this time due to the volume of returns received.*** Toyer, Dietrich & Associates will treat all tax documents received for processing without this signed document as an acceptance of the terms included in the enclosed engagement letter.

_____ _____

Business/Trust/Estate Name(s) Name of Contact Person

_____ _____

Signature Date

C-Corporation Tax Organizer

Please provide and/or correct any information that is missing or outdated

C-Corporation Name: _____ EIN: _____
Mailing Address: _____ City:_____ State:_____ Zip:_____
Contact Name: _____ Email: _____
Contact Phone Numbers:
Office: _____ Cell: _____ Home: _____

FILING INFORMATION - Please answer "Yes" or "No" to the following questions	**YES**	**NO**
Is this the Corporation's first year as a corporation?	❑	❑
What is the state of incorporation?_____What is the Corporation's state of residence? _____		
What date was the corporation first authorized to do business in the resident state?		
Did the Corporation have a change of business name during the year?	❑	❑
Is there a change of address for the year?	❑	❑
What is the principal business activity of the Corporation? _____		
What accounting method does the Corporation use? ❑ Cash ❑Accrual ❑Other (describe) _____		
Does the Corporation file under a calendar year? *(If not, what is the fiscal year?)*_____	❑	❑
Did any entity own more than 50% of the Corporation's voting stock on the last day of the year?	❑	❑
How many shareholders were there on the last day of the year? _____		

QuickBooks Users
If you maintain your organization's books using QuickBooks, you may provide our office with either an Accountant's Copy (2022 or newer for Desktop) or Backup Copy (older than 2022 for Desktop). **Please complete the green Tax Return Acknowledgment & Preferences sheet to let us know the version you are providing and the password to access it.**

Other Bookkeeping System Users
If you maintain your organization's books using another accounting software, please provide our office with the following:

- ❑ Profit and Loss Statement
- ❑ Balance Sheet

You will not need to fill out the income, expense and balance sheet sections of this checklist

If you would like our accounting staff to prepare organizational income and expense reports for you, there will be an additional fee to do so. If you prefer this option, please provide us with the following documents:

- ❑ Business Bank statements for all months of the year
- ❑ Credit cards (for business-use credit cards)
- ❑ Receipts for cash purchases not shown on bank or credit card statements
- ❑ Checkbook register
    - Identify all checks by entering an expense category in the memo section
    - Identify a personal withdrawal of funds as "Shareholder Distribution"

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- Identify a deposit of personal funds to your business account as "Shareholder Contribution." If contributions and distributions were made for more than one shareholder during the year, provide separate information to each shareholder.

SHAREHOLDER INFORMATION – **Enter information for all Shareholders who owned shares at any time during the year**					
First Name – Last Name	**Social Security Number**	**Shareholder Mailing Address City, State, Zip**	**% of shares owned at start of year**	**% of shares owned at the end of the year**	**Dividends issued to shareholder during the year**

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INCOME

Total gross receipts or sales for the year *(not including rental property)* $ _____
What portion of the receipts were reported on Form 1099-K? $ _____
What portion of gross sales was refunded or returned? $ _____
Total gross receipts for **rental property** owned by the Corporation? $ _____

Did the Corporation have any other income from this business activity not included in the gross receipts above?
❑ Yes ❑ No
(If the Corporation had investment or capital gain income or the year, please provide all applicable Brokerage Statements)

Describe any other income of the Corporation not included elsewhere in this checklist:

_____

_____

CORPORATION BALANCE SHEET

If the Corporation gross receipts and/or assets at the end of the year were greater than $250,000 the following information must be provided to the IRS. Even if the Corporation is not required to provide this information, we request you provide it if possible.

Assets at year end		**Debts and Equity at year end**	
Bank account end of year balance	$	Accounts payable at year end	$
Accounts receivable ay end of year	$	Payables less than 1 year	$
Loans to shareholders	$	Payables more than 1 year	$
Mortgages and loans held by Corp.	$	Capital Stock	$
Stocks, bonds & securities	$	Loans from shareholders	$
Other current assets (describe)	$	Retained Earnings	$

COST OF GOODS SOLD

Beginning Inventory: $ _____
Purchases less cost of items withdrawn for personal use: $ _____
Cost of Labor (do not include amounts paid to yourself): $ _____
Materials & Supplies: $ _____
Other costs of goods sold: _____

