



STAN P. MOORE CPA, PLLC  
FINANCIAL 360°

# Tax Organizer for Business Returns (Partnership, S-Corp, C-Corp)

Business  
Tax  
Organizer

**2019** Tax Year

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**New & Existing Clients**

**IMPORTANT**

We will be unable to complete your tax return until we have received all necessary pages of the organizer, payment & **SIGNED** Tax Engagement Letter.

**Stan P. Moore CPA, PLLC**



**455 Swiftside Drive, Suite 102**

**Cary, NC 27518**

**Office: (919) 233- 0076**

**Fax: (919) 233-0008**

**[www.stanmoorecpa.com](http://www.stanmoorecpa.com)**

## ACKNOWLEDGEMENT OF CPA FIRM POLICIES

In order to prepare and timely file tax returns, the following must be received:

- ✓ Requested information and documentation
- ✓ Signed Tax Organizer
- ✓ Signed Engagement Letter (this document)
- ✓ Signed Tax Documents (as required) and Quickbooks file
- ✓ Payment for services invoiced

### Tax Return Deadlines

**C-Corporations Federal Tax Returns (Forms 1120)** are due on the **15th day of the 4th month** after the end of the entity's tax year (normally April 15<sup>th</sup> for a 12/31 year-end).

**Federal Extensions** are due **SIX (6) months** after the tax return due date.

**S-Corporations (Form 1120S) AND Partnership Federal Tax Returns (and entities such as LLC's taxed as Partnerships)(Form 1065)** are due on the **15th day of the 3rd month** after the end of the entity's tax year (normally March 15<sup>th</sup> for a 12/31 year end).

**Federal Extensions** are due **SIX (6) months** after the tax return due date.

**Corporate State (NC) Tax Returns and Annual Corporate Reports** are due on the **15th day of the 4th month** after the end of the entity's tax year (normally April 15<sup>th</sup> for a 12/31 year-end).

**State (NC) Extensions** are due **SIX (6) months** after the tax return due date.

**Partnership State (NC) Tax Returns** are due on the **15th day of the 4th month** after the end of the entity's tax year (normally April 15<sup>th</sup> for a 12/31 year-end).

**State (NC) Extensions** are due **SIX (6) months** after the tax return due date.

### Reminders

- ✓ Extensions of tax returns do not extend the time to pay taxes; penalties and interest will be assessed if taxes are due, even if the tax return is extended.
- ✓ Our minimum fee for extension of federal and state business extensions is **\$150**.
- ✓ Tax returns are prepared in the order in which they are received.
- ✓ North Carolina requires Business Annual Reports to be filed and paid by the tax return due date:

**BUSINESSES: You MUST file your Annual Report online at the Secretary of State's website**  
[https://www.sosnc.gov/divisions/business\\_registration/annual\\_report](https://www.sosnc.gov/divisions/business_registration/annual_report)

**Pay the fee online**



For the tax year \_\_\_\_\_, I would like Stan P. Moore CPA PLLC to provide the following services (please check the boxes) for this business entity:

Business Federal & State Income Tax returns

County Business Property tax return (*non-real estate*):

County(ies) of: \_\_\_\_\_

1099's (Due 01/31 for "non-employee compensation"; due 2/28/20 for others)

➤ Please send us copies of signed W-9's

➤ We will send you a spreadsheet to complete 1099 Information

Other: \_\_\_\_\_



**Date:** \_\_\_\_\_

**Subject:** *Preparation of Business Tax Returns for year ending:* \_\_\_\_\_

**Dear Business Client:** (*Company Name:*) \_\_\_\_\_

Thank you for choosing Stan P. Moore, CPA, PLLC to assist with your taxes. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the federal and state income tax returns as you have designated in the Business Organizer. We will depend on management to provide the information we need to prepare complete and accurate returns and may ask management to clarify some items but will not audit or otherwise verify the data submitted. If extensions and/or other services are requested, additional fees apply.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documentation other data that form the basis of these returns as it may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

We will perform accounting services only as needed to prepare the tax returns, excluding amended returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will, of course, inform management of any material errors, fraud, or other illegal acts we discover. This engagement does not include the preparation of any financial statements.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred. The law imposes penalties when taxpayers underestimate their tax liability. Please call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of your company, the alternative selected by management.

