

LLC Tax Organizer

Use a separate organizer for each LLC

LLC General Information

Legal name of LLC		EIN
LLC address <input type="checkbox"/> (check if new address)		
LLC Representative	Title	
	Email	Phone
Principal business activity		
Principal product or service		
Yes	No	Was the primary purpose of the LLC activity to realize a profit?
Yes	No	Has the business reported any losses in prior years? If yes, provide details.
Accounting method: Cash Accrual Other (specify)		
Yes	No	Does the LLC file under a calendar year? (If no, what is the fiscal year?)
Yes	No	Has the LLC made the election to be taxed as a corporation?
If the LLC is an S corporation, provide a copy of Form 2553, <i>Election by a Small Business Corporation</i> , and the acceptance letter from the IRS.		

LLC Specific Questions

Yes	No	Does the LLC have an operating agreement? (If this is the first year of the LLC's existence, please provide a copy of the Operating Agreement and the Articles of Organization)
Yes	No	Are all members actively participating in the business?
Yes	No	Is any member in the LLC a disregarded entity, partnership, trust, S corporation, or estate?
Yes	No	Is the LLC a partner in another partnership?
Yes	No	Did any foreign or domestic corporation, partnership, trust, tax-exempt organization, individual, or estate own directly or indirectly 50% or more of the profit, loss, or capital of the LLC?
Yes	No	Did the LLC own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation?
Yes	No	Did the LLC have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce principal amount of debt?
Yes	No	At any time during the year did the LLC have an interest in, or signature authority over, a financial account in a foreign country?
Yes	No	Was there a distribution of property or a transfer (by sale or death) of an LLC interest during the tax year?
Yes	No	Did the LLC pay \$600 or more to any individual? If yes, include a copy of Form 1099-NEC for each.
Yes	No	Did the LLC have a Paycheck Protection Program (PPP) loan that was forgiven in 2025?

Principal Members Ownership Information

Name	Tax ID number (SSN or EIN)	Address	Ownership percentage	Member or member-manager	U.S. citizen?
			0.00%		
			0.00%		
			0.00%		
			0.00%		
			0.00%		
			0.00%		

LLC Other Transactions

Member name	Guaranteed payments	Health insurance premiums paid	Capital contributions from member	Distributions to member	Member loans to the LLC	Loans repaid by LLC to member

All Clients – Additional information and documents required

- Provide the income/financial statements for the year (per books), balance sheet, depreciation schedule per books, and cash reconciliation of business bank accounts with ending cash balance.
- If the LLC has employees or paid independent contractors, provide a copy of all Forms W-2, W-3, 940, 941, 1096, 1099-NEC, 1099-MISC, any state tax filing reports, and any other forms issued to workers.
- If any members live in a different state or outside the U.S., provide details. The business may be subject to withholding requirements.

New Clients – Additional information and documents required

- | |
|---------------------|
| Date LLC formed |
| State LLC formed in |
- Provide copies of LLC's Articles of Organization and Operating Agreement (if any).
 - Provide copies of depreciation schedules for book, tax, and AMT.
 - Provide copies of tax returns for last two years, including state returns (if applicable).

Equipment Sold or Disposed of During Year

Asset	Date out of service	Date sold	Selling price/FMV	Trade-in?
			\$	
			\$	
			\$	
			\$	

LLC Business Credits (if you answered Yes for any of the questions below, please provide a statement with details)

Yes	No	Did the business pay expenses to make it accessible by individuals with disabilities?	
Yes	No	Did the business pay any FICA taxes on employee wages for tips above minimum wage?	
Yes	No	Did the business own any residential rental buildings providing qualified low-income housing?	
Yes	No	Did the business incur any research and experimental expenditures after 2021?	
Yes	No	Did the business have employer pension plan start-up costs?	Total number of employees
Yes	No	Did the business pay health insurance premiums for employees?	Total number of employees
Yes	No	Did the business purchase and place in service any electric vehicles or energy efficient commercial building property?	

Estimated Tax Payments — Tax Year 2025

Installment	Date paid	Federal	Date paid	State
First		\$		\$
Second		\$		\$
Third		\$		\$
Fourth		\$		\$
Amount applied from 2024 overpayment		\$		\$
Total		\$		\$

Tax Return Preparation

We will prepare the 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 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.

Taxpayer	Title	Date
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Privacy Policy

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.

2025 Individual Taxpayer Organizer

ELECTRONIC FILING INFORMATION:

As in the past, the IRS has made it clear that all returns should be filed electronically. If you have a refund due, filing electronically insures that your refund will come to you quicker than if you file a paper copy.

Please answer the following questions and provide the information needed for electronic filing:

Do you wish to electronically file your 2025 tax return? ___Yes ___No

Refund/Tax owed:

If you have a refund coming, do you wish to receive the refund via a Direct Deposit into your bank account? ___Yes ___No If yes, provide the following:

Bank Name: _____ Routing Number _____

Account number _____ _____Checking or _____Savings
Account

If you owe taxes on your 2025 tax return, do you wish to make the payment via a Direct Payment from your bank account? _____Yes ___No If yes, provide the following:

Bank Name _____ Routing Number _____

What date you wish the funds to be transferred to make your tax payment: _____

PAYMENT FOR SERVICES:

The payment for preparing your tax return **is due when the return is prepared**. Provide the following information to make a payment for your 2025 tax preparation.

Name on Credit Card _____

Phone _____ Email _____

Card # _____ CVC Code _____

Expiration Date (MM) _____ (YR) _____

Thank you for making your payment when we file the return.