



20-20 S Corporation Organizer (Form 1120S)

If you are a new client, please upload a copy of your prior year return and any operating agreement (if applicable) with this organizer.

General Information

Legal Name of Entity: _____

Employer ID: _____ Business Start / Organization Date: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ States in which you do business:

Principal Industry: _____ 1) _____

Principal Product / Service: _____ 2) _____

State in which organized: _____ 3) _____

State withholding number: _____ 4) _____

Date of S Election (Form 2553) _____

Misc Info

1. At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? Yes _____ No _____

2a. At year end did the company directly own 20% or more of another corporation or partnership? Yes _____ No _____

2b. At year end did the company directly or indirectly own 50% or more of another corporation or partnership? Yes _____ No _____

3. At year end did the company have any outstanding restricted stock, stock options, warrants, or similar instruments? Yes _____ No _____

4. Did the company have any non-shareholder debt that was cancelled, forgiven, or had terms modified so as to reduce principal amount of debt? Yes _____ No _____

5a. Did you make payments in excess of \$600 to any one vendor for contract labor during the year that would require you to file form 1099? Yes _____ No _____

5b. If yes, did you file all required Form(s) 1099? Yes _____ No _____

Shareholder Information

Shareholder 1

<input type="checkbox"/> Individual <input type="checkbox"/> Disregarded entity <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> S Corp <input type="checkbox"/> Estate <input type="checkbox"/> Other	
Name _____	
SSN / EIN _____	
Address: _____ Suite: _____	
City: _____ State: _____ Zip: _____	
Phone: (_____) _____ - _____	Notes:
Number of shares: _____	
Percentage owned: _____ OR _____ %	

Shareholder 2

<input type="checkbox"/> Individual <input type="checkbox"/> Disregarded entity <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> S Corp <input type="checkbox"/> Estate <input type="checkbox"/> Other	
Name _____	
SSN / EIN _____	
Address: _____ Suite: _____	
City: _____ State: _____ Zip: _____	
Phone: (_____) _____ - _____	Notes:
Number of shares: _____	
Percentage owned: _____ OR _____ %	

Shareholder 3

<input type="checkbox"/> Individual <input type="checkbox"/> Disregarded entity <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> S Corp <input type="checkbox"/> Estate <input type="checkbox"/> Other	
Name _____	
SSN / EIN _____	
Address: _____ Suite: _____	
City: _____ State: _____ Zip: _____	
Phone: (_____) _____ - _____	Notes:
Number of shares: _____	
Percentage owned: _____ OR _____ %	

Shareholder 4

<input type="checkbox"/> Individual <input type="checkbox"/> Disregarded entity <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> S Corp <input type="checkbox"/> Estate <input type="checkbox"/> Other	
Name _____	
SSN / EIN _____	
Address: _____ Suite: _____	
City: _____ State: _____ Zip: _____	
Phone: (_____) _____ - _____	Notes:
Number of shares: _____	
Percentage owned: _____ OR _____ %	

Officer Responsible for Tax Return:

Name: _____ Title: _____ SSN: _____
 Address: _____ Suite: _____
 City: _____ State: _____ Zip: _____

Financial Information

- 20-20 keeps our books, so we're done!
- 20-20 does not keep our books, but we keep separate books for this business and will upload the following information to the portal:
 - Trial balance report for the full year
 - Listing of all fixed asset additions with description, date purchased, cost, and whether it was new or used
 - Listing of all fixed asset disposals with description, date of disposal, original cost, and proceeds amount.
- We do not keep separate books for this business and will fill out the financial portion below:

Accounting method: Cash Accrual Other

Income Statement

Income

Gross Receipts: _____
 Less Returns: _____
 Interest Income: _____
 Dividends: _____
 Investment Sale: _____

Cost of Good Sold

Do you manufacture and/or sell goods? If so:
 Beginning Inventory (January 1): _____
 Purchased Inventory (less personal use) _____
 Cost of Labor: _____
 Ending Inventory (December 31): _____

Deductions

Accounting	_____	Insurance	_____	Salary/Wages	_____
Advertising	_____	P&C	_____	Sales Expense	_____
Automobile	_____	Liability	_____	Security	_____
Bad Debts	_____	Workes Comp	_____	Software	_____
Bank Charges	_____	Other	_____	Supplies & Materials	_____
Cell Phone	_____	Janitorial	_____	Website	_____
Commissions	_____	Cleaning	_____	Taxes	_____
Computer	_____	Legal & Prof	_____	City	_____
Consultants	_____	Marketing	_____	Franchise	_____
Collections	_____	Meals & Ent	_____	Property	_____
Delivery	_____	Meetings	_____	Personal Property	_____
Disc given	_____	Office Exp	_____	Licenses	_____
Dues	_____	Parking & Tolls	_____	Telephone	_____
Ed & Training	_____	Payroll Process	_____	Tools	_____
EEBenefits	_____	Permits/Licenses	_____	Travel	_____
Freight	_____	Post / Shipping	_____	Uniforms	_____
Fuel	_____	Printing	_____	Utilities	_____
Gifts	_____	Recruiting	_____	Waste Removal	_____
Health Ins	_____	Repairs & Maint	_____	Other	_____
Contract Lab	_____	Rent	_____	Other	_____
Interest	_____	Building	_____	Other	_____
Internet	_____	Equipment	_____	Other	_____

Balance SheetAssets

Cash	_____
Accounts Receivable	_____
Less: Bad Debts	_____
Inventories	_____
Other Current Assets	_____
Loans to Partners	_____
Notes Receivable	_____
Other Investments	_____
Depreciable Assets	_____
Less: Accumulated Depr	_____
Depletable Assets	_____
Less: Accumulated Depl	_____
Land	_____
Intangible Assets	_____
Less: Acc Amort	_____
Other Assets	_____
Total Assets	=====

Liabilities

Accounts Payable	_____
Short-term Notes Payable	_____
Other Current Liabilities	_____
Non-recourse Loans	_____
Loans From Partners	_____
Long-term Notes Payable	_____
Other Liabilities	_____
Total Liabilities	=====

Equity

Capital Stock	_____
Paid-in-Capital	_____
Retained Earnings	_____
Adjustments to S/H equity	_____
Total Capital	=====
Total Liabilities & Capital	=====