Our fee will be based on the time required at standard billing rates (**Please see attached Fee Schedule**) plus out-of-pocket expenses. Billable time includes e-mails, phone calls, meetings, and time spent by our staff for you. Invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days. Tax filings and/or sending copies of returns will not be completed until final payment is rendered in full, including past due amounts, for this company or entities/persons under similar ownership control. **We also provide for Online Credit Card Payments on our invoices.**



**There is a minimum fee of \$150.00 to file an extension (one federal, one state return) which will automatically be filed & invoiced if adequate information requested by us is not received in order to complete the tax return by the initial deadline.**

You are responsible for maintaining records, along with all supporting documents, as these items may later be needed to prove accuracy and completeness of a return.

Our engagement to prepare these tax returns will conclude with the delivery of the completed returns to management (if paper filing) or the signing by the tax matters partner, and the subsequent submittal, of the tax return (if e-filing). If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters partner should review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and return it to us with your retainer payment. This will also acknowledge permission to include you on our email list which is sent to remind you of important tax considerations, changes in the tax code, and other relevant information, unless otherwise requested by you.

We appreciate your confidence in us. Please call if you have questions (919-233-0076).

**Please note the following important items:**

- 1) We must receive the completed Business Organizer, payment, and this Signed Engagement Letter to begin work and complete your returns.
- 2) Appointment cancellations within 24 hours are subject to a \$150 cancellation fee.  
[Click here to Schedule an Appointment online ! OR go to www.stanmoorecpa.com](http://www.stanmoorecpa.com)
- 3) Signing this Engagement Letter hereby affirms your completion of the Business Organizer provided for this tax year, review and acceptance of the "Fee Schedule & Billing Policies."
- 4) We must receive all documentation by February 15, 2020 to complete your return by the initial filing date.

To upload tax information online [Click Here for Web Portal](#) or <http://www.stanmoorecpa.com/login/>

--- OR ---

Email tax documentation and organizer to [client@stanmoorecpa.com](mailto:client@stanmoorecpa.com)

--- OR ---

Drop off or mail to our office

Sincerely,

**STAN P. MOORE, CPA, PLLC**

**Business Name:** \_\_\_\_\_  
*(Please print company name)*

**Accepted By Authorized Individual:** \_\_\_\_\_

**Sign Here:** \_\_\_\_\_

**Officer / Member**

**Printed Name**

**Date:** \_\_\_\_\_

**Tax Year:** \_\_\_\_\_

\*\*\*Do Not type your signature it must be signed\*\*\*



## Fee Schedule & Billing Policies

### Current Rates & Payment Terms (as of 01/01/2020)

- ✓ Retainers are invoiced as an estimate of services to be provided
- ✓ Fees are billed in minimum 15 minute increments for all services
- ✓ Fees billed against Retainer monthly or at completion of job
- ✓ Fees billed for all communication types (phone, email, face-to-face, internet)
- ✓ Payment terms are “due upon receipt”
- ✓ Payment methods include check, cash, or credit card
- ✓ Rates are subject to change
- ✓ ALL engagements require a minimum retainer of **\$500.00**, billed (in minimum increments of ¼ hour) at an hourly rate of:

|                                   |                  |
|-----------------------------------|------------------|
| IRS Matters & Litigation Services | \$ <u>250.00</u> |
| Stan Moore                        | \$ <u>200.00</u> |
| Staff services                    | \$ <u>160.00</u> |
| Bookkeeping / Admin               | \$ <u>50.00</u>  |

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_



**Business Organizer Questions for TAX YEAR:** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Quickbooks Version Year:** \_\_\_\_\_

**Quickbooks Password:** \_\_\_\_\_

**\*\*All Businesses Complete this Page\*\***

- 1) Has ownership changed during the tax year for which we are preparing returns?  
 Yes /  No  
a) If so, provide details (ownership sale/purchase documentation; see attached Owner Worksheet.)
- 2) Does the company have any ownership interest in foreign bank accounts?  
 Yes /  No If yes, please provide copies of most recent bank statement, bank address & names of persons authorized on the account (s) \_\_\_\_\_
- 3) At any time during the tax year, *did your business own*, directly or indirectly, 50% or more of the voting stock of **another Business which it did NOT own in prior year?** (e.g. *did your company own another company?*)  
 Yes /  No If yes, please list name and tax ID of Corporation on the attached **OWNERSHIP WORKSHEET.**
- 4) At any time during the tax year, *did ANOTHER business own directly 20% or more*, directly or indirectly, 50% or more of the total voting power of all classes **of YOUR business (any different than last year)?**  
 Yes /  No
- 5) Were any tax elections made with the IRS or state during the year ?  
 Yes /  No If yes, please provide copies.
- 6) Company Benefits provided to **NON-OWNER employees:**
  - a) Does your company provide Health Insurance to Non-Owner Employees?  Yes /  No

