S Corporation Tax Organizer

(See next page for Organizer)



Wink Tax Services, Inc.

2701 Troy Center Drive, Ste 430 Troy, MI 48084 PH 248-816-1220 / Fax 248-816-1256 TF 800-276-8319 / Text 248-800-6013

www.winktax.com and www.winktax.tax

S Corporation Tax Organizer

Use a separate organizer for each S corporation

S Corporatio	n General Infor	mation									
Legal name of S corporation						EIN –					
S corporation	address 🛛 (chec	k if new addre	ess)								
S Corporation	Corporation Representative Titl										
_	Em				nail			Phone (()		
□ Yes □ No	Did the corpora	ition have a o	change of	business	s name du	ring the yea	ır?				
Principal business activity Date business started /									/ /		
Principal pro	Principal product or service Date business closed / /									/ /	
□ Yes □ No Was the primary purpose of the S corporation's activity to realize a profit?											
Accounting method: Cash Accrual Other (specify)											
□ Yes □ No Does the corporation file under a calendar year? (<i>If no, what is the fiscal year</i> ?)											
S Corporatio	n Specific Ques	stions									
🗆 Yes 🗖 No	Did the corpora	tion hold an	annual n	neeting v	vith shareł	nolders with	n a record of mi	inutes ma	intained?)	
🗆 Yes 🗅 No	Was the corpora	ation a C cor	poration l	before it	elected to	be an S corp	poration?				
🗆 Yes 🗅 No	Is any sharehold	der in the co	rporation	a disrega	arded enti	ty, a partner	rship, a trust, ai	n S corpoi	ration, or	an estate?	
🗆 Yes 🗖 No						directly or in	ndirectly, 50% o	or more o	f the total	l stock issued and	l
	outstanding of a	, 0								4 - 200/	
□ Yes □ No	Did the corpora profit, loss, or c									t of 50% or more i	n the
🗆 Yes 🗅 No	Did the corpora	ition have an	y outstan	nding sha	res of rest	ricted stock	at the end of the	ne tax yea	r?		
□ Yes □ No	Did the corpora		•		<u> </u>					· · · · · ·	
🛾 Yes 🖾 No	Did the corpora principal?	ition have an	iy non-sha	areholde	r debt that	t was cancel	led, forgiven, c	or had teri	ms modif	ied to reduce amo	ount of
□ Yes □ No	Was the corpora	ation's S elec	tion term	inated or	revoked	during the y	/ear?				
□ Yes □ No	At any time due country?	ring the year	did the c	orporatio	on have ar	n interest in,	or signature a	uthority o	over, a fina	ancial account in	a foreign
□ Yes □ No	Was there a dist	tribution of p	property c	or a trans	fer (by sal	e or death)	of a shareholde	r interest	during th	ne tax year?	
			<u> </u>			,			0	j	
🗆 Yes 🗖 No	 Does the corporation satisfy the following conditions? The corporation's total receipts for the tax year were less than \$250,000, and The corporation's total assets at the end of the tax year were less than \$250,000. 										
□ Yes □ No	Did the corpora	tion pay \$60	0 or more	e of none	mployee c			dual?			
□ Yes □ No	If yes, include a copy of Form 1099-NEC for each.Did the corporation have a Paycheck Protection Program (PPP) loan that was forgiven in 2024?										
□ Yes □ No	^		•		-					payment for prop	perty or
	services); or (b)										, erey or
Principal Sh	areholders Owi	nership Info	rmation		-						
Tax ID nu: Name/Title (SSN or E			mber	Address					Ownersl percenta		U.S. citizen?
			,							\$	
										\$	
										\$	
How many sl	nareholders were	e there on the	e last day	of the ye	ar?						
Shareholder	s – Provide the fo	llowing inform	nation for a	any share	1			e owner o	f the corpo	pration during the y	ear
Shareholder/Officer name		Wages paid	Health insurance premiums paid		Capital co from shar	ontributions eholder	Distributions to shareholder	Sharehol to corpoi	der loans ration	Loans repaid by c to shareholder	orporation
All Clients -	Additional inform	ation and doc	uments re	auired		New Clie	nts – Additiona	l informati	on and do	cuments required	
					ir (per						
• Provide the business income/financial statements for the year (per books), balance sheet, depreciation schedule per books, and cash reconciliation of all business bank accounts with ending cash balances.				Date incorporated State of incorporation Corporation state domicile							
				Date of S corporation election							
• If the S corporation has employees, provide a copy of Form W-3, Form 940, Form 941, and any state quarterly tax filing reports.					Provide a copy of the Articles of Incorporation, bylaws, and any						
	orm 941, and any oration made pay					corporat	te resolutions.		-	-	
	provide copies of				cincin	• Provide a copy of the depreciation schedules for book, tax, and AMT.					
• If any shareholders live in a different state or outside the United											
	ide details. The co	orporation ma	ay be subj	ect to wit	hholding	and IRS	acceptance.	лиц 2000, .	<i>ธ</i> เธ <i>ิ</i> เเป <i>ท</i> ปุ	j u Smutt Dustriess (sor por ution,
requirement	.5.						1				

