

2025 BUSINESS CLIENT TAX ORGANIZER

*****MUST RETURN FOR TAX PREPARATION*****

*****RETURN WITH DOCS & TOTALS ONE WEEK BEFORE APPOINTMENT*****

Business Name: _____ **Preferred Email Address:** _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

IRS NOTICES

Have you received any notices from the IRS or state department within the past year? (Y or N) _____

Important Questions: Please answer with Yes or No in this section! If you are not sure, put a “?” mark. If Yes, additional docs may be required!

_____ Do we do your monthly bookkeeping? If yes, do you have any **additional information to provide to your bookkeeper?**

_____ If we do not handle your monthly bookkeeping, did you provide **total income and total expenses broken into basic categories?** *

_____ Does your business have payroll (W2 employees)? If yes, **provide payroll summary, W3, and W2s.**

_____ Did the business pay **health insurance for the owner/s of the company?**

_____ Did the business pay **health insurance for any employees?**

_____ Do you or your business own or have financial interest in a **foreign bank or financial account?**

_____ At any time during the tax year, did you receive, sell, exchange, or otherwise acquire any financial interest in any **virtual currency** (Cryptocurrency, Bitcoin, etc.) through your business?

_____ Did you **purchase or otherwise acquire** any new business assets? If yes, please provide itemized list including: purchase date, purchase price, brief asset description, financing agreement (if applicable).

_____ Did you **sell or otherwise dispose of** any existing business assets? If yes, please provide itemized list including: sale/disposition date, selling price, brief asset description.

_____ Were there any **changes in ownership** during 2025?

*Please be advised: if you do not provide totals, your return may be subject to **additional preparation fees and processing time** for your tax preparation. If you would like us to prepare your totals, please **contact the office before turning in your documents.**

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Balance Sheet Items: Please provide the following information regarding business accounts and liabilities. You may skip this section if you provided a separate Balance Sheet or are a monthly bookkeeping client.

Balance of all Business-Owned Bank Accounts as of 1/1/25: \$ _____
Balance of all Business-Owned Bank Accounts as of 12/31/25: \$ _____
Balance of all Business-Owned Credit Card Balances as of 1/1/25: \$ _____
Balance of all Business-Owned Credit Card Balances as of 12/31/25: \$ _____
Balance of all Business-Owned Loans or Notes Payable Balances as of 1/1/25: \$ _____
Balance of all Business-Owned Loans or Notes Payable Balances as of 12/31/25: \$ _____

Asset List: Please provide the following information regarding any new business assets purchased or prior business assets sold. If more lines needed, please attach separate list.

Asset Description	Bought/Sold?	Purchase/Sale Price	Purchase/Sale Date

Signatures: By signing below you acknowledge that you have read, understand, and accept your obligations and responsibilities.

Name: _____

Signature: _____

Date: _____

Phone Number: _____

ANY OTHER IMPORTANT INFORMATION (list below or attach):