**\*\*All Businesses Complete this Page\*\***

- 7) Did the business pay for any portion of the **Owners'** (you, your spouse, or other family owners or related employees) health insurance premiums?  Yes /  No
- If yes, did you report this on your W-2's?  Yes /  No
- If yes, are the health insurance premiums' expense reflected in your company expenses?  Yes /  No  
If no, please provide a list of the **annual premiums paid per owner-employee:**
- a) Did your company reimburse owners for medical expenses? (*Other than health insurance?*)  Yes /  No
- b) Did your company(ies) (combined ownership), have 50 or more Full-Time Equivalent Employees as defined by the Affordable Care Act ("Obamacare")?  Yes /  No
- c) Did your company's Health Insurance comply with the Affordable Care Act?  Yes /  No
- 8) **Have you established a new retirement plan or changed any retirement plan(s)** for the company in the tax year for which we are preparing returns?
- Yes /  No If yes, provide details (Type of plan, employer match, listing of eligible employees)

(Start typing and it will fill in with text across the page)

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- 9) Did your company enter into any bartering (non-cash exchange for service/product)?  
 Yes /  No If yes, provide details, 1099, etc. \_\_\_\_\_
- 10) Does your company own and pay for a life insurance policy on any shareholders or their relatives working in the business?  Yes /  No
- a) If yes, provide details (below)
- i) Beneficiary: \_\_\_\_\_
- ii) Named insured: \_\_\_\_\_
- iii) Premium Amount Paid (during tax year): \_\_\_\_\_





**\*\*All Businesses Complete this Page (if applicable) \*\***

11) **If your company vehicles are driven LESS THAN 100% for business purposes**, please provide auto expense information below [*attach schedule if necessary*]:

|                                   | <u>Vehicle #1</u> | <u>Vehicle #2</u> | <u>Vehicle #3</u> | <u>Vehicle #4</u> |
|-----------------------------------|-------------------|-------------------|-------------------|-------------------|
| Make:                             | _____             | _____             | _____             | _____             |
| Model:                            | _____             | _____             | _____             | _____             |
| Year:                             | _____             | _____             | _____             | _____             |
| <b><u>Total Miles</u></b> Driven: | _____             | _____             | _____             | _____             |
| <b><u>Business</u></b> Miles:     | _____             | _____             | _____             | _____             |

12) Was another vehicle available for driving during off-duty hours?

Yes /  No

13) Do you maintain records for mileage logs for all vehicles driven for business purposes?

Yes /  No

14) Were the owners reimbursed for business auto expense during the tax year? (Mileage / Other expense)

Yes /  No

15) Did you reimburse the company for personal auto expense it paid for during the tax year? (Mileage / Other expense)

Yes /  No

16) Did the company restructure loans or obtain any new debt? Please provide documents (closing statement, promissory note documents, personal guarantys, bank loan balances at year-end, etc.)

Yes /  No

17) Please provide an updated copy showing any changes, if applicable, of:

- a) Shareholder Agreement / Buy-Sell
- b) Operating Agreement
- c) Corporate By-Laws



**\*\*All Businesses Complete this Page\*\***

18) Do you maintain records to support all business expense reimbursements issued to all shareholder / members and employees?

Yes /  No

19) Do you maintain records to support all business purpose travel, meals, and entertainment expenses?

Yes /  No

20) Did you make payments to vendors that require filing of 1099 forms? (>\$600 to a non-corporate entity)

Yes /  No

a) If yes, have all required information returns (Forms 1099, payroll fed/state, business licenses, etc.) been filed appropriately  Yes /  No

21) Charitable Contributions:

a) Did your company make any charitable donations?

