PROFITPOINTE Tax & Bookkeeping

Established 1998

www.profitpointe.com lesstax@profitpointe.com

Dear Client,

Following please find the **ENTITY TAX DEDUCTION ORGANIZER** which will assist you in gathering all the pertinent information to provide us for the preparation of your incorporated business tax return. If you do not use QuickBooks for your business, you need to complete the Entity TDO Addendum #1. If you use your personal car for your business and are NOT reimbursed by the company, please complete Entity TDO Addendum #2. Providing this inclusive documentation will assure you do not lose deduction dollars and present us with the fundamental information required for the preparation of a complete and accurate return.

It is very important that you review the Profitpointe Policies & Procedures so that there is no misunderstanding of what it takes to keep you on schedule and always paying the minimum in tax. Our pricing, guidelines, In-house, and IRS deadlines are explained in the Profitpointe Policies which can be found on our website at: www.profitpointe.com. Please feel free to call us whenever you have a question.

Once we have received your tax information and completed tax organizer, we will call or email you for clarification or questions. We look forward to working with you.

Thank you for allowing Profitpointe Tax & Bookkeeping the opportunity of serving you. We are pleased to have you as a client and welcome the opportunity of earning the referrals of your family and friends.

Sincerely,

Donna J. Merrill

Donna J. Merrill
President

(972) 335-6688 FAX (214) 872-1753 8204 Dock Street Frisco, Texas 75035

TAX DEDUCTION ORGANIZER FOR ENTITY

(972) 335-6688 FAX (214) 872-1753 8204 Dock Street Frisco, Texas 75035
www.profitpointe.com lesstax@profitpointe.com

FOR: Corporations, Partnerships, LLC's and LLP's

CLIENT NAME(S): ______________________________ **TAX YEAR:** ______________

COMPANY NAME: ____

Thank you for selecting PROFITPOINTE to prepare your Tax Return.

NOT READING THIS DOCUMENT THOROUGHLY WILL COST YOU MONEY!

IMPORTANT:

1. **To avoid any misunderstandings, first go to www.profitpointe.com policies section and DOWNLOAD the Profitpointe Policies for information on pricing, deadlines, service guidelines, procedures & our privacy policy. Call us if you cannot download this form.**
2. **Complete ONE Tax Deduction Organizer form PER year – please DO NOT combine Years!**
3. **Do not duplicate any figures throughout this Tax Deduction Organizer.**
4. **Provide the actual Bank, Credit Card, and Loan Statements which include the 12/31 tax year balance for each business account and loan. Provide all paperwork on new debt.**
5. **Provide a copy of the Current Years Minutes.**

Your deposit of the amount below must be submitted with the Tax Deduction Organizer and is required to start the process. All deposits will apply in full towards the tax preparation cost.

FOR EXISTING CLIENTS: A deposit of 50% of your previous year's tax preparation cost.
FOR NEW CLIENTS: A deposit of $500.

If we are preparing more than one year of Income Taxes, an equal deposit is required for each year. Please refer to page 8 for the Payment Authorization form. For pricing information, refer to Profitpointe Policies.

IF THIS IS THE FIRST YEAR FOR PROFITPOINTE TO PREPARE YOUR TAXES, WE REQUIRE ITEMS 1 - 4 LISTED BELOW:

1. Copies of The Articles of Incorporation or Organization (LLC's), Bylaws and most recent Minutes. Include Subchapter S election (if applicable).
2. Copies of your company's last three (3) years tax returns for federal, state (for the **State of Texas** this is called Franchise tax) and city (if applicable).
3. Any unresolved issues with the IRS? ❑ Yes or ❑ No
   If yes, please detail and attach all IRS correspondence: ______________________________
4. **S-CORPORATION ONLY**: The total amount of service fees paid by a C-Corporation, Partnership and/or a Sole Proprietor business prior to the inception of this S-Corporation: $______________

PART I: CLIENT INFORMATION

CLIENT NAME: ____________________________ **COMPANY NAME**: ______________________________

Street: ____

City:______________ State:________ Zip code: ___________Business Phone:__________________________

Person we should contact for additional information: ____

Primary phone:________________ Secondary phone:___________________ Fax:___ __________________

Primary E-Mail:________________________________ Secondary E-Mail: ______________________________

Do you like e-mail contact? ❑Yes ❑No How often do you check your e-mail? ❑Daily ❑Weekly ❑Never

Do you have a FaceBook account? ❑Yes ❑No **If yes**, your username: ______________________________

Please visit Profitpointe Tax & Bookkeeping's page on FaceBook if you would "Like" to receive our tax tips and information.

