

Business Tax Organizer

S corporations, partnerships and C corporations · Tax year 2025

This organizer collects everything Clarity Tax Relief needs to prepare your return accurately and claim every deduction and credit you are entitled to. It is the single most useful thing you can do to speed up your return.

HOW TO COMPLETE IT

- Type directly into this PDF (Adobe Acrobat Reader, Preview, or most browsers) or print it and write clearly.
- Complete only the parts that apply to you. Every part starts with a green note that says when it applies.
- Round numbers are fine - we verify everything against your documents and IRS records before anything is filed.
- If a table has more rows than you need, leave the rest blank; if you need more, add a note on the last page.
- Sign the last page. Then send it back with your documents.

HOW TO SEND IT BACK

Best: sign in to your secure client portal at portal.claritytaxrelief.com, open Documents, and upload it there together with your tax forms (W-2s, 1099s, 1098s, notices). Or fax to (949) 909-8699. Please do not email tax documents.

Prefer to answer online? The same organizer is on your portal (Tax Organizer tab) - it only shows the questions that apply to you and saves as you go.

PRIVACY

Your answers are used only to prepare your tax returns and are kept under the same protections as the rest of your file. Everything you tell us is treated as entered by you; your preparer will confirm the key figures with you before filing.

WHAT IS INSIDE

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Questions? Call (888) 825-7776 - your dedicated team is happy to walk through any part of this with you.

Before you begin

Tax year this organizer is for *

Do you also need us to file other years?

Tick every year that is unfiled or needs amending. We'll send a separate short organizer for each, or use your IRS transcripts where we can.

☐ 2025	☐ 2024	☐ 2023
☐ 2022	☐ 2021	☐ 2020
☐ 2019	☐ 2018	☐ 2017
☐ 2016		

Has the IRS or a state contacted you about an unfiled return, or filed a return for you (a "substitute for return")? Yes No

Tell us what you received and when

Did Clarity prepare your return last year? Yes No

Do you have a copy of last year's return? Yes No

Last year's adjusted gross income (AGI), if handy
\$

May we contact whoever prepared it if we have questions? Yes No

Their name and phone / email

Any IRS or state letters, audits, balances due, liens, levies, or payment plans right now? Yes No

Which agency, what it says, and the notice number if there is one (e.g. CP2000, LT11)

About the business

Legal name of the entity *

DBA / trade name

EIN *

How the entity is taxed *

State of formation

Date formed / incorporated

MM/DD/YYYY

S-election effective date (Form 2553)

MM/DD/YYYY

Do you have the IRS S-election acceptance letter (CP261)?

Yes

No

Tax year end

Accounting method

Principal business activity (and NAICS code if known)

Is this the entity's first tax return?

Yes

No

Did the business close / dissolve this year (final return)?

Yes

No

Date closed

MM/DD/YYYY

Did the name or address change this year?

Yes

No

BUSINESS ADDRESS AND CONTACT

Street address *

Apt / unit

City *

State *

ZIP *

County

School district

Officer / partner completing this organizer *

Title

Phone *

Email *

Did the business have employees, property, or significant sales in other states?

Yes

No

Which states, and what activity in each

Did the entity elect (or want to elect) a state pass-through entity tax (PTET) to work around the SALT cap?

Yes

No

Owners, officers and K-1s

Every shareholder, partner or member as of year end, plus anyone who bought in or left during the year.

Owners

Owner 1

Full legal name (or entity name)

SSN or EIN

SSN or EIN

Title / role

Home address

Ownership % at start of year

Ownership % at end of year

Hours worked in the business this year

Owner type

Money / property put IN this year

\$

Distributions taken OUT this year

\$

W-2 wages paid to this owner (S corp officers)

\$

Guaranteed payments to this partner

\$

Health insurance premiums paid for this owner (2%+ shareholder - belongs on their W-2)

\$

Any loans between this owner and the business?

Yes

No

Direction, balance, and whether there is a signed note

Owner 2

Full legal name (or entity name) SSN or EIN SSN or EIN

Title / role

Home address

Ownership % at start of year

Ownership % at end of year

Hours worked in the business this year

Owner type

Money / property put IN this year

\$

Distributions taken OUT this year

\$

W-2 wages paid to this owner (S corp officers)

\$

Guaranteed payments to this partner

\$

Health insurance premiums paid for this owner (2%+ shareholder
- belongs on their W-2)

\$

Any loans between this owner and the business?