Yes /  No If yes, are they duly noted in the financial records (i.e. Quickbooks, etc.)?  Yes /  No

b) Did any contributions include inventory and/or property? \_\_\_\_\_

Yes /  No If yes, provide details (when, what, cost, to who, etc.)

22) Did your company make political contributions?

Yes /  No If yes, provide details (when, what, cost, to who, etc.) \_\_\_\_\_

23) Did any of the **owner(s)' pay** for company expenses **which were not reimbursed?**

Yes /  No If yes, provide details \_\_\_\_\_

24) Did the company receive any notices from any taxing agencies? (IRS, state, etc.)

Yes /  No If yes, please provide copies \_\_\_\_\_



**\*\* Partnerships ONLY Complete this Page  
(including LLC's taxed as a partnership) \*\***

25) Does your **partnership** agreement allow for “partner expense reimbursement”?  
(Ref. *disallowance of deduction – cash payment*)  Yes /  No

30) Was there a change in partner ownership during the tax year we are preparing?  
 Yes /  No If yes, provide details \_\_\_\_\_

31.) **Are any partners considered “passive”** status by not “materially participating” in the business?  
[“Material Participation” = >500 hours per year, or majority of all time of anyone, or >100 hours per year & not less than any others’, or was “material” in any 5 of last 10 years, or material personal service activity for 3 prior years]  
 Yes /  No If yes, please list partner names that did not “materially participate”  
\_\_\_\_\_

32.) Did any partners contribute non-cash property to the partnership (vehicles, real estate, other)?  
 Yes /  No If yes, provide details \_\_\_\_\_

33.) Did any partners contribute cash to the partnership?  
 Yes /  No If yes, provide details \_\_\_\_\_

34.) Did the partnership add, delete, or change any contingent liabilities? (i.e. recourse / non-recourse debt, assumption for or by a partner, guaranty of debt, etc.)  Yes /  No  
If yes, provide details \_\_\_\_\_

35.) Did the partnership invest in (**ownership**) any other separate business entity? (**owns another business**)  
 Yes /  No If yes, please provide details on “Ownership Information Sheet” attached.

36.) Did the partnership loan funds to any other business?  
 Yes /  No If yes, please provide details \_\_\_\_\_

37.) Are the % of profits and losses to each partner **different** than their ownership %?  
**(Partnership profits and losses CAN BE different than their ownership %)**

Yes /  No If yes, please provide details.

| <u>Partner Name</u> | <u>Partner % (profit/loss)</u> | <u>Partner % (owner)</u> |
|---------------------|--------------------------------|--------------------------|
| _____               | _____                          | _____                    |
| _____               | _____                          | _____                    |
| _____               | _____                          | _____                    |
| _____               | _____                          | _____                    |



**\*\* S-Corporations ONLY ( including LLC's taxed as an S-Corp) Complete this Page \*\***

39.) Did any owners inherit S-Corp Stock through a trust? (*Ref. 2-year election – S revocation*)

Yes /  No

40.) Did the company have documented board meetings and corporate resolutions for corporate decisions?

Yes /  No

41.) Does the company have any *non-person shareholders* (e.g. trusts, other companies, etc.)?

Yes /  No If so, please list names and types of entity and their federal tax ID numbers:

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**\*\*IF YOUR COMPANY OWNS OTHER COMPANIES\*\***  
**IF different than prior year**

**Ownership Information**

\*\*Please fill in all information – If individual use Social Security; if entity use EIN number

| <b>Name of Company<br/>Owned by your<br/>Company</b> | Mailing Address | % of<br>Ownership | Dates<br>of<br>Ownership | Phone<br># | SSN or<br>EIN<br>**required | Title<br>(if an officer) | US<br>Citizen? |
|--|-----------------|-------------------|--------------------------|------------|-----------------------------|--------------------------|----------------|
|  |                 |                   |                          |            |                             |                          |                |
|  |                 |                   |                          |            |                             |                          |                |
|  |                 |                   |                          |            |                             |                          |                |
|  |                 |                   |                          |            |                             |                          |                |
|  |                 |                   |                          |            |                             |                          |                |
|  |                 |                   |                          |            |                             |                          |                |