NAICS CODE ____________ SIC CODE ____________ FREE LOOKUP: http//www.naics.com/search.htm

BOARD OF DIRECTORS:

President:____________________________________ Vice-President:_________________________________

Secretary: ____________________________________ Treasurer:_____________________________________

Director:______________________________________ Director:______________________________________

CLIENT ACKNOWLEDGEMENT

I declare all information I am providing Profitpointe is true and correct to the best of my knowledge. I understand that in the event of an audit by the Internal Revenue Service, I am solely and completely responsible to provide written documentation and proof of all statements made on my tax return. I realize that Profitpointe is advising me and providing tax services to the best of their knowledge and belief; however, Profitpointe is in no way liable for the content of my return. I agree to review the completed returns and verify that there are no misstatements or omissions. I give permission for Profitpointe to share my information on a need to know basis with employees, subcontractors, financial and legal experts. Additional charges will be incurred for any bookkeeping and consultation services necessary to compile information not provided on Profitpointe's Tax Deduction Organizer or if information is otherwise incomplete to prepare the tax return. Changes by the client to this Tax Deduction Organizer after submission to Profitpointe will result in additional charges according to our stated fee schedule. I understand that if I fail to provide information requested to prepare my Income Tax Return within three (3) days after receiving the official request, whether verbally or in writing, that my delay may cause my tax return to be completed after the tax filing deadline. I agree to release and indemnify Pangaea Ventures, Inc., Profitpointe, and their respective owners, employees, contractors, and subcontractors of any liability. I have read the policies and procedures outlined in the Profitpointe Policies, and I understand and agree to abide by them. I agree to pay for services rendered immediately upon completion of work. I further understand that my tax return will not be released prior to full payment to Profitpointe. Finance charges will accrue at 18% per annum or the highest interest rate allowed by the law of the State of Texas on any balance that remains unpaid after thirty (30) days. I understand that returned checks and charges unpaid for more than 30 days will be subject to legal actions and that I will be responsible for all legal and collection costs, including but not limited to attorney's fees and court costs. I further agree that I waive all rights to change of venue and any court proceedings will remain in Collin County, Texas.

____ __________________

Authorized Officer Signature Date

► SIGNATURE REQUIRED AS AUTHORIZATION TO PROCEED WITH TAX WORK ◄

PARTS II & III: PLEASE FURNISH THE FOLLOWING INFORMATION **ONLY IF IT HAS CHANGED** DURING THE TAX YEAR AND OUR FILES NEED TO BE UPDATED **OR** IF PROFITPOINTE DID NOT PREPARE YOUR COMPANY'S TAX RETURN LAST YEAR: **Otherwise skip to PART IV**

PART II: GENERAL INFORMATION

A. TYPE OF ENTITY: ❑ **S-Corporation** ❑ **C-Corporation** ❑ **LLC** ❑ **LLP** ❑ **Partnership**

1. Federal ID number: ______________________
2. Business Start Date______________________
3. Date of Formation: ______________State of Formation______________
4. Date of 1120S election (if applicable): ______________________
5. Product or Service______________________

   What does this business do? Please describe in detail: ______________________

   ____

6. For **LLC's only**:

   ❑ YES ❑ NO Have you filed Form 8832 for Entity Classification? Date______________

   If yes, which form of Business entity has been elected? ______________

   ❑ YES ❑ NO Have you filed Form 2553 for S-Corp Election? Date______________

   If yes, attach copy of letter from IRS that agrees to tax this entity as S-Corp.

PART III: ENTITY QUESTIONS

YES NO Has the entity ever changed its subchapter election C to S, or S to C?

YES NO Does the entity maintain proper records and written mileage logs that could be provided to the IRS in the event of an audit?

YES NO At the end of the year, did the entity own 50% or more of the voting stock of a domestic entity?

YES NO At the end of the year, did any Individual or other entity own 50% or more of the voting stock of this entity?

YES NO At any time during the year did one foreign person own directly or indirectly 25% of the total voting power of all classes of stock?

YES NO Do the shareholders of this entity collectively own 10% or more stock in another entity?

YES NO During the tax year, did the entity receive a distribution from, or make a transfer to a foreign trust?

