

2008 Corporation Tax Organizer

***Business Office Suite Services
3225 McLeod Drive, Suite 100
Las Vegas, Nevada, 89121
Toll Free 888-969-2677
Phone 702-871-8535
Fax 702-214-1213
E-Mail: taxdept@bossoffice.com***

INSTRUCTIONS

Please attach a copy of your previous year tax return if not prepared by BOSS.

Complete the sections pertaining to your tax reporting requirements.

Please check the organizer to make sure you are furnishing all the information needed to complete your return correctly and accurately. Please print out the Balance Sheet and the Profit and Loss Statement from your accounting program, for your proper year-end and cash basis.

Write down questions you may have & we will address them during the preparation of the tax return.

IMPORTANT!!! We will be unable to complete your tax return until we have all pages of the organizer including the client statement and credit card information.

CLIENT STATEMENT

AS A CLIENT OF **BOSS BUSINESS SERVICES** I/WE HOLD **BOSS BUSINESS SERVICES** HARMLESS FOR ANY AND ALL INFORMATION SUPPLIED BY THE TAXPAYER FOR PREPARATION OF THE FEDERAL AND, IF APPLICABLE, STATE TAX RETURN. I/WE HAVE PROVIDED ALL INCOME AND LEGITIMATE EXPENSES AS REQUIRED BY LAW. I/WE HAVE ALL THE REQUIRED BACKUP PAPERWORK FOR THE INFORMATION THAT IS SUPPLIED ON THE TAX ORGANIZER. I/WE UNDERSTAND THAT ANY QUESTIONABLE ITEMS OR FIGURES LISTED ON THE TAX ORGANIZER MAY BE SUBJECT TO VERIFICATION AND SUBSTANTIATION.

BOSS policy is to electronically file all tax returns, please be aware that there is a service fee of \$ 25.00 for the electronically filing over and above the costs of the tax preparation.

All tax return preparation fees must be paid for before the tax return will be electronically processed. Once the payment is received and the proper forms signed to electronically file the tax return, we will process the payment and the tax return. Upon acceptance of the tax return by the taxing authority, we will mail a copy of the tax return to you.

IMPORTANT!! We will be unable to complete your return until we have all pages of the organizer including the service agreement and credit card information supplied. I/We acknowledge this agreement by signature/signatures and dates below.

FOR JOINT FILING BOTH SIGNATURES ARE REQUIRED, ON THIS STATEMENT.

PRINT NAME DATE SIGNATURE

PRINT NAME DATE SIGNATURE

Name on Credit Card _____

Credit Card Number _____

Expiration Date _____

**THIS PAGE MUST BE SIGNED AND RETURNED
FAX TO 702-214-1213**

EXTENSION REQUEST

The Corporate Tax Return must be filed within 75 days after the end of the Corporate Fiscal Year. (example year-end 12-31-08, due date is 3-15-09, year-end 3-31-09, due date 6-15-09)

If you are unable to provide “BOSS” with the necessary information to complete the return timely, you will need to file Form 7004 Application for Extension of Time to File, and request a six-month extension. **YOU CAN ALSO CONTACT “BOSS” BEFORE THE DUE DATE OF THE TAX RETURN, AND REQUEST THAT “BOSS” FILE THE EXTENSION FOR THE ENTITY ON YOUR BEHALF. YOU MUST CALL BEFORE THE DUE DATE OF THE TAX RETURN TO REQUEST THIS SERVICE, AS IT IS NOT AUTOMATIC.**

First Time Filers – Attach a copy of the filed IRS Form SS4, Application for Employer Identification Number, the acceptance letter from the IRS indicating the ID number assigned, type of return to be filed and due date, and a copy of the invoice from Anderson Law Group, if Anderson Law Group formed the Corporation.

Previous Years Filers – Please provide a copy of the prior year Corporate Tax Return, if not prepared by “BOSS”.

Was the Corporation profitable this corporate year? **yes** **no**

USE THIS PAGE AS THE FAX COVERPAGE

From: _____

Date: _____

To: **BOSS TAX DEPARTMENT** 702-214-1213

Please fax includes the following (check all that apply):

- Client Statement
- Organizer for Individual
- Organizer for Corporation (Entity Name: _____)
- Organizer for LLC/LP (Entity Name: _____)
- Supporting Documentation
- Other _____

Corporation Information:

Name of Corporation _____

Business Address of Corporation _____

Employer ID Number ____ - _____ Signing Officer Title: _____

Person to Contact about this Return: _____ **Telephone Number** _____

Corporation Telephone Number _____ Fax Number _____

Does your Corporation file a calendar year or Fiscal Return Dec 31 Fiscal, enter year-end date
____/____/____. Check if this is your initial 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 supply state & registration # _____

What is the principal Business? _____ What is the main product or service. _____

E-mail address _____

Address to mail return completed to: _____

Other Information:

Accounting Method: () Cash () Accrual () Other _____ *Specify*

At the end of the Tax year, did the Corporation own, directly or indirectly, 50% or more of the voting stock of a Domestic Corporation? () Yes () No