**Attach Additional Pages if Necessary**



**Please list OWNERS of the company during the tax year**

**IF different than prior year**

**Ownership Information**

\*\*Please fill in all information –Use Social Security # for individuals; Use EIN # for Businesses\*\*

| Shareholder Name & Email address | Mailing Address | % of Ownership | Dates of Ownership | Phone # | SSN or EIN<br>**required | Title (if an officer) | US Citizen? |
|----------------------------------|-----------------|----------------|--------------------|---------|--------------------------|-----------------------|-------------|
|                                  |                 |                |                    |         |                          |                       |             |
|                                  |                 |                |                    |         |                          |                       |             |
|                                  |                 |                |                    |         |                          |                       |             |
|                                  |                 |                |                    |         |                          |                       |             |
|                                  |                 |                |                    |         |                          |                       |             |
|                                  |                 |                |                    |         |                          |                       |             |
|                                  |                 |                |                    |         |                          |                       |             |

**Attach Additional Pages if Necessary**



**\*\*\*Checklist of items to send Stan P Moore CPA PLLC\*\*\***

**\*\* PLEASE PROVIDE THE FOLLOWING AS APPLICABLE \*\***

| <u>Item Number</u> | <u>Item Requested</u>                              | <u>Attached</u><br>✓     | <u>Notes</u>  |
|--------------------|--|--------------------------|---|
| 1                  | Signed Business Tax Organizer Package              | <input type="checkbox"/> | SEE ATTACHED  |
| 2                  | Shareholder / Partnership Agreement                | <input type="checkbox"/> | <i>New or updated copy</i>  |
| 3                  | S Corporation Approval Letter from IRS             | <input type="checkbox"/> | <i>NEW Clients Only</i>   |
| 4                  | Buy-Sell Agreement(s) & modifications              | <input type="checkbox"/> | <i>include modifications to original</i>  |
| 5                  | Any Correspondence with taxing authorities         | <input type="checkbox"/> | <i>If applicable, any tax letters</i>   |
| 6                  | Tax liens, garnishments, assessments               | <input type="checkbox"/> | <i>If applicable, any tax letters</i>   |
| 7                  | Fed/State Tax returns (Prior 3 Years)              | <input type="checkbox"/> | <i>NEW Clients Only</i>   |
| 8                  | Tax Depreciation Schedule (Prior Year)             | <input type="checkbox"/> | <i>NEW Clients Only</i>   |
| 9                  | Quickbooks Accountant Copy file (with password)    | <input type="checkbox"/> | <i>Please provide Quickbooks Year Version<br/>Please send Accountants Copy cutoff 1/1/ this year</i>  |
| 10                 | Quickbooks Online Accountant Access                | <input type="checkbox"/> | <i>Setup Stan Moore user<br/>(stan@stanmoorecpa.com)</i>  |
| 11                 | Held Checks List                                   | <input type="checkbox"/> | <i>If applicable</i>  |
| 12                 | Bank Statements for last month of tax year         | <input type="checkbox"/> | <i>Please have cash accounts reconciled</i>   |
| 13                 | Invoices of any new Fixed Assets                   | <input type="checkbox"/> | <i>If applicable</i>  |
| 14                 | HUD Closing statements                             | <input type="checkbox"/> | <i>For Purchase or Sale of asset(s)</i>   |
| 15                 | Credit Card Statements                             | <input type="checkbox"/> | <i>Statement covering last month of tax year</i>  |
| 16                 | Sales of any Fixed Assets                          | <input type="checkbox"/> | <i>Bill of sale and/or Settlement Statement</i>   |
| 17                 | Wages Accrued & paid thereafter                    | <input type="checkbox"/> | <i>If applicable</i>  |
| 18                 | Lease Contracts                                    | <input type="checkbox"/> | <i>New Capital Leases</i>   |
| 19                 | Loan or Financing Documents                        | <input type="checkbox"/> | <i>New Loans: Promissory Note, Guaranty, Closing Stmt</i>   |
| 20                 | Loan Statement (principal balance)                 | <input type="checkbox"/> | <i>As of end of last month of tax year</i>  |
| 21                 | Payroll Tax Summary Report for year                | <input type="checkbox"/> | <i>Gross wages and taxes paid for tax year (Or 4 quarters of 941's and all state payroll returns)</i> |
| 22                 | W-2's for all owners from this business            | <input type="checkbox"/> | <i>W-2 for business owners from this company</i>  |
| 23                 | WIP Reports  | <input type="checkbox"/> | <i>Contractors only (as of end of tax year)</i>   |
| 24                 | Customer Deposits for Unbilled work                | <input type="checkbox"/> | <i>Total as of tax year-end</i>   |
| 25                 | Tenant Rental Security Deposits (balance at 12/31) | <input type="checkbox"/> | <i>Total as of tax year-end</i>   |
| 26                 | K-1's from other businesses                        | <input type="checkbox"/> | <u>Include Basis Schedules</u>  |
| 27                 | 1099's for income received                         | <input type="checkbox"/> |   |
| 28                 |  | <input type="checkbox"/> |   |
| 29                 |  | <input type="checkbox"/> |   |
| 30                 |  | <input type="checkbox"/> |   |
| 31                 |  | <input type="checkbox"/> |   |
| 32                 |  | <input type="checkbox"/> |   |
| 33                 |  | <input type="checkbox"/> |   |



