



S Corporation Tax Organizer

FORM 1120-S · TAX YEAR 2026

This organizer will help you gather the information needed to prepare your corporate income tax return. First-time clients: please also provide a copy of the corporation's last filed tax return. If you keep books in QuickBooks or similar software, you may provide a profit & loss statement and balance sheet instead of the income, expense, and balance-sheet sections.

1 CORPORATION INFORMATION

Corporation name EIN Date incorporated

Address Suite City State ZIP

Contact name Email

Contact phones Office Home Mobile

Contact mailing address (if different)

2 FILING INFORMATION *please answer every question*

- 1 Effective date of the corporation's S election:
- 2 Has the IRS accepted the S election (Form 2553)? (First-year S corporations: attach the IRS acceptance letter, CP261.) ☐ Yes ☐ No
- 3 Did the corporation conduct business in any state other than Washington? If yes, list the states: ☐ Yes ☐ No
- 4 State of incorporation:
- 5 Corporation's state of residence:
- 6 Date the corporation was first authorized to do business in its resident state:
- 7 Did the corporation have a change of business name during the year? ☐ Yes ☐ No
- 8 Is there a change of address for the year? ☐ Yes ☐ No
- 9 What is the principal business activity of the corporation?
- 10 What accounting method does the corporation use? ☐ Cash ☐ Accrual ☐ Other if other, describe:
- 11 Does the corporation file under a calendar year? If not, what is the fiscal year? ☐ Yes ☐ No
- 12 How many shareholders were there during the year?
- 13 Was any shareholder a nonresident alien at any time during the year? ☐ Yes ☐ No
- 14 Did the corporation own 80% or more of the stock of another corporation? ☐ Yes ☐ No

3 SHAREHOLDER INFORMATION

SHAREHOLDER NAME (FIRST, LAST)	SOCIAL SECURITY NO.	MAILING ADDRESS (STREET, CITY, STATE, ZIP)	% OWNED (START OF YR)	% OWNED (END OF YR)	CAPITAL CONTRIBUTED	DISTRIBUTIONS RECEIVED

Enter every shareholder who owned shares at any time during the year. "Distributions" means cash or property the shareholder received from the corporation during the year.

4 SHAREHOLDER COMPENSATION & DISTRIBUTIONS

OFFICER / SHAREHOLDER-EMPLOYEE NAME	TITLE	% OF TIME DEVOTED	W-2 WAGES PAID

The IRS requires S corporations to pay reasonable W-2 compensation to shareholder-employees before making distributions.

Did the corporation pay health, dental, or vision insurance premiums for any 2%-or-more shareholder?

☐ Yes ☐ No

If yes, were those premiums included in Box 1 of the shareholder's W-2?

☐ Yes ☐ No

Were there loans between the corporation and any shareholder during the year?

☐ Yes ☐ No

If yes — loan balance at beginning of year \$ Loan balance at end of year \$

Did the corporation distribute any property other than cash to shareholders? (If yes, describe the property and its fair market value in the Notes section.)

☐ Yes ☐ No

5 CORPORATION BALANCE SHEET**Assets at year end**

Bank account balances at year end \$

Accounts receivable at year end \$

Loans to shareholders / owners \$

Mortgages & loans held \$

Stocks, bonds & securities \$

Other current assets (describe below) \$

Inventories \$

Debts & equity at year end

Accounts payable at year end \$

Payables due in less than 1 year \$

Payables due in more than 1 year \$

Capital stock — preferred \$

Capital stock — common \$

Loans from shareholders / owners \$

Retained earnings \$

6 INCOMEGross receipts or sales for the year \$ Portion of receipts reported on Form(s) 1099-K \$ Portion of gross sales refunded or returned \$ Gross receipts from rental property owned by the corporation *(do not include in gross receipts above)* \$ Did the corporation have any other income not included above? *(If the corporation had interest, dividend, or capital-gain income, also complete the Interest & Dividends and Property Sold sections.)* ☐ Yes ☐ NoDescribe any other income: **7 COST OF GOODS SOLD** *restaurants, retail sellers & manufacturers generally must account for COGS*Do you manufacture or produce a product for sale to customers? ☐ Yes ☐ NoDo you operate a wholesale or retail business where you maintain an inventory of goods? ☐ Yes ☐ NoOpening inventory on the first day of the year \$ Purchases of product *(less items withdrawn for personal use)* \$ Cost of labor related to sale or production \$ Materials and supplies used in manufacture or sales production \$ Other costs related to sale or production \$ Closing inventory at the end of the year \$ **8 BUSINESS EXPENSES**

Enter vehicle costs in the Business Use of Automobile section; computers, equipment, furniture, and software in the Asset Depreciation section; and travel in the Travel Expense section.

