C-Corporation Organizer

C Corporation:						
	EIN#	Name		Dat	e Incorporated	
Address:						
	Mailing Address	:	Suite#	City	State	Zip code
Contact Name:		E	mail:			
	Name of officer signing return					
Contact Phone:						
	Business	Ce	II		Home	
***	Mailing Address if different than the return			City		Zip code

This C-Corp organizer is intended to help gather information, update information and serve as a guide in the preparation of your 1120 return. .

Please complete the following worksheets with as much detailed information as possible. If you have some of this information (income and expenses) already prepared on Quick Books, Quicken, Excel, or another format, please attach it to the organizer. If this is the case, please indicate "see attached" on the organizer. Please provide a profit and loss statement if it is available to you. If you are a new client, please provide a copy of last year's business tax return.

Please Answer "Yes" or "No" to the following questions

	Yes	No
Is this the first year of your C Corporation?		
Did the corporation change its name during the year?		
Did the corporation change its address during the year?		
Is there more than one shareholder in the corporation?		
Do you intend to file the final return for the corporation this year?		
What is the state of incorporation?		
What is the state of residency?		
What is the principal business activity of your corporation?		
How many shareholders did you have at the end of the year?		

Mike Parisi Tax Consultants 115 Bay 23rd St. Brooklyn, NY 11214

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Shareholder Information First Name, Last Name	Social Security Number	Shareholders Mailing Address Street address city, state, zip code	# of shares owned at the start of the year	# of shares owned at end of the year	Dates of owner- ship, if applic- able	Percen -tage of Owner ship

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Income	
What were the gross receipts or sales for the year?	\$
Was there any portion of the sales refunded or returned? If so, how much?	\$
What were the gross receipts from rental property?	\$
Did the corporation have any other income such as interest/dividends/capital gains? If so, please attach the statements.	\$

Cost of Goods Sold (Cogs) Costs associated with the manufacturing a product. Ex: restaurants/retail sales/manufacturing business	Answer "yes" or "no" to the following questions.		
**skip this section if not applicable	Yes	No	
Does your business manufacture products for sale to customers?			
Are you a wholesale or retail business which maintains inventory?			
Opening cost of inventory?	\$		
Closing cost of inventory?	\$		
Cost of materials used in manufacturing?	\$		

Balance Sheet		
Corporate Assets ending Dec. 31	Liabilities and Equity ending	
Year end bank account balance	\$ Dec. 31 Year end accounts payable	\$
Year end accounts receivable	\$ Payables more than a year	\$
Loans and mortgages held by Corporation	\$ Payables less than a year	\$
Stocks, bonds, securities	\$ Loans owed	\$
Inventory	\$ Capital stock	\$
Other assets such as equip. furn, bldg, land	\$ Retained earnings	\$

List any other corporate assets here:

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Shareholder Wages (issued w2) and Benefits **for shareholders with more than 2% ownership						
Shareholder name	Gross wages paid to shareholder	Health insurance Premiums paid for shareholder	Capital contributions made by the shareholder	Shareholder loans to the Corporation	Loans repaid by the Corporation to the Shareholder	
	\$	\$	\$	\$	\$	

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Business Expenses						
Advertising	\$	Internet Service	\$			
Website expense	\$	Market research	\$			
Commissions and fees	\$	Cell Business phone Business use %	\$			
Contract labor (you must issue a 1099 to any unincorporated entity to whom you paid \$600 or more)	\$	Wages and salaries (w2's issued to shareholders with over 2% ownership)	\$			
Insurance (other than health)	\$	Wages and salaries (w2 issued to shareholders with over 2% ownership)	\$			
Employee benefit programs (such as employee health insurance)	\$	Licenses	\$			
Health insurance (for shareholders with 2% or more ownership)	\$	Taxes paid (including payroll taxes: fica, suta, futa)	\$			
Legal and professional services		Software	\$			
Office expenses	\$	Dues, subscriptions,	\$			
Paid out for pension or profit sharing plans	\$	Gifts to customers	\$			
Rent or lease (vehicles machinery, and equip.)	\$	Supplies and materials (not included in COGS)	\$			
Rent (office, storage,etc.)	\$	Utilities (at corporation location)	\$			
Repairs and maintenance	\$	Airfare costs	\$			
Parking and tolls	\$	Lodging	\$			
Local transportation costs	\$	Tradeshow/booth fees	\$			
Car and truck expenses (tags, registration, etc)	\$	Promotions	\$			
Fuel	\$	Professional publications	\$			
Sanitation (business use only)	\$	Tuition paid to improve skills (paid by Corporation)	\$			
Janitorial expense	\$	Seminars, webinars, conferences	\$			
Landscaping	\$	Signage				
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Expenses Continued	\$ \$
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Business Use of Vehicle

Please provide the following information for each business vehicle

Description (model and year of vehicle)	Business miles (not including commute)	
Purchase price	\$ Commuting miles (not including commute)	
Date vehicle first used for the business	Personal use miles	

Corporation Assets						
Assets purchase	ed (building, equi furniture, etc	pment, vehicles,	As	sets sold or dispo	sed	
Description	Date Purchased	Cost	Description	Sold/disposed date	Sale price	
Taxpayer Certification						
I hereby certify that I have accurately and fully, to the best of my knowledge and ability provided Joe Parisi Tax Service with all the information asked for on the Corporation Organizer. I understand that I am responsible for the accuracy of my own return. I agree not to hold Joe Parisi Tax Service responsible for any errors or omissions made on the return because I withheld information or failed to provide the information necessary to complete the return accurately.						
Authorized offic	er signature D	 ate				

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