**\*\*FOR NEW CLIENTS ONLY\*\***

**Company Information**

*(Complete all Fields)*

Name of Business: \_\_\_\_\_

Current Business Address of Corporation: \_\_\_\_\_

Current Business Mailing Address: \_\_\_\_\_

Employer ID Number (EIN): \_\_\_\_ - \_\_\_\_      Signing Officer Title: \_\_\_\_\_

**Person to Contact about this Return:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

Corporation Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Please check box for calendar year end or Fiscal Return:

Dec 31    OR    Fiscal, enter year-end date: \_\_\_\_\_

Check if this is your initial return (first year a return was filed):       Check if this is your final return:

State of Incorporation: \_\_\_\_\_      State ID Number: \_\_\_\_\_

What date was the Corporation formed? *(Found on the Corporate Charter Certificate)*: \_\_\_\_\_

**Are you registered to do business in another state, if so what state?** \_\_\_\_\_

What is the principal Business? \_\_\_\_\_

What is the main product or service? \_\_\_\_\_

Does the company carry inventory for resale? \_\_\_\_\_

**Address to mail completed tax returns:** \_\_\_\_\_

\_\_\_\_\_

**Email address:** \_\_\_\_\_

**Other Information**

Accounting Method:  Cash       Accrual       Other \_\_\_\_\_ *(Specify)*

Did the Company own any interest in another Corporation, Partnership or LLC at tax year-end?

Yes       No

*If yes, complete ownership information page included in this organizer.*





## REQUIRED INFORMATION

### **NEW CLIENTS of Stan Moore, CPA**

- ✓ Signed Engagement Letter & Business Organizer
- ✓ Retainer payment
- ✓ Copy of IRS Acceptance Letter of Federal Tax ID Number (EIN)
  - Or IRS confirmation of Form SS-4 (application for EIN)
- ✓ S-Corporations: IRS letter for the S Corporation election approval
- ✓ Partnerships: Copy of Partnership Agreement and all amendments
- ✓ Copy of your last two years' personal & business tax returns
  - Include prior years' K-1's for partners/shareholders
  - Include prior years' "Shareholder (or "Partner") Basis Worksheets
  - Include prior years' "Tax Depreciation Schedules" detailing assets
  - Include any "Special Elections" made during the year
  - Include STATE and FEDERAL and LOCAL tax returns
- ✓ Quickbooks file (Accountant's Copy) with "Dividing Date" of January 1<sup>st</sup> after tax year
  - Quickbooks credentials (User Name, Password)
  - Quickbooks version (Year and Product Type)
- ✓ Quickbooks online access: Give Accountant access to: *stan@stanmoorecpa.com*
- ✓ If you don't have Quickbooks, send a Balance Sheet, Profit & Loss Statement, and a General Ledger from your accounting program in the tax-basis of accounting used on your returns
- ✓ Use the last page of the organizer to write down questions for us
- ✓ Other documents as requested (see separate "Document Request List" attached)

## OFFICE LOCATION

A map to our office is on our website at:  
<http://www.stanmoorecpa.com/contact-us/>

**Stan P. Moore CPA, PLLC**  
**455 Swiftside Drive, Suite 102**  
**Cary, NC 27518**  
**Office: (919) 233- 0076**  
**Fax: (919) 233-0008**



**ADDITIONAL INFORMATION, QUESTIONS, OR COMMENTS:**

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