Yes

No

Direction, balance, and whether there is a signed note

Owner 3

Full legal name (or entity name) SSN or EIN SSN or EIN

Title / role

Home address

Ownership % at start of year

Ownership % at end of year

Hours worked in the business this year

Owner type

Money / property put IN this year

Distributions taken OUT this year

\$

\$

W-2 wages paid to this owner (S corp officers)

Guaranteed payments to this partner

\$

\$

Health insurance premiums paid for this owner (2%+ shareholder
- belongs on their W-2)

\$

Any loans between this owner and the business?

Yes

No

Direction, balance, and whether there is a signed note

Owner 4

Full legal name (or entity name)

SSN or EIN

SSN or EIN

Title / role

Home address

Ownership % at start of year

Ownership % at end of year

Hours worked in the business this year

Owner type

Money / property put IN this year

Distributions taken OUT this year

\$

\$

W-2 wages paid to this owner (S corp officers)

Guaranteed payments to this partner

\$

\$

Health insurance premiums paid for this owner (2%+ shareholder
- belongs on their W-2)

\$

Any loans between this owner and the business?

Yes

No

Direction, balance, and whether there is a signed note

Owner 5

Full legal name (or entity name)	SSN or EIN	SSN or EIN
----------------------------------	------------	------------

Title / role

Home address

Ownership % at start of year

Ownership % at end of year

Hours worked in the business this year
--

Owner type

Money / property put IN this year

\$

Distributions taken OUT this year

\$

W-2 wages paid to this owner (S corp officers)
--

\$

Guaranteed payments to this partner

\$

Health insurance premiums paid for this owner (2%+ shareholder - belongs on their W-2)
--

\$

Any loans between this owner and the business?
--

Yes

No

Direction, balance, and whether there is a signed note
--

Owner 6

Full legal name (or entity name)	SSN or EIN	SSN or EIN
----------------------------------	------------	------------

Title / role

Home address

Ownership % at start of year

Ownership % at end of year

Hours worked in the business this year
--

Owner type

Money / property put IN this year

\$

Distributions taken OUT this year

\$

W-2 wages paid to this owner (S corp officers)

\$

Guaranteed payments to this partner

\$

Health insurance premiums paid for this owner (2%+ shareholder
- belongs on their W-2)

\$

Any loans between this owner and the business?

Yes

No

Direction, balance, and whether there is a signed note

Owner 7

Full legal name (or entity name)

SSN or EIN

SSN or EIN

Title / role

Home address

Ownership % at start of year

Ownership % at end of year

Hours worked in the business this year

Owner type

Money / property put IN this year

\$

Distributions taken OUT this year

\$

W-2 wages paid to this owner (S corp officers)

\$

Guaranteed payments to this partner

\$

Health insurance premiums paid for this owner (2%+ shareholder
- belongs on their W-2)

\$

Any loans between this owner and the business?

Yes

No

Direction, balance, and whether there is a signed note

Owner 8

Full legal name (or entity name)

SSN or EIN

SSN or EIN

Title / role

Home address

Ownership % at start of year

Ownership % at end of year

Hours worked in the business this year

Owner type

Money / property put IN this year

Distributions taken OUT this year

\$

\$

W-2 wages paid to this owner (S corp officers)

Guaranteed payments to this partner

\$

\$

Health insurance premiums paid for this owner (2%+ shareholder - belongs on their W-2)

\$

Any loans between this owner and the business?

Yes

No

Direction, balance, and whether there is a signed note

Additional owner rows 9-20

Enter one item per line and include: Full legal name (or entity name); SSN or EIN; Title / role; Home address; Ownership % at start of year; Ownership % at end of year; Hours worked in the business this year; Owner type. Attach a statement if more room is needed.

Did anyone buy in, sell out, or did percentages change during the year?

Yes

No

Who, when, and how

S corp only: were owner-employees paid a reasonable W-2 salary before taking distributions?

Yes

No

Do you have owner basis schedules from prior years?

Yes

No

Financial statements

If you keep books (QuickBooks, Xero, Wave, a spreadsheet), the profit-and-loss and balance sheet are all we need for most lines - send them and fill in only what's missing.

How the books are kept

Can you send a profit-and-loss statement for the year? Yes No

Can you send a balance sheet as of year end? Yes No

Would you like to give Clarity accountant access to your bookkeeping software? Yes No

INCOME

Gross receipts / sales *	Returns and allowances
\$	\$

Amount reported on Forms 1099-K / 1099-NEC received	Interest income
\$	\$

Dividend income	Rental income
\$	\$

Other income (grants, refunds, gains)

\$

Does the business carry inventory? Yes No

Inventory at start of year	Purchases
\$	\$

Cost of labor	Materials and supplies
\$	\$

Other costs	Inventory at end of year
\$	\$

EXPENSES

Compensation of officers	Salaries and wages (other employees)
\$	\$

Contract labor / subcontractors	Payroll taxes
\$	\$

Employee benefits	Retirement plan contributions
\$	\$

Rent (office, equipment)

\$

Bad debts

\$

Interest

\$

Advertising

\$

Legal and professional

\$

Supplies

\$

Meals

\$

Utilities / phone / internet

\$

Bank and merchant fees

\$

Charitable contributions

\$

Notes on "other" or unusual expenses

Repairs and maintenance

\$

Taxes and licenses

\$

Depreciation (or list assets bought below)

\$

Insurance

\$

Office expense

\$

Travel

\$

Vehicle

\$

Software and subscriptions

\$

Dues and licenses

\$

Other

\$

ASSETS

Bought equipment, vehicles, furniture, computers, leasehold improvements or other assets this year?