Is the Corporation a subsidiary in an affiliated group or a parent-sub subsidiary controlled group? () Yes () No
If 'Yes', List Name and ID# of Parent Corporation _____

During this Tax year, did the Corporation pay dividends in excess of the corporation's current and accumulated earnings and profits? *Not including stock dividends and distributions in exchange for stock.* () Yes () No

How many Shareholders did the Corporation have at the end of the Tax year? _____

Name of Stockholder	Percentage of ownership	Social Security #	Title if also Officer	US Citizen
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BALANCE SHEET

Assets

Cash in Bank on last day of corporate year	\$ _____
Trade notes and accounts receivable	\$ _____
Inventories	\$ _____
Other Current Assets (attach stmt)	\$ _____
Loans to shareholders	\$ _____
Mortgage and Real Estate Loans	\$ _____
Other Investments (attach stmt)	\$ _____
Buildings and other depreciable assets	\$ _____
Less accumulated depreciation	\$ _____
Land	\$ _____
Intangible assets	\$ _____
Less accumulated amortization	\$ _____
Total assets	\$ _____

Liabilities and Capital

Accounts Payable	\$ _____
Mortgages and notes payable in less than 1 year	\$ _____
Other current liabilities (attach stmt)	\$ _____
Loans from shareholders	\$ _____
All nonrecourse loans	\$ _____
Mortgages, notes payable in 1 year or more	\$ _____
Other liabilities (attach stmt)	\$ _____
Capital stock (common stock)	\$ _____
Retained earnings	\$ _____
Total liabilities and shareholders' equity	\$ _____

INCOME:

IN LIEU OF THIS PAGE, THE CORPORATE PROFIT & LOSS AND BALANCE SHEET FOR THE CORPORATE YEAR END MAY BE ATTACHED. PLEASE USE CASH BASIS.

Business income \$ _____
Dividends received (*Enclose all 1099-DIV Forms*). \$ _____
Interest received (*Enclose all 1099-INT Forms*). \$ _____
Gross rents \$ _____
Gross royalties \$ _____
Other income (Attach schedule). \$ _____
Gains from Sale of Business Property (*Purchase & Sale HUD Stmt.*
& Depreciation Schedules). \$ _____

EXPENSES: (*Business only, do not include Rental nor Personal Expenses here*)

PLEASE FILL OUT **IF** THE CORPORATE BALANCE SHEET AND FINANCIAL STATEMENTS **ARE NOT** ATTACHED.

*Organization Costs (**Amount spent to form the Corporation**) \$ _____

*Start-Up Costs (**Costs Incurred Prior to Date of Incorporation**)

	Date	Amount	
Seminar & Education Costs	_____	\$ _____	
Seminar & Education Costs	_____	\$ _____	
Seminar & Education Costs	_____	\$ _____	
Seminar & Education Costs	_____	\$ _____	\$ _____
Travel & Lodging	_____	\$ _____	
Travel & Lodging	_____	\$ _____	
Travel & Lodging	_____	\$ _____	
Travel & Lodging	_____	\$ _____	\$ _____
Meals & Entertainment	_____	\$ _____	
Meals & Entertainment	_____	\$ _____	
Meals & Entertainment	_____	\$ _____	
Meals & Entertainment	_____	\$ _____	\$ _____
Office Supplies	_____	\$ _____	
Office Supplies	_____	\$ _____	
Office Supplies	_____	\$ _____	\$ _____
Equipment (CPU, Fax, etc)	_____	\$ _____	
Equipment (CPU, Fax, etc)	_____	\$ _____	
Equipment (CPU, Fax, etc)	_____	\$ _____	\$ _____
Other (Describe)_____	_____	\$ _____	
Other (Describe)_____	_____	\$ _____	
Other (Describe)_____	_____	\$ _____	
Other (Describe)_____	_____	\$ _____	\$ _____

****Organizational & Start-Up Expenses, must be itemized by payment dates and categorized as listed above, if more space is needed please use last page of Tax Organizer, and denote accordingly.***

Accounting \$ _____

Automobile and truck expense	\$ _____
Bank charges	\$ _____
Computer services and supplies	\$ _____
Delivery and freight	\$ _____
Dues and subscriptions	\$ _____
Equipment rent	\$ _____
Gift (\$25.00 maximum per gift)	\$ _____
Insurance (medical)	\$ _____
Insurance (other not life)	\$ _____
Legal and Professional	\$ _____
Meals & entertainment	\$ _____
Medical reimbursement	\$ _____
Office expense	\$ _____
Outside services/independent contractors	\$ _____
Payroll Tax Expense (FICA, FUTA, SDI, etc. employer portion only)	\$ _____
Permits and licenses	\$ _____
Postage	\$ _____
Printing	\$ _____
Supplies	\$ _____
Telephone	\$ _____
Tools	\$ _____
Training/continuing education	\$ _____
Travel	
Other describe	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

EXPENSES, cont:

