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# LLC Tax Organizer

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*(See next page for Organizer)*

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# LLC Tax Organizer

Use a separate organizer for each LLC

## LLC General Information

|  |  |           |
|--|--|-----------|
| Legal name of LLC  | EIN  | -         |
| LLC address <input type="checkbox"/> (check if new address)  |  |           |
| LLC Representative   | Title  |           |
|  | Email  | Phone ( ) |
| Principal business activity  |  |           |
| Principal product or service   |  |           |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   | Was the primary purpose of the LLC activity to realize a profit?           |           |
| Accounting method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)                             |  |           |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   | Does the LLC file under a calendar year? (If no, what is the fiscal year?) |           |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   | Has the LLC made the election to be taxed as a corporation?                |           |
| If the LLC is an S corporation, provide a copy of Form 2553, <i>Election by a Small Business Corporation</i> , and the acceptance letter from the IRS. |  |           |

## LLC Specific Questions

|  |  |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the LLC have an operating agreement? (If this is the first year of the LLC's existence, please provide a copy of the operating agreement and the articles of organization)  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are all members actively participating in the business?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is any member in the LLC a disregarded entity, a partnership, a trust, an S corporation, or an estate?   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is the LLC a partner in another partnership?   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did any foreign or domestic corporation, partnership, trust, tax-exempt organization, individual, or estate own directly or indirectly 50% or more of the profit, loss, or capital of the LLC?   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the LLC own directly 20% or more, or own directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the LLC have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce principal amount of debt?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | At any time during the year, did the LLC have an interest in, or signature authority over a financial account in a foreign country?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Was there a distribution of property or a transfer (by sale or death) of an LLC interest during the tax year?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the LLC satisfy the following conditions?<br><ul style="list-style-type: none"> <li>• The LLC's total receipts for the tax year were less than \$250,000, and</li> <li>• The LLC's total assets at the end of the tax year were less than \$1 million.</li> </ul> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the LLC pay \$600 or more to any individual? If yes, include a copy of Form 1099-NEC for each.   |

## Principal Members Ownership Information

| Name | Tax ID number (SSN or EIN) | Address | Ownership percentage | Member or member-manager | U.S. citizen? |
|------|----------------------------|---------|----------------------|--------------------------|---------------|
|      |                            |         |                      |                          |               |
|      |                            |         |                      |                          |               |
|      |                            |         |                      |                          |               |
|      |                            |         |                      |                          |               |
|      |                            |         |                      |                          |               |
|      |                            |         |                      |                          |               |
|      |                            |         |                      |                          |               |
|      |                            |         |                      |                          |               |

## LLC Other Transactions

| Member name | Guaranteed payments | Health insurance premiums paid | Capital contributions from member | Distributions to member | Member loans to the LLC | Loans repaid by LLC to member |
|-------------|---------------------|--------------------------------|-----------------------------------|-------------------------|-------------------------|-------------------------------|
|             |                     |                                |                                   |                         |                         |                               |
|             |                     |                                |                                   |                         |                         |                               |
|             |                     |                                |                                   |                         |                         |                               |
|             |                     |                                |                                   |                         |                         |                               |
|             |                     |                                |                                   |                         |                         |                               |

## All Clients – Additional information and documents required

- Provide the income/financial statements for the year (per books), balance sheet, depreciation schedule per books, and cash reconciliation of business bank accounts with ending cash balance.
- If the LLC has employees or paid independent contractors, provide a copy of all W-2, W-3, 940, 941, 1096, 1099-NEC, 1099-MISC, and any other forms issued to workers.
- If any members live in a different state or outside the U.S., provide details. The business may be subject to withholding requirements.

## New Clients – Additional information and documents required

- |  |
|--|
| Date LLC formed  |
| State LLC formed in  |
| <ul style="list-style-type: none"> <li>• Provide copies of LLC's Articles of Organization and Operating Agreement (if any).</li> <li>• Provide copies of depreciation schedules for book, tax, and AMT.</li> <li>• Provide copies of tax returns for last two years, including state returns (if applicable).</li> </ul> |



## Equipment Sold or Disposed of During Year

| Asset | Date out of service | Date sold | Selling price/FMV | Trade-in? |
|-------|---------------------|-----------|-------------------|-----------|
|       |                     |           | \$                |           |
|       |                     |           | \$                |           |
|       |                     |           | \$                |           |
|       |                     |           | \$                |           |

## LLC Business Credits (if answered Yes for any of the below, please provide a statement with details)

|  |   |                           |
|--|---|---------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the business pay expenses to make it accessible by individuals with disabilities?         |                           |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the business pay any FICA on employee wages for tips above minimum wage?                  |                           |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the business own any residential rental buildings providing qualified low-income housing? |                           |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the business incur any research and experimental expenditures during the tax year?        |                           |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the business have employer pension plan start-up costs?                                   | Total number of employees |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the business pay health insurance premiums for employees?                                 | Total number of employees |

## Estimated Tax Payments — Tax Year 2020

| Installment                           | Date paid | Federal | Date paid | State |
|---------------------------------------|-----------|---------|-----------|-------|
| First                                 |           | \$      |           | \$    |
| Second                                |           | \$      |           | \$    |
| Third                                 |           | \$      |           | \$    |
| Fourth                                |           | \$      |           | \$    |
| Amount applied from 2019 overpayment? |           | \$      |           | \$    |
| Total                                 |           | \$      |           | \$    |

## COVID-19 Related

|  |  |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the business receive a Paycheck Protection Program loan?   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the business receive an Economic Injury Disaster Loan or Emergency Advance through the SBA?        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the business delay payment of employer payroll taxes?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the business receive a payroll tax credit for sick leave paid to employees due to COVID-19?        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the business receive a payroll tax credit for paid family leave paid to employees due to COVID-19? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the business receive a payroll tax credit for a business suspension or slowdown?                   |

## Tax Return Preparation

We will prepare the tax return based on information provided. In the event the return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of the return do not include auditing, review, or any other verification or assurance.

## Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If additional information is received after we begin working on the return, you will contact us immediately to ensure the completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review documentation.
- You must be able to provide written records of all items included on the return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before the tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of late returns.
- You should keep a copy of the tax return and any related tax documents. You may be assessed a fee if you request a copy in the future.

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

| Taxpayer | Title | Date |
|----------|-------|------|
|----------|-------|------|

## Privacy Policy

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.