Yes

No

Assets purchased

Asset 1

Item

Date placed in service

MM/DD/YYYY

Cost

\$

Asset 2

Item	Date placed in service	MM/DD/YYYY
------	------------------------	------------

Cost
\$

Asset 3

Item	Date placed in service	MM/DD/YYYY
------	------------------------	------------

Cost
\$

Asset 4

Item	Date placed in service	MM/DD/YYYY
------	------------------------	------------

Cost
\$

Asset 5

Item	Date placed in service	MM/DD/YYYY
------	------------------------	------------

Cost
\$

Asset 6

Item	Date placed in service	MM/DD/YYYY
------	------------------------	------------

Cost
\$

Asset 7

Item	Date placed in service	MM/DD/YYYY
------	------------------------	------------

Cost
\$

Asset 8

Item	Date placed in service	MM/DD/YYYY
------	------------------------	------------

Cost
\$

Asset 9

Item	Date placed in service	MM/DD/YYYY
------	------------------------	------------

Cost
\$

Asset 10

Item	Date placed in service	MM/DD/YYYY
------	------------------------	------------

Cost
\$

Asset 11

Item	Date placed in service	MM/DD/YYYY
------	------------------------	------------

Cost
\$

Asset 12

Item	Date placed in service	MM/DD/YYYY
------	------------------------	------------

Cost
\$

Additional asset rows 13-40

Enter one item per line and include: Item; Date placed in service; Cost. Attach a statement if more room is needed.

Sold, scrapped, or traded any assets?

Yes

No

What, when, amount received

If Clarity did not prepare last year: can you send the prior depreciation schedule? Yes No

Any vehicles owned or leased by the business, or owner vehicles used for business? Yes No

Vehicles used for the business

Vehicle 1

Vehicle (year, make, model)

Date first used for business

MM/DD/YYYY

Purchase price / value when first used

\$

Leased?

Yes

No

Total miles driven this year

Business miles

Commuting miles

Other personal miles

Do you keep a written or app mileage log?

Yes

No

Another vehicle available for personal use?

Yes

No

Want us to compare actual expenses to the mileage rate?

Yes

No

Gas and oil

\$

Repairs and tires

\$

Insurance

\$

Registration and taxes

\$

Lease payments

\$

Loan interest

\$

Parking and tolls

\$

Other

\$

Sold, traded, or stopped using this vehicle for business this year?

Yes

No

Date and amount received

Vehicle 2

Vehicle (year, make, model)

Date first used for business

MM/DD/YYYY

Purchase price / value when first used

\$

Leased?

Yes

No

Total miles driven this year

Business miles

Commuting miles

Other personal miles

Do you keep a written or app mileage log?

Yes

No

Another vehicle available for personal use?

Yes

No

Want us to compare actual expenses to the mileage rate?

Yes

No

Gas and oil

\$

Repairs and tires

\$

Insurance

\$

Registration and taxes

\$

Lease payments

\$

Loan interest

\$

Parking and tolls

\$

Other

\$

Sold, traded, or stopped using this vehicle for business this year?

Yes

No

Date and amount received

Vehicle 3

Vehicle (year, make, model)

Date first used for business

MM/DD/YYYY

Purchase price / value when first used

\$

Leased?

Yes

No

Total miles driven this year

Business miles

Commuting miles

Other personal miles

Do you keep a written or app mileage log?

Yes

No

Another vehicle available for personal use?

Yes

No

Want us to compare actual expenses to the mileage rate?

Yes

No

Gas and oil

\$

Repairs and tires

\$

Insurance

\$

Registration and taxes

\$

Lease payments

\$

Loan interest

\$

Parking and tolls

\$

Other

\$

Sold, traded, or stopped using this vehicle for business this year?

Yes

No

Date and amount received

Additional vehicle rows 4-6

Enter one item per line and include: Vehicle (year, make, model); Date first used for business; Purchase price / value when first used; Leased?; Total miles driven this year; Business miles; Commuting miles; Other personal miles. Attach a statement if more room is needed.

