



### Please Read Before You Begin

Thank you for choosing AAG San Diego. We are looking forward to working with you this year! Here are a few things we want to let you know as we get started with your tax preparation:

- **Complete Information** – All questions need to be answered on our documents before we can begin preparing your tax return. Please double-check to make sure all information has been provided.
- **Texting Lisa** – Please do not text any tax related information. It will not be used in preparing your tax return. All information should be sent via email, through the portal, or delivered in person.
- **Using Your Phone** – Some cell phones have trouble when being used to fill out our required documents. If you have trouble, please use a computer or call the office for hard copies.
- **Filing your Return** – Your return will not be filed until we have received all required signatures and payments for services.
- **Business Expenses** – We only need year end totals for each category of expenses. Any back-up documentation should be kept for your records.
- **Business Mileage** – Please only provide business mileage. Do not include personal miles in the total.
- **Original Documents** – All original documents in our office will be sent to you via FedEx/UPS with a \$25 fee. If you would like to make other arrangements, please let us know.

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Name of Entity

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Signature

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Date



## Business Information Sheet

Tax Year: \_\_\_\_\_

**\*\*THE GOVERNMENT REQUIRES THAT THE FOLLOWING QUESTIONS BE ANSWERED**

Name of Entity: \_\_\_\_\_

Address To Be Used on Tax Return: \_\_\_\_\_

☐ Records Kept at Same Address

City

State

Zip

EIN: \_\_\_\_\_

Date Incorporated: \_\_\_\_\_

Principal Business: \_\_\_\_\_

Last Day of Tax Year: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

Type of Entity: ☐ Partnership ☐ S-Corporation ☐ Corporation ☐ Nonprofit

Total Spent on Owners' Health Insurance \_\_\_\_\_

Please mark an "X" next to all that apply:

(AAG needs this information **EVERY** year in order to properly prepare your tax return.)

\_\_\_\_\_ Please file our annual Statement of Information

\_\_\_\_\_ This is the final year of business

\_\_\_\_\_ The FinCen BOI Report has not been filed

\_\_\_\_\_ The owners made cash contributions to the business during THIS tax year

\_\_\_\_\_ The owners took distributions of money out of the business during THIS tax year

\_\_\_\_\_ Owner(s) were on the payroll and received W2s

\_\_\_\_\_ We offer a retirement plan to employees

\_\_\_\_\_ We have NOT registered with CalSavers

This entity:

\_\_\_\_\_ Had employees on payroll (W2 employees)

\_\_\_\_\_ Paid the annual FTB Franchise Tax Fee (min \$800) for California

\_\_\_\_\_ Distributed 1099s to all contractors who earned over \$600

\_\_\_\_\_ Transferred more than 50% of ownership during the tax year

\_\_\_\_\_ Owns more than 20% of another entity

\_\_\_\_\_ Has outstanding shares of restricted stock

\_\_\_\_\_ Has subsidiary entities that should be reported

\_\_\_\_\_ Acquired another entity during the tax year

\_\_\_\_\_ Received ERC during the tax year

**Please mark an "X" next to all that apply:**

- \_\_\_\_\_ Has been audited Year Audited: \_\_\_\_\_
- \_\_\_\_\_ Had debt cancelled during the tax year
- \_\_\_\_\_ Received over \$10,000 in a single cash transaction
- \_\_\_\_\_ Earned money outside of the United States
- \_\_\_\_\_ Offered health insurance to employees
- \_\_\_\_\_ Paid for owners' health insurance Total Paid for Each Owners' Family Health Insurance \$ \_\_\_\_\_
- \_\_\_\_\_ Purchased capital assets

**List of Owners:**

<u>Name</u>	(Please Note: If you are a new client, we will need a list of addresses, social security numbers, and birthdays for each owner)	<u>Number of Actual Shares</u> Do <b>NOT</b> use a percentage	<u>Receives a W2/salary</u>	
_____	_____	_____	YES	NO
_____	_____	_____	YES	NO
_____	_____	_____	YES	NO

Name of Owner Signing Taxes: \_\_\_\_\_

Title of Signer: \_\_\_\_\_

Social Security No. of Signer: \_\_\_\_\_ Birthdate of Signer: \_\_\_\_\_

☐ Email address has changed

Signer Email: \_\_\_\_\_ Signer Phone: \_\_\_\_\_

Name of Contact Person for Tax Preparation: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**Direct Deposit and Withdrawal Information**

☐ Directly withdraw any tax liabilities from the account indicated below. Money will be withdrawn when the return is e-filed.