YES NO Does the entity own rental property? **If yes**, please complete the **Rental Property Addendum**, which you can obtain from www.profitpointe.com or our office.

YES NO If you have not done any annual minutes, would you like us to provide this service for you at an additional cost?

YES NO Did the entity acquire any stock / interest from shareholders?

YES NO Do you have any Tax-Free Investments? **If yes,** provide list.

PART IV: REIMBURSEMENTS / DISBURSEMENTS

YES NO Does anyone use an office in their home for the benefit of the entity?
If yes, did the entity reimburse them for the expense of this usage? YES ___ No___

It is best to have the entity reimburse all expenses that shareholders, officers, partners and employees pay for the entity. However, provide a list of the amount of monies that you spent for the entity for which it did not reimburse you:

NAME	AMOUNT NOT REIMBURSED	$ USED FOR

Provide the amount of monies, assets, or distributions taken by shareholders out of the entity for the year that was not a reimbursement for expenses, salaries, or short term loans:

NAME	AMOUNT TAKEN OUT

PART V: TAX PAYMENT HISTORY

Please list the estimated tax payments that you have made for your entity. An S-Corporation or partnership would normally have no tax payments (taxes would be paid personally, not by the entity). A C-Corporation could have a tax liability. An LLC's tax liability will depend on the manner in which it has elected to be taxed: **THESE DO NOT INCLUDED WAGES OR PAYROLL TAXES.**

QUARTER		FEDERAL		STATE			CITY, LOCALITY, or OTHER GOVERNMENT ENTITY		
		AMOUNT PAID IRS	DATE PAID IRS	STATE NAME	AMOUNT PAID	DATE PAID	ENTITY PAID	AMOUNT ENTITY PAID	DATE ENTITY PAID
1	April 15th								
2	June 15th								
3	Sept. 15th								
4	Jan. 15th								
PAID WITH EXTENSION									

PART VI: VEHICLE INFORMATION

YEAR ____________MAKE ______________________MODEL ___________________________

LEGAL OWNER OF AUTOMOBILE: ☐ ENTITY ☐ INDIVIDUAL

If the Entity owns or leases this automobile in the Entity's name, complete section A. Otherwise, skip to section B. IF MULITPLE CARS, PLEASE DUPLICATE FOR EACH VEHICLE

SECTION A – Complete ONLY for Vehicles in Company Name

Date first used for this Entity_____________________ Value on that date $____________________

Date stopped using this vehicle____________________ Value on that date $____________________

Did any individual have personal use of the business-owned vehicle? ❑Yes or ❑No

If yes, name of individual: ____

Was the value of personal use included in this individual's W-2? ❑Yes or ❑No

EXPENSES for this YEAR:

Garage Rent $ ____________ Repairs $ ____________ Automobile club dues $_____________

Gasoline $ _______________ Tags $ ______________ Maintenance and washing $__________

Insurance $ ____________ Tires $____________ Parking $ ____________ Tolls $____________

OWN ONLY: Cost of vehicle when purchased $_________________________

Amount financed $_____________________Monthly payment $____________

Principal balance owned on loan:

$_________________ beginning loan balance as of the first of the year

$_________________ ending loan balance as of end of the year

Annual interest paid on loan $__________________ Interest rate: ______ %

PLEASE ATTACH THE ORIGINAL BILL OF SALE OF THIS VEHICLE

LEASE ONLY: Annual lease payments $ ____________________

SECTION B – Complete ONLY for Vehicles in Individual Name

Vehicle Owner's Name:______________________________ Social Security # __________________

Did the Entity reimburse this individual? ❑Yes or ❑No

If yes, how much was reimbursed to this **individual**? $____________________________________

If yes, does your entity have a written reimbursement plan? ❑Yes or ❑No

If no, download from our website the "Entity Addendum #2 for Auto", complete, and attach to this TDO.