BALANCE SHEET AT YEAR END (IF YOU HAVE ONE - OTHERWISE SEND BANK STATEMENTS)

Cash in bank(s)

\$

Accounts receivable

\$

Inventory

\$

Fixed assets (cost)

\$

Accounts payable

\$

Credit card balances

\$

Loans / notes payable

\$

Loans from / to owners

\$

Payroll, contractors and compliance

Did the business have W-2 employees this year? Yes No

Number of employees at year end

Payroll provider

Were all Forms 941/940 and W-2/W-3 filed? Yes No

Any unpaid payroll tax, missed deposits, or IRS/state payroll notices? Yes No

Unpaid payroll tax is the most serious business tax problem - tell us now so we can protect you

Which periods and amounts, and any notices received

State unemployment and workers' comp current? Yes No

Do you reimburse employee health costs (HRA / QSEHRA) or pay premiums? Yes No

Hired anyone from a targeted group (veterans, long-term unemployed) with a WOTC certification? Yes No

Paid any individual or unincorporated business \$600 or more for services (or any attorney)? Yes No

Were Forms 1099-NEC issued and filed? Yes No

Does the business collect sales tax? Yes No

Are the state sales tax returns filed and paid? Yes No

Received more than \$10,000 in cash in one transaction (or related transactions)? Yes No

Was Form 8300 filed? Yes No

Did the business claim the Employee Retention Credit in any year? Yes No

Which quarters, amounts, and whether the IRS has questioned or paid it

Any foreign owners, foreign bank accounts, or foreign transactions? Yes No

Details

Did the business receive, hold, or pay with digital assets?	Yes	No
Any research or development spending?	Yes	No
Any IRS or state notices, audits, liens, or payment plans for the business right now?	Yes	No
Agency, notice number, and what it says		

Are the state annual report / franchise tax filings current?	Yes	No
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Estimated payments, refund and payment

Were estimated tax payments made for this tax year (federal or state)?				Yes	No
Quarter	Federal date paid	Federal amount	State date paid	State amount	
1st quarter (Apr 15)		\$		\$	
2nd quarter (Jun 15)		\$		\$	
3rd quarter (Sep 15)		\$		\$	
4th quarter (Jan 15)		\$		\$	
State					
Prior-year overpayment applied to this year					
\$					

REFUND OR BALANCE DUE

Direct deposit any refund? (fastest and safest)	Yes	No
Re-enter both numbers and send a voided check or bank letter. Any change clears the readiness attestation until you review again.		
Bank name	Routing number (9 digits)	
Re-enter routing number	Account number	

Re-enter account number

Account type

Want to set your refund and payment preferences now?

Yes

No

Most people skip this. We come back to you once we know whether you are getting a refund or owe.

Apply any overpayment to next year's estimated tax instead?

Yes

No

If you owe: withdraw the balance from that same account on the due date?

Yes

No

If you owe: will you be able to pay in full by the deadline?

Yes

No

If not, we'll set up the payment plan at the same time as the return

Do you expect a big change in income, deductions or withholding next year?

Yes

No

What is changing

Do you expect to need an extension?

Yes

No

An extension is time to file, not time to pay

Contribute to any state check-off funds on the state return?

Yes

No

Which fund(s) and amount

Review, sign and send

Anything else we should know? Questions, worries, things you are unsure about:

DOCUMENT CHECKLIST - tick what you are sending with this organizer

Last year's federal and state returns
IRS / state letters and notices
IP PIN letter (CP01A)
Profit and loss statement and balance sheet (or bookkeeping access)
Bank and credit card statements for the year (all business accounts)
Prior-year business return, K-1s and basis schedules
Payroll reports: Forms 941/940, W-2/W-3, state unemployment
Forms 1099-NEC issued and 1099-K / 1099-NEC received
Fixed asset purchases: invoices, financing agreements; prior depreciation schedule
Loan statements (year-end balances and interest paid)
Owner distributions and contributions ledger
Health insurance premiums paid for owners
Sales tax returns filed
ERC claim paperwork and refund checks
State annual report / franchise tax confirmations
IRS / state notices for the business
Vehicle mileage log(s)
Voided check or bank letter for direct deposit / debit
Estimated tax payment confirmations (IRS and state)

ATTESTATION

To the best of my knowledge the information in this organizer is complete and accurate. I understand Clarity Tax Relief will rely on it, together with my documents and IRS records, to prepare my return and that I am authorized to provide it for the business.

I agree to receive documents and communications about my return electronically. This communication consent does not authorize Clarity Tax Relief to file my return.

Signature (type or sign)

Date

You will review and sign the actual return separately before anything is filed. Thank you - this really does speed things up.