☐ I would like to pay the AAG San Diego outstanding invoices for tax services with the account indicated below

Name of Business/Person on Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_ ☐ Ckg ☐ Svgs

Account Number: \_\_\_\_\_

I certify that all the above answers are true and correct.

Signature of Owner \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_



**End of Year Business Balances**

Tax Year: \_\_\_\_\_

**Business Name:** \_\_\_\_\_

If you grossed over \$250,000 during the tax year, and you have **not** provided a Balance Sheet, we need the following information in order to complete your business tax return:

Please provide the following information for all BUSINESS **checking, savings, credit cards, lines of credit, and loans**):

Name of Bank	Type of Account	Year End Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that all the above answers are true and correct.

\_\_\_\_\_  
**Signature of Owner**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**



## Business Auto Worksheet

Tax Year: \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Description of Vehicle:**      Year \_\_\_\_\_      Make \_\_\_\_\_      Model \_\_\_\_\_

**Date Placed in Service:** \_\_\_\_\_

**Yes      No**

\_\_\_\_\_      \_\_\_\_\_      Was the business vehicle available for personal use during off-duty hours?

\_\_\_\_\_      \_\_\_\_\_      Did the taxpayer have another vehicle available for personal use?

\_\_\_\_\_      \_\_\_\_\_      Was the vehicle used more than 50% for business purposes?

\_\_\_\_\_      \_\_\_\_\_      Does the taxpayer have evidence to support this deduction?

\_\_\_\_\_      \_\_\_\_\_      If "Yes" is the evidence written?

**Total Business Mileage for This Tax Year:** \_\_\_\_\_

\_\_\_\_\_  
Initials



## **Business Notifications**

### **Business Meals and Entertainment**

According to the IRS, supporting records are needed to substantiate meal and entertainment deductions. Please DO NOT send the information to our office. Keep the following for your records:

#### **Meals**

Your records MUST include the following:

- Date of the meal
- Total detailed receipt information of what was ordered, tax and tip
- Name of the restaurant
- Details of the business meal, what was discussed
- How it related to your business
- Who attended

Meals are calculated at 50% of the total amount if they are:

- Business meals with clients
- Food items for the office
- Meals while traveling for work
- Meals at a conference

Meals are calculated at 100% of the total amount if they are:

- Food for company holiday party
- Food and beverages given to the public
- Dinner for employees working late at the office

If you go for a meal with a client with no business purpose, the meal is not deductible.

#### **Entertainment**

Most entertainment expenses are no longer deductible but there are some exceptions. If you want to find out more about these deductions you can go to the IRS website listed below.

[www.irs.gov/pub/irs-regs/travel\\_entertainment\\_faq\\_v1.pdf](http://www.irs.gov/pub/irs-regs/travel_entertainment_faq_v1.pdf)

## **C-corporations**

Your C-corporation Federal and State taxes are due on March 15 of each year. If they are not paid, whether you have or have not filed a tax return, you will incur interest and failure-to-pay penalty fees. If you have not filed a tax return there will be an additional failure-to-file penalty, which can be avoided by filing an extension before March 15.

Agency	Failure-to-File	Failure-to-Pay	Interest
<b>IRS</b>	5% per month, max 25%, on unpaid taxes until taxes are filed If filed less than 60 days late \$450 min	.5% per month, max 25%, on unpaid taxes	Federal short-term rate + 3% on unpaid taxes
<b>State CA</b>	5% per month, max 25%, on unpaid taxes until taxes are filed	5% penalty plus .5% per month on unpaid taxes, max 40 months	7% on unpaid taxes

## **S-corporations**

Your S-corporation Federal and State taxes are due on March 15 of each year. If they are not paid, whether you have or have not filed a tax return, you will incur interest and failure-to-pay penalty fees. If you have not filed a tax return there will be an additional failure-to-file penalty, which can be avoided by filing an extension before March 15.

Agency	Failure-to-File	Failure-to-Pay	Interest
<b>IRS</b>	\$195 Per Shareholder, Per Month on Unpaid Taxes for a Max of 12 Months		Federal short-term rate + 3% on unpaid balance
<b>State CA</b>	\$18 Per Shareholder, Per Month on Unpaid Taxes for a Max of 12 Months	5% per month, max 25%, on unpaid taxes	7% on unpaid taxes