PART VII: INVENTORY

COMPLETE THIS SECTION ONLY IF YOUR ENTITY CARRIES A PRODUCT INVENTORY FOR RESALE:

Beginning Inventory at cost $__________________ End of Year Inventory at cost $____________________

Cost of items purchased for resale as they are $____________________________

Cost of materials that went into your finished product $________________________

Cost of labor - include contract labor (not employee or owner wages) $____________________________

Total Purchases during the year. $_____________________________________

Did you have inventory worth less than cost? ☐ Yes ☐ No

PART VIII: PAYROLL INFORMATION

- Salary of Officers – List separately the AMOUNT of compensation and attach copies of W-2 and W-3:

Name: _____________________________ SS#:__________________ Amount: $_____________

Name: _____________________________ SS#:__________________ Amount: $_____________

Name: _____________________________ SS#:__________________ Amount: $_____________

- **ATTACH ALL PAYROLL REPORTS FOR EACH QUARTER AND END OF YEAR** (941, 940, State W-2, W-3, 1099 and 1096 forms) **Not necessary if Profitpointe provides your payroll service.**
- Retirement/Pension Plans: ❑ SEP ❑ SIMPLE ❑ KEOGH ❑ 401K ❑ NONE
- Does this entity pay less than minimum wage because of tips? ❑ YES ❑ NO
  If yes, is FICA tax for the employer, being paid on the amount up to minimum wage? ❑ YES ❑ NO

PART IX: INCOME AND EXPENSES

Please select one of the following three (3) options as a method in providing us with your expense figures. We must have detailed information regarding your income and expenses.

Option 1→❑ PROVIDE QUICKBOOKS BACK-UP - ***No Accountant's copies!!***
Please provide backup on CD, flash drive or e-mail attachment to our office.

- Will you continue to make entries in your QuickBooks file while it is in our office? ☐ Yes ☐ No
- Your QuickBooks Login: User Name: ___________________ Password: ____________________

PLEASE CONTACT US IF YOU NEED ASSITANCE WITH GETTING YOUR QUICKBOOKS BACKUP FILE TO OUR OFFICE.

Option 2→❑ PROVIDE FINANCIAL REPORTS:
(From Jan 1 – Dec 31 or fiscal period for the tax year we are reviewing)
Be sure to include the following:

-PROFIT & LOSS STATEMENT
-BALANCE SHEET
-GENERAL LEDGER

END OF THE YEAR STATEMENTS FOR:
-ALL BANK ACCOUNTS
-CREDIT CARDS USED IN BUSINESS
-ALL MORTGAGES AND RATES

Option 3→❑ DOWNLOAD ENTITY ADDENDUM #1 FROM OUR WEBSITE. This worksheet will outline the necessary income and expense information to prepare your tax return.

PART X: REQUEST FOR ELECTRONIC FILING / METHOD OF REFUND / SHIPPING

It is understood that the Internal Revenue Service has the right to process refunds in whatever way and time frame they deem appropriate. It is also understood that there is no guarantee or promise made by Profitpointe of a quicker refund.

ELECTRONIC FILING (Charge for Electronic Filing is $39.00 PER RETURN)

______ Yes, electronically file this tax return.
(Your Tax Return cannot be e-filed if past extended tax deadline of the filing year.)

______ No, do not electronically file this tax return.

NOTE: MOST BUT NOT ALL STATES & LOCALITIES CAN CURRENTLY BE EFILED.

CLIENT COPY FORMAT (Please check preferred.)

______ Yes, I want to **GO GREEN!** Make my tax return copy in PDF format on a CD at **no additional charge.**

______ Traditional: I prefer a paper copy of my tax return for my records.

______ I would like one of each, a CD with a PDF copy and a traditional paper copy of my tax returns. I understand there will be a $25 charge for the additional copy I am electing with this option.

FOR C-CORPORATIONS OR ENTITIES TAXED AS C-CORPORATIONS ONLY:

METHOD OF REFUND: (Please check appropriate selections.)

______ No refund is expected on this tax return. Anticipated amount you expect to owe: $ __________

______ A paper check mailed from the Internal Revenue Service is preferred.
(A paper check is the only option for an AMENDED RETURN.)

______ Direct Deposit - There is no charge for direct deposit and it generally expedites your refund. The IRS will direct deposit your refund into your bank account. Profitpointe advises you to verify the deposit has actually been credited to your bank account before writing checks or otherwise using these funds. **Note: You must include a voided check to be taped on the back of this page.**

❑ Checking ❑ Savings Routing #___________________ Account #_______________________

________ Apply any refund to next year's taxes.

METHOD OF PAYMENT FOR PROFITPOINTE SERVICES

______ I will pay by cash or check.

______ I will pay by EFT from my bank account.*

______ I will pay by credit card.*

* Please use my Payment Authorization _________On file ______ Attached

METHOD OF DELIVERY

______ I will pick up my finished tax return.

______ Please ship my finished tax return. (Shipping fee applies.)

PROFITPOINTE Tax & Bookkeeping

PAYMENT AUTHORIZATION

(972) 335-6688 FAX (214) 872-1753 8204 Dock Street Frisco, Texas 75035
www.profitpointe.com lesstax@profitpointe.com

CLIENT NAME: ____________________

CHECK ALL THAT APPLY:

❑ One time charge - Date: ____________________ Amount: $ ____________________

❑ Charge the total invoice amounts for the services I have requested.