_____

_____

Ending Inventory: $ _____

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BUSINESS EXPENSES

Expenses

Description	Cost
Advertising	
Car & Truck Expenses *(complete Business Use of Automobile section)*	
Parking Fees & Tolls	
Commissions & Fees	
Contract Labor	
Employee benefit programs & health insurance (other than pension & profit-sharing plans)	
Insurance (other than health)	
Interest – mortgage (paid to banks)	
Interest – other	
Legal & professional fees	
Office Expense	
Pension & profit-sharing plans	
Rent or lease – vehicles, machinery & equipment	
Rent or lease – other business property	
Repairs & maintenance	
Supplies (not included in Cost of Goods Sold)	
Taxes & licenses	
Travel	
Meals	
Entertainment (deductible only on some state returns)	
Utilities	
Dependent care benefits	

Description	Cost
Bank Fees & Charges	
Cell Phone *(100% of cost)* $_____ Business Use _____ %	
Dues & Subscriptions	
Licensing Fees	
Internet Service	
Laundry/cleaning/professional	
Annual Corporation fees	
Other Expenses	

Please provide copies of:

- ❑ Excise Tax Statements
- ❑ Local/State Tax Statements
- ❑ Federal Payroll Forms
  - o W-2 & W-3
  - o 1096 & all 1099 forms issued
- ❑ Lease agreements

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BUSINESS USE OF AUTOMOBILE

Vehicles:

	Vehicle #1	Vehicle #2
Description of vehicle:		
Date placed in service MM/DD/YY		
Do you (or your spouse) have another vehicle available for your personal use?	☐ No ☐ Yes	☐ No ☐ Yes
Was your vehicle available for use during off-duty hours?	☐ No ☐ Yes	☐ No ☐ Yes

Mileage:

Total miles for 2023		
Total business miles		
Total commuting miles for 1 year		
Actual Expenses:		
Gasoline, oil, repairs, insurance, etc.		
Interest		
Taxes		
Fair market value of leased vehicle		
Vehicle rentals/leases		

If you are an employer who provides vehicles for use by employees:

1. Do you maintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees? ☐ No ☐ Yes

2. Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ☐ No ☐ Yes

3. Do you treat all use of vehicles by employees as personal use? ☐ No ☐ Yes

4. Do you provide more than five (5) vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? ☐ No ☐ Yes

5. Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle, and limits the total mileage outside the salesperson's normal working hours? ☐ No ☐ Yes

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OTHER DEDUCTIONS & CREDITS

Information relating to deductions and credits the Corporation may qualify for			
	YES	NO	Details
Did the Corporation purchase a plug-in vehicle this year?	❑	❑	
Did the Corporation pay wages to any employees who were members of a targeted group?	❑	❑	
Did the Corporation initiate a new 401K plan during the year?	❑	❑	
Did the Corporation pay for disabled access equipment or improvements during the year?	❑	❑	
Did the corporation make energy-efficient improvements?	❑	❑	
Did the Corporation manufacture or build a product inside the United States? If so, the following additional information will be needed to complete the Corporation's return: • Gross receipts from sales of domestically produced product • Cost of Domestically produced goods • Expenses, deductions or losses directly allocable to the domestic product • Expenses, deductions or losses indirectly allocable to the domestic product • Wages paid for the year	❑	❑	

Business Use of Home

Partial Use of Your Home for Business:

Square footage of home used exclusively for business……..	
Total square footage of home …….	
Were improvements made to the home and/or home office since the time you began using the home for business? ……..	☐ No ☐ Yes

Complete this section only if your home was used for daycare:

Total hours home was used for day care during the year ……	
Was your home used for day care purposes for the entire year?	☐ No ☐ Yes

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Business Use of Home (Continued)

Expenses: **ENTER ALL EXPENSES 100%**

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect business expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

	Direct Expenses:	Indirect Expenses:
	Amount	***Amount***
Casualty Losses ……..		
Deductible mortgage interest paid to:		
• Financial Institutions …….		
• Individuals …….		
Real Estate Taxes ……		
Utilities …….		
Rent ……		

Other Expenses:

Description	Direct Expenses	Indirect Expenses

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest was Paid: _____

Identification Number of Individual: _____

Address of Individual to Whom Mortgage Interest Was Paid:

_____

C-Corporation Tax Organizer

PROPERTY AND EQUIPMENT

You must report the purchase and disposition of all assets you used in your business. For each asset bought or sold, provide the following information:					
Assets purchased during the year			Assets sold or disposed of during the year		
Description	Date Bought	Cost	Description	Disposition Date	Cost