



DP Financial & Tax, Inc.

8282 S. Memorial Dr. Ste. 102, Tulsa OK, 74133
 Ph: 918.392.7879 Fax: 918.392.7079

CORPORATION OR PARTNERSHIP TAX ORGANIZER

General Information	
Company Name	
Company Address	
SSN# / EIN#	
Entity Type	S Corp LLC Partnership Sole Proprietor
Does the business currently have a written business succession plan?	Yes _____ No _____
Does the business currently have a key man life insurance policy?	Yes _____ No _____
Do you want DPFT to complete a Form 901 (Business Personal Property Rendition)?	Yes _____ No _____
Do you have any employees or spouses of employees that are Card Holding Members of a Native American Tribe ?	Yes ___ No ___
Do you have a Employer Sponsered Retirement Plan for your company (i.e. 401K, SEP, SIMPLE, etc)?	Yes ___ No ___
Who provides your Payroll Services ?	_____
If you have paryoll during 2014, have you provided us copies of your quarterly & year end payroll forms ?	Yes ___ No _____
Does the company pay health insurance premiums for employees? Yes_____ No_____ If yes, please provide the following:	
1) List of Employees	
2) Total annual hours per employee	
3) Total premiums paid for each employee by employer	
Did you have contract labor in 2014? Yes _____ No _____	
*If Yes, did you file your 1099s ? Yes _____ No _____	

Shareholder / Partner - One	*If more than (2) shareholders/partners, provide info on separate page
Name	
Address	
SSN # - Cell #	
Owner Contributions to Business	
Owner Withdrawals	
% of Ownership	Any changes of Ownership?

Shareholder / Partner - Two	
Name	
Address	
SSN # - Cell #	
Owner Contributions to Business	
Owner Withdrawals	
% of Ownership	Any changes of Ownership?



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Automobile / Mileage Section

Auto and Truck Expense	\$\$	NOTES FOR INPUT
<i>Fuel *N/A if in QB</i>		
<i>Repairs / Maintenance *N/A if in QB</i>		
<i>Insurance *N/A if in QB</i>		
<i>Other *N/A if in QB</i>		

<u>Vehicle 1 Make & Model:</u>	<u>Vehicle 2 Make & Model:</u>
Total Mileage:	Total Mileage:
Business Mileage	Business Mileage
Personal Mileage	Personal Mileage
Business Owned ? Y / N	Business Owned ? Y / N
<b style="color: red;">How did you come up with the mileage amount? Written Log _____ Oil Change _____ Appointment Log _____ Other _____	

Income Worksheet

****No need to complete the following sections if providing QuickBooks File****

Part I - INCOME	\$\$	Part II - Cost of Goods Sold	\$\$
Gross Receipts or Sales (From 1099's)		Inventory at beginning of year	
Gross Receipts or Sales (Non - 1099)		Purchases	
Returns and Allowances		Inventory at end of year	
Other Income -		Cost of Labor (Not salary to you)	
Other Income -		Materials and Supplies	
Other Income -		Other Costs -	
<b style="color: red;">How did you come up with gross revenue? __ 1099s __ QuickBooks __ Merchant Services __ Cash Totals __ Bank Statements			

QUICKBOOKS FILE?	YES / NO	Password	QB's Version
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General and Other Expenses

General Expenses	\$\$	Other Expenses - Continued	\$\$
Compensation - Officers		Janitorial	
Salaries & Wages - Employees		Laundry and Cleaning	
Repairs / Maintenance		Legal & Professional	
Bad Debts		Legal	
Rents		Professional - Other	
Taxes and Licenses		Meals & Entertainment	
Payroll Taxes		Office Expense	
Property Taxes		Outside Service/ Contract Labor	
Licenses		Parking fees & Tolls	
Interest - Loans		Permits & Fees	
Advertising		Postage	
Retirement Plans (401K, SIMPLE, SEP)		Printing	
Employee Benefit Programs		Security	
		Supplies	
Other Expenses	\$\$	Telephone	
Accounting		Office Line	
Payroll Processing Fees		Cell Phone	
Bank Charges		Tools	
Cleaning		Training/ Continuing Education	
Commissions		Travel	
Computer Services and Supplies		Uniforms	
Credit and Collection Costs		Utilities	
Delivery and Freight		Water	
Discounts		Electric	
Dues and Subscriptions		Website/Internet	
Equipment Rent		Internet	
Client Gifts		Website Fees	
Insurance		Royalty/Franchise Fees	
AFLAC Insurance		Charitable Contributions:	
Business Liability Insurance			
Disability Insurance - EE or ER?		Other Expenses:	
Errors and Omissions			
Health Insurance - Employee			
Health Insurance - Owner			
Life Insurance - EE or ER?			
Workers Comp			



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Asset Section

Purchased Assets

Asset Purchased	Date Purchased	\$\$	Land Value?	Date Placed in Service	New or Used?
Asset 1 -					
Asset 2 -					
Asset 3 -					
Asset 4 -					
Asset 5 -					
Asset 6 -					
Asset 7 -					
Asset 8 -					
Asset 9 -					
Asset 10 -					

Sold/Disposed Assets

Asset Sales/Disposition	Date Out of Service	Date Sold	Selling Price	Trade-In?
Asset 1 -				
Asset 2 -				
Asset 3 -				
Asset 4 -				
Asset 5 -				
Asset 6 -				
Asset 7 -				
Asset 8 -				
Asset 9 -				
Asset 10 -				

Do you want DPFT to complete a **Form 901**(Business Personal Property Rendition)? Yes _____ No _____



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Balance Sheet & Home Office

Business Balance Sheet Items (MUST BE COMPLETED)

Description	01/01 Balance	12/31 Balance
Cash in Bank <i>(list if more than one)</i>		
1		
2		
Accounts Receivable		
Credit Cards/ Other Current Liabilities		
1		
2		
3		
Accounts Payable <i>(short term debts)</i>		
Loans or Mortgages/Long Tem Liabilities		
1		
2		
3		
Owner 1 Cash/Property Contributions		
Owner 1 Cash/Property Distributions		
Owner 2 Cash/Property Contributions		
Owner 2 Cash/Property Distributions		

Home Office - Schedule C Only

Home Office Use - Expenses	\$
Electric / Gas	
Property Taxes	
Homeowners Insurance	
Mortgage Interest	
Repairs/Maintenance	
Other Expenses	
Sq. Ft. of Office	
Sq. Ft. of Home	
Depreciation of Home	
Cost Basis of Home	
Land Value of Home	
Date Placed in Service	
Cost Basis of Home	
Prior Depreciation	

1. Whose name is on the loan(s)? If partner(s), which one?	
Partner: _____	Loan: _____
Partner: _____	Loan: _____
2. Did any partner(s) personally guarantee the loan? Yes or No	
3. If yes, which partner(s) guaranteed the loan and what amount was guaranteed?	
Partner: _____	Amount: \$ _____
Partner: _____	Amount: \$ _____