❑ Keep signature on file for future charges. I understand that if I have requested a recurring monthly service that the charges for this service could possibly vary by up to + / - 25%.

❑ Other ____________________

Name (on account): ____________________

Address (where statement is sent): ____________________

Apt. # _______ City: ____________________ State: _________ Zip Code: ____________

Phone #: (H) ____________________ (W) ____________________

METHOD OF PAYMENT:

❑ **BANK ACCOUNT DRAFT / ELECTRONIC FUNDS TRANSFER (EFT) - ATTACH A VOIDED CHECK**

Account Number

Routing Number

❑ **VISA** ❑ **DISCOVER** ❑ **MASTERCARD** ❑ **AMERICAN EXPRESS**

Card Number																Expiration Date

*Security Code

*The Security Code is the last three digits on the back of your credit card in the signature panel.

Print or Type Name on Account	Authorized Signature
	X

Attention:

Providing your signature above authorizes Profitpointe to charge or draft your account for payment in full for services rendered. This authorization is to remain in full force until Profitpointe has received written notification from you of your wish to terminate said authorization. You understand that this payment plan may be cancelled by either Profitpointe or you with thirty (30) days written notice.

TAX DEDUCTION ORGANIZER FOR
ENTITY-ADDENDUM #1

(972) 335-6688 FAX (214) 872-1753 8204 Dock Street Frisco, Texas 75035
www.profitpointe.com lesstax@profitpointe.com

DETAIL INFORMATION FOR COMPANY:

INCOME & EXPENSES
ASSETS

Note: This addendum is <u>not</u> needed if this information is contained in a QuickBooks backup file you are providing with this organizer.

CLIENT NAME: ____

COMPANY NAME: ____

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PART I: BALANCE SHEET ITEMS

Provide the actual Bank, Credit Card, and Loan Statements
which include the 12/31 tax year balance for each business account and loan.
Provide all paperwork on new debt.

List amounts as of the **END OF THE TAX YEAR**:

a) Bank Accounts & Cash ____________________

b) Accounts Receivable ____________________

c) Prepaid Expenses (deposits, etc.) ____________________

d) Any Other Current Assets ____________________

e) Loans to Shareholders ____________________

f) Accounts Payable ____________________

g) Notes Payable ____________________

h) Payroll Liabilities ____________________

i) Sales Tax Liabilities ____________________

j) Loans from Shareholder ____________________

k) Mortgages, Loans to Others ____________________

l) Other Liabilities ____________________

m) Capital Stock ____________________

n) Additional Paid in Capital ____________________

PART II: INCOME

A. Gross Income:$____________________

B. Returns and Allowances:$____________________
(This amount should not have been previously deducted from the Gross Income amount)

III: INVENTORY, PAYROLL, AUTO, AND HOME OFFICE EXPENSES

These expenses are listed elsewhere in this organizer. Please follow the instructions listed below.

1.) **INVENTORY: Please verify that you have completed Part VII: INVENTORY of the Entity TDO.**

2.) **PAYROLL: Please verify that you have completed Part VIII: PAYROLL INFORMATION of the Entity TDO with your payroll data.**

3.) **USE OF HOME OFFICE: The best way to handle this expense is to reimburse the expense on a regular interval from the business. If this expense has not been reimbursed by the company, download the "Entity Addendum #3 for Home Office" to have us evaluate the deductible potential of this expense.**

4.) **USE OF PERSONAL AUTOMOBLE: If this expense has not been reimbursed in full by the company, download the "Entity Addendum #2 for Auto".**

PART IV: EXPENSES

List Company's expenses incurred during this tax year include only company paid expenses.
Do NOT include expenses for the business use of your home on this page (see previous page, Part 3 - #3).
Do NOT include ANY equipment here that costs more than $300 & has a useful life of more than one year (itemize on page 4).
DO NOT ROUND amounts!

NO DUPLICATIONS PLEASE - DO NOT INCLUDE THESE EXPENSES ANYWHERE ELSE IN THE ORGANIZER!