S Corporation Balance Sheet							
Corporation	Ι.	Corporation debts and equity at		and equity at year e			
Bank account end of year balan		\$		<u> </u>	e at year end		\$
Accounts receivable at end of ye	ear	\$			n one year		\$
Inventories		\$			an one year		\$
Loans to shareholders		\$		ges, notes	<u> </u>		\$
Mortgages and loans held by co	orporation	\$		rom share			\$
Stocks, bonds, and securities		\$	Capital stock (common)			\$	
Other current assets (include list		\$	Retaine	d earning	s		\$
S Corporation Income (include	all Forms 1099-K rece	eived)					
Gross receipts or sales		\$	Divider	nd income	(include all 1099	-DIV Forms)	\$
Returns and allowances		\$()	Capital gain/loss (include all 1099-B Forms)			\$	
nterest income (include all 1099	-INT Forms)	\$	Other income/loss (include a statement)			\$	
S Corporation Cost of Goods S	Sold (for manufacture	ers, wholesalers, and	l business	es that ma	ke, buy, or sell go	ods)	
nventory at beginning of the ye	ear	\$	Materia	ls and sup	oplies		\$
Purchases		\$		-	end of the year		\$
Cost of labor		\$		·	<i>v</i>		
S Corporation Expenses							
Advertising		\$	Meals -	business			\$
Annual corporation fees		\$	Office s	upplies			\$
Bad debts		\$		zation cost	ts		\$
Bank charges		\$	Pension and profit sharing plans – employee		\$		
Business licenses		\$	Pension and profit sharing plans – shareholder		\$		
Cleaning/janitorial		\$	Professional education and training		\$		
Commissions and fees		\$			r, machinery, eq	0	\$
Compensation of officers		\$			her business pro	<u>^</u>	\$
Contract labor (<i>include Forms</i> 10	99-NEC)	\$	Rent pa		1	1 ,	\$
Employee benefit programs		\$	· ·	and main	itenance		\$
Entertainment (not deductible)		\$			es (include Forms	W-2)	\$
Health care plans – employee		\$	Taxes –				\$
Health care plans – shareholder		\$		property			\$
Insurance (other than health insurance)		\$	Taxes –				\$
Interest – business credit cards		\$	Telephone			\$	
Interest – business loans/credit	lines	\$	Utilities			\$	
Interest – mortgage	inteo	\$	Other expense			\$	
Internet service		\$	Other expense			\$	
Legal and professional services		\$	Other expense			\$	
<u> </u>	rm for each vehicle)	Ψ	outere	Apenbe			Ψ
Car Expenses <i>(use a separate fo</i>	orm for each vehicle)			Data	ala and in comvin		
Make/Model	norconal uso during	off duty hours?		Date car	placed in service	. / /	
	personal use during		al uca?	D:1	tua da in		
, ,	spouse) have any ot	tier cars for person	ai use:				
Yes □ No Do you have evic							
☐ Yes ☐ No Is your evidence	written? Mileage		\$ \$				
<u> </u>		Actual Expenses					
Beginning of year odometer				Gas/oil		\$	
End of year odometer				Insurance		\$	
Business mileage				Parking f		\$	
Commuting mileage				Registration/fees		\$	
Other mileage				Repairs	1 1	\$	
Generally, you can use either the purposes. However, to use the then choose between either the	standard mileage ra	te, it must be used	in the fi	rst year th			
Equipment Purchases – Enter	÷				at have a useful li	fe areater than one	vear
Asset			-	rchased	Cost		ervice New or use

Equipment Furchases – Enter the following information for depreciable assets purchased that have a useful the 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?			
			\$				
			\$				
			\$				
			\$				
S Corporation Business Credits (if you answered Yes for any of the questions below, please provide a statement with details)							

□ Yes □ No Did the corporation pay expenses to make it accessible by individuals with disabilities?

□ Yes □ No | Did the corporation pay any FICA taxes on employee wages for tips above minimum wage?

□ Yes □ No | Did the corporation own any residential rental buildings providing qualified low-income housing?

□ Yes □ No | Did the corporation incur any research and experimental expenditures during the tax year?

□ Yes □ No Did the corporation have employer pension plan start-up costs? Total number of employees

□ Yes □ No Did the corporation pay health insurance premiums for employees? Total number of employees

□ Yes □ No | Did the corporation purchase and place in service any electric vehicles or energy efficient commercial building property?

State Estimated or Pass-Through Entity (PTE) Tax Payments — Tax Year 2024							
State	Amount	Date Paid	State	Amount	Date Paid		
	\$			\$			
	\$			\$			
	\$			\$			
	\$			\$			

Tax Return Preparation

We will prepare the corporation's tax return based on information provided. In the event the return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of the corporation's return do not include auditing, review, or any other verification or assurance.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If additional information is received after we begin working on the return, you will contact us immediately to ensure the completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review documentation.
- You must be able to provide written records of all items included on the return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before the tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer may be required for preparation of returns.
- Keep a copy of the tax return and any related tax documents. You may be assessed a fee if you request a duplicate copy in the future.

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities.

Privacy Policy			
Taxpayer	Title	Date	

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your express written permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.