Advertising \$ Bank fees and charges \$ Charitable contributions \$ Commissions and fees \$ Contract labor *(1099-NEC required for unincorporated payees paid \$600+)* \$ Dues and subscriptions \$ Employee benefit programs \$ Health insurance — employees \$ Health insurance — shareholders \$ Insurance *(other than health)* \$ Internet service \$ Interest — business mortgage \$ Interest — business credit cards \$ Interest — business loans / credit lines \$ Laundry, cleaning, janitorial \$ Legal and professional services \$ Business meals \$ Cell phone *(100% of cost)* \$ Business-use percentage %Merchant credit card fees \$ Office expense \$ Parking & tolls \$ Postage & shipping \$ Professional education & training \$ Rent *(office, leasehold, storage)* \$ Rent or lease *(vehicles, machinery, equipment)* \$ Repairs and maintenance \$ Supplies and small tools \$ Taxes — local & business licenses \$ Taxes — payroll (941, 940 & state) \$ Taxes — state \$ Annual corporation fees \$ Telephone expense \$ Utilities \$ Wages *(W-2 employees; provide W-3, annual 940 & quarterly 941 reports)* \$ **Other expenses (list)** \$ \$ \$

9 ASSET DEPRECIATION WORKSHEET

Report the purchase and disposition of all assets used in the business.

Assets purchased

DESCRIPTION	DATE BOUGHT	COST

Assets sold or disposed of

DESCRIPTION	DISPOSITION DATE	SALES PRICE

10 TRAVEL EXPENSES

For business travel away from home outside the metro area, the corporation may claim the actual cost of lodging and meals, or reimburse a daily meal per-diem instead of actual meal costs (for non-shareholder employees, a combined meals-and-lodging per diem may be used). Per-diem rates vary by city — list each city visited for business and the number of days in each. A single trip may use either actual costs or the per diem, not both. Partial days may use a partial per diem.

CITY VISITED (FOR PER DIEM)	# OF DAYS

Airfare \$

Bus, train, taxi \$

Meals — actual receipts (*exclude per-diem trips*) \$

CITY VISITED (FOR PER DIEM)	# OF DAYS

Lodging \$

Parking & tolls \$

Other travel (*describe*)

..... \$

..... \$

11 BUSINESS USE OF AUTOMOBILE

Keep documentation proving business use of corporation-owned or shareholder-owned vehicles: a written mileage log or calendar is required unless the vehicle was 100% business use. The corporation may reimburse actual operating expenses or the standard mileage rate; keep a written record of reimbursements paid. **Complete Section A for each vehicle used by a 5%-or-more owner; complete Section B if the corporation provided vehicles for employee use.**

Section A — vehicle used by a 5%-or-more ownerDescription (*model and year*) Purchase price \$ Date first used in business ☐Interest paid on auto loan \$ Business miles (*not including commuting*) Commuting miles All other personal-use miles Total miles for the year Was the vehicle available for personal use? ☐ Yes ☐ NoWas the vehicle used primarily by a 5%-or-more owner? ☐ Yes ☐ NoIs another personal-use auto available? ☐ Yes ☐ NoWas the standard mileage rate used last year? ☐ Yes ☐ No**Section B — corporations providing vehicles for employee use**Does the corporation maintain a written policy prohibiting all personal use of company vehicles? ☐ Yes ☐ NoDoes the corporation maintain a written policy prohibiting all use except commuting? ☐ Yes ☐ NoDoes the corporation treat all vehicle use by employees as personal use? ☐ Yes ☐ NoDoes the corporation provide more than five vehicles to employees and keep the required records? ☐ Yes ☐ NoMileage reimbursement paid to shareholders and employees for the year \$ **Automobile expenses** (*corporation-owned vehicles / actual-expense method*)Garage rent \$ Gas, oil \$ Insurance \$ Licenses \$ Parking fees \$ Lease payments \$ Repairs \$ Tires \$ Tolls \$ Registration fees \$ **Other expenses** (*list*) \$ \$ **12 SALE OF STOCK, REAL ESTATE, OR OTHER PROPERTY**

Attach year-end brokerage statements for stock sales, and closing papers for real estate sold.

DESCRIPTION OF PROPERTY SOLD	DATE PURCHASED	PURCHASE PRICE	DATE SOLD	SALES PRICE

13 DEDUCTIONS & CREDITS

DEDUCTIONS & CREDITS THE CORPORATION MAY QUALIFY FOR	ANSWER	DETAILS
Did the corporation pay wages to any employees who were members of a targeted group (<i>Work Opportunity Credit</i>)?	☐ Yes ☐ No	
Did the corporation start a new 401(k) or other retirement plan during the year?	☐ Yes ☐ No	
Did the corporation pay for disabled-access equipment or improvements?	☐ Yes ☐ No	
Did the corporation provide or reimburse employee childcare expenses?	☐ Yes ☐ No	
Did the corporation make energy-efficiency improvements to its buildings?	☐ Yes ☐ No	
Did the corporation pay wages to employees on family or medical leave under a written policy?	☐ Yes ☐ No	
Did the corporation conduct research & development activities?	☐ Yes ☐ No	

14 INTEREST & DIVIDEND INCOME

Attach copies of all interest and dividend statements the corporation received. If the corporation received interest under a seller-financed mortgage, provide the payer's name, address, and SSN or EIN.

Interest received

NAME OF BANK OR OTHER PAYER	INTEREST

Dividends received

NAME OF CORPORATION OR OTHER PAYER	DIVIDENDS

Does the corporation have money in, or ownership or control over, a bank account or trust in a foreign country? ☐ Yes ☐ No

If yes — country / countries Maximum account value during the year \$

Notes & additional information

I affirm that the information contained in this tax organizer, submitted to Fondahn CPA for preparing tax returns, is true, correct, and complete to the best of my knowledge. I further affirm that I have documentation and receipts to support this information.

SIGNATURE

PRINT NAME

TITLE

DATE