Advertising

$__________ Marketing supplies
$__________ Newspaper / Yellow Page ads
$__________ Printing & copies
$__________ Other

Bad Debts (Only if included in income) $__________

Commissions Paid $__________

Contract Labor $__________ (enclose copy of 1099's)

Donations $___________

Employee Related Expenses

$__________ Education
$__________ Medical reimbursement
$__________ Pension plans
$__________ Auto expenses reimbursed to employees
$__________ Uniforms / dry cleaning
$__________ Other

Insurance

$__________ Business / Liability
$__________ Medical
$__________ Other

Office Expense

$__________ Bank service charges for business accounts
$__________ Computer supplies
$__________ Dues / fees
$__________ Office supplies – paper, pens, etc.
$__________ Postage & delivery
$__________ Subscriptions (magazines & newspapers)
$__________ Other

Legal & Professional Services

$__________ Accounting
$__________ Legal fees
$__________ Other

Rent

$__________ Equipment
$__________ Office (other than home office)

Repairs & Maintenance (other than house) $__________

Supplies

$__________ Cleaning items
$__________ Other

Taxes & Licenses $_________

Meals & Entertainment $_________

Business Travel & Lodging $__________

Reimbursement for Home Office Expense
$_________

Telephone – Do not include the cost of basic local service on home line.

$_________ Business and Fax Line(s)
$_________ Business Long Distance
$_________ Cellular / Mobile
$_________ Internet access fees
$_________ Optional Services (voice mail, call waiting, caller ID, etc.)

Utilities (**If HOME-OFFICE**: **DO NOT** fill in the following here –see previous page for instruction.)

$_________ Electric / Gas
$_________ Garbage / Water

Wages PAID TO EMPLOYEES- (enclose copy of 941's, 940's and W-2's filed)

$_________ Salaries paid
$_________ Payroll Taxes paid

Professional Development (seminars, books, etc.)
$_________

Other Expenses

$_________ Gifts to clients and employees
$_________ Management Fees
$_________ __________________________

PART V: ASSET INFORMATION

NOTE: Assets typically have a useful life of 1 year or more.
For example: Office furniture, computer, fax, reference library, tools.

SECTION A - Previously Owned Assets

List the following information for equipment / assets previously owned and sold to the company.
NOTE: YOUR RECORDS NEED TO SHOW PROOF OF SALE (i.e. documentation, check copy, invoice, etc.)

Item	Date Purchased by Company	Fair Market Value at Time of Conversion
1)		
2)		
3)		
4)		

SECTION B - New Assets

List the following information for all equipment / assets purchased for business **(over $300).**

Item	Cost	Date Purchased	Purchased
1)			❑ New ❑ Used
2)			❑ New ❑ Used
3)			❑ New ❑ Used
4)			❑ New ❑ Used

SECTION C - Inactive Assets

List all equipment / assets sold or taken out of service during the year

Item	Date Removed From Service	Sales Price or Current Market Value
1)		
2)		
3)		
4)		

(NOTE: FOR ADDITIONAL SPACE - MAKE A COPY OF THIS PAGE)

PROFITPOINTE Tax & Bookkeeping

TAX DEDUCTION ORGANIZER FOR

ENTITY-ADDENDUM #2

(972) 335-6688 FAX (214) 872-1753 8204 Dock Street Frisco, Texas 75035
www.profitpointe.com lesstax@profitpointe.com

COMPANY USE OF PERSONAL AUTOMOBILE

You **DO NOT** need this form if:

1.) this is a company owned vehicle
2.) the mileage on a personal vehicle has been totally reimbursed by the company

For #1 & #2 above - use Part IV on the Entity Deduction Organizer.

CLIENT NAME: ____

COMPANY NAME: ____

AUTO INFORMATION

TAX TIP: Auto mileage incurred by a vehicle other than company owned vehicles should be reimbursed by the business and listed as 'auto expenses reimbursed '. Do not duplicate mileage that has been reimbursed on this page.

IMPORTANT - PROVIDE INFORMATION BELOW FOR VEHICLES USED FOR THE BUSINESS PURPOSES OF THIS COMPANY. DO NOT ROUND amounts OR DUPLICATE those otherwise in organizer!

NOTE: If you bought or sold a car you use in business, provide all sales contracts.

❑ YES ❑ NO Do you understand that proper records and written mileage & usage logs must be maintained and provided to the IRS in the event of an audit?