Cost of Good Sold (*For Corporations Manufacturing Goods or Housing Inventory for Resale*)

Beginning Inventory	\$ _____
Purchases Materials	\$ _____
Purchases Supplies	\$ _____
Other Costs (Explain)	\$ _____
Cost of Labor	\$ _____
Less Ending Inventory balance	\$ _____

TAX PAYMENTS:

Federal Estimated Tax Payments for Tax year

1 st Quarter payment	Date Paid: ___/___/___	Amount: \$ _____
2 nd Quarter payment	Date Paid: ___/___/___	Amount: \$ _____
3 rd Quarter payment	Date Paid: ___/___/___	Amount: \$ _____
4 th Quarter payment	Date Paid: ___/___/___	Amount: \$ _____

Additional payments made during year: Date Paid: ___/___/___ Amount: \$ _____

State Estimated Tax Payments for Tax year

1 st Quarter payment	Date Paid: ___/___/___	Amount: \$ _____
2 nd Quarter payment	Date Paid: ___/___/___	Amount: \$ _____
3 rd Quarter payment	Date Paid: ___/___/___	Amount: \$ _____
4 th Quarter payment	Date Paid: ___/___/___	Amount: \$ _____

Additional payments made during year: Date Paid: ___/___/___ Amount: \$ _____

SALES OF STOCKS, BONDS, MUTUAL FUNDS AND OTHER SECURITIES:

Please include Forms **1099-B** furnished by your broker. If the broker Statements include the COST of the securities sold during the year and or you are sending print outs showing the cost of the securities sold, you do not need to complete this section.

Description:	Date	Date	Sales	Original
No. Of shares sold & name	Acq'd	Sold	Price	Cost Basis
_____	___/___/___	___/___/___	\$ _____	\$ _____
_____	___/___/___	___/___/___	\$ _____	\$ _____
_____	___/___/___	___/___/___	\$ _____	\$ _____
_____	___/___/___	___/___/___	\$ _____	\$ _____
_____	___/___/___	___/___/___	\$ _____	\$ _____
_____	___/___/___	___/___/___	\$ _____	\$ _____
_____	___/___/___	___/___/___	\$ _____	\$ _____
_____	___/___/___	___/___/___	\$ _____	\$ _____
_____	___/___/___	___/___/___	\$ _____	\$ _____
_____	___/___/___	___/___/___	\$ _____	\$ _____

SALE OF REAL ESTATE:

Enclose copies of Form(s) **1099-S** and the **Purchase** and the Sale **CLOSING STATEMENTS**. **HUD-1'S**

Description	Date Acq'd	Date Sold	Sales Price	Cost Basis	Rental	Investment
_____	___/___/___	___/___/___	\$ _____	\$ _____	_____	_____
_____	___/___/___	___/___/___	\$ _____	\$ _____	_____	_____
_____	___/___/___	___/___/___	\$ _____	\$ _____	_____	_____

If the sold properties have been depreciated, please send us all depreciation reports.

RENTAL "REAL ESTATE" PROPERTY AND ROYALTY INCOME:

Description of Property and Property Address (*ex: Single family, Duplex, Condo*)

- A) _____
- B) _____
- C) _____
- D) _____

Income:

	<u>(A)</u>	<u>(B)</u>	<u>(C)</u>	<u>(D)</u>
Date Properties were Available for Rent:	_____	_____	_____	_____
Rents received (<i>total for year</i>)	_____	_____	_____	_____
Royalties received	_____	_____	_____	_____

	<u>(A)</u>	<u>(B)</u>	<u>(C)</u>	<u>(D)</u>
Auto (Used for Rental Properties)	_____	_____	_____	_____
Advertising and Promotion	_____	_____	_____	_____
Cleaning and Maintenance	_____	_____	_____	_____
Commissions	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
Legal and Professional Fees	_____	_____	_____	_____
Mortgage Interest	_____	_____	_____	_____
Points Purchase/Refinancing	_____	_____	_____	_____
Repairs (<i>over \$500, Itemize</i>)	_____	_____	_____	_____
Real Estate Taxes	_____	_____	_____	_____
Management Fees	_____	_____	_____	_____
Utilities	_____	_____	_____	_____
Meals/Entertainment	_____	_____	_____	_____
Other Expenses (<i>List on Last Page</i>)	_____	_____	_____	_____

Attach Purchase Closing Statement; Date House was First Rented and Value of Land if not in our files. Hud 1's

ASSETS FOR DEPRECIATION:

(Form 4562 pages 1 and 2)

Business Asset Worksheet: *Complete for all business assets purchased such as Computers, Office equipment, furniture, software, tools or machinery that are used in your business.*

<u>Date Purchased</u>	<u>Asset</u>	<u>Price</u>	<u>If Sold, Date</u>	<u>Sale Price</u>
___/___/___	_____	\$ _____	_____	\$ _____
___/___/___	_____	\$ _____	_____	\$ _____
___/___/___	_____	\$ _____	_____	\$ _____
___/___/___	_____	\$ _____	_____	\$ _____