	AUTO #1	**AUTO #2**
Vehicle owner's name	____________	____________
Year / Make / Model of vehicle	____________	____________
Date 1st used for this business	____________	____________
Value on date 1st used for business	____________	____________
MILEAGE: Total miles driven	____________	____________
Business miles	____________	____________
Commuting miles **	____________	____________
Personal miles	____________	____________
EXPENSES: Parking & Tolls	____________	____________
For OWNED vehicles: **Loan interest paid** for year	____________	____________
For LEASED vehicles: Lease payments	____________	____________
If taking actual expenses please give the following:		
Gasoline	____________	____________
Repairs & Tires	____________	____________
Insurance	____________	____________
Tags	____________	____________
Is this vehicle used for any other business?	❑ YES ❑ NO	❑ YES ❑ NO
Is another vehicle available for personal use?	❑ YES ❑ NO	❑ YES ❑ NO
Do you have written evidence to support your deduction?	❑ YES ❑ NO	❑ YES ❑ NO
Was each of the above listed vehicles available for personal use during off hours?	❑ YES ❑ NO	❑ YES ❑ NO
Do you have evidence to support your deduction?	❑ YES ❑ NO	❑ YES ❑ NO
Is this evidence written?	❑ YES ❑ NO	❑ YES ❑ NO
If no longer used for this business:		
Date stopped using this vehicle	____________	____________
Value on date stopped using vehicle	____________	____________

NOTE: Mileage logs or other documentation will be required if audited. **Discuss any uncertainties with Profitpointe.**

TAX DEDUCTION ORGANIZER FOR ENTITY-ADDENDUM #3

(972) 335-6688 FAX (214) 872-1753 8204 Dock Street Frisco, Texas 75035
www.profitpointe.com lesstax@profitpointe.com

DETAIL INFORMATION FOR COMPANY USE OF HOME OFFICE

Note: This addendum is not needed if these expenses have been previously reimbursed to you by the company. Reimbursed expenses should be recorded on Addendum #1 or in your QuickBooks file.

TAX TIP: It is best to have the company reimburse all expenses that shareholders, officers, partners and employees pay for the company.

CLIENT NAME: ____

COMPANY NAME: ____

Version 012011

HOME OFFICE INFORMATION

DO NOT DUPLICATE THE EXPENSES LISTED BELOW ANYWHERE ELSE ON THIS ORGANIZER!

If you have moved during this tax year, you must complete this page for EACH home office location.

CLIENT NAME: ______________________________ **(PLEASE WRITE YOUR NAME ON EACH SET PER BUSINESS)**

ADDRESS OF THIS HOME OFFICE: ______________________________

NAME OF BUSINESS OFFICE IS USED FOR: ______________________________

❑ Rent / Lease or ❑ Own Date first used Home Office for business ______________________

Purchase price plus major improvements, including land $ __________ Value of land only $ ___________

SQUARE FOOTAGE: Total _________________sq. ft. Business Use ___________________sq. ft.

Is this space used for another business or other work? YES NO

NOTE: PLEASE CALCULATE THE TOTAL AMOUNT FOR THE YEAR FOR EACH ITEM LISTED BELOW.
If your home office was only used for a partial year, base amounts listed here on the total usage for the dates you had your home office.
NO MONTHLY FIGURES.

OWN ONLY: Mortgage Interest $_____________ PMI $_______ Real Estate Taxes $_____________

Homeowners Dues $_________ Homeowners Insurance $ ________ Other expense $______________

RENT ONLY: Rent / Lease Payments $_____________ Renters Insurance $________________

Other expense $______________

BOTH OWNERS & RENTERS:

UTILITIES: Electric $ ________ Gas $_________ Water $ ________

Alarm $_________ Cable $ ________ Sewer $________ Other $_________

MAINTENANCE SERVICES: Cleaning $__________ Lawn $_________

Minor Repairs $__________ Pest Control $_________Other $__________

MAJOR HOME IMPROVEMENTS OR RENOVATIONS

Only list items here that cost more than $500. (Anything less than $500 can be listed as a Minor Repair above.)

WORK DONE	DATE	COST	EXCLUSIVE BUSINESS USE?
			❑ YES
			❑ YES
			❑ YES

YES NO Was this office in your home for the benefit of the company?
If yes, did the company reimburse you for all or part of the expense for this usage?
___ NO reimbursement ___ YES Amount of reimbursement $__________________

If Business is closed, date stopped using as home office _______________