

2025 Tax Organizer for Corporations

Business Information

Business Information

Corporation's legal name				EIN	
Doing business as					
In care of name					
Street address, city, state, and ZIP					
Email					
Phone number		Cell number		Fax number	
Date incorporated	State of incorporation				

Yes No

Does the corporation file under a calendar year?

If "No," what is the tax year begin date? _____ Tax year end date? _____

Did the corporation conduct business activities in any state other than the resident state?

If "Yes," what states? _____

Is this a consolidated return?

If "Yes," is this a life / nonlife consolidated return? _____

Is the corporation a personal holding company?

Is the corporation a personal service corporation?

Is the corporation a qualified personal service corporation?

Is the corporation a cooperative association?

Is the corporation a homeowners association?

What accounting method does the corporation use?

Cash Accrual Other (describe) _____

What is the corporation's principal business activity? _____

What product or service does the corporation provide? _____

Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

If "Yes," provide the following information for the parent corporation

Employer ID number _____

Name _____

Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2024	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use This Account for	
			Checking	Savings	Deposits	Withdrawals

Officer Information

Corporation Name:

EIN:

Asset Listing

Name: _____

SSN:

Assets for:

2025

Schedule C - Profit or Loss from Business

Name:

SSN:

General Business Information

TS _____ Professional product or service _____ Employer ID number _____

Business name _____

Business address, city, state, ZIP _____

Accounting Method: Cash Accrual Other (specify) _____ This business started or was acquired during 2025. This business was disposed of during 2025.

Select if this business is for:

 Professional gambler Newspaper delivery and you are under 18 years of age Exempt Notary income A clergy

Yes No

 Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business. If "Yes," did you file Forms 1099 for the individuals? Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021? If "Yes," was any portion of the loan forgiven in 2025?

Income

	2025	2025
Gross receipts or sales		Other income
Returns & allowances		

Expenses

	2025	2025
Advertising		Repairs & maintenance
Car & truck expenses		Supplies
Commissions & fees		Taxes & licenses
Contract labor		Travel
Depletion		Total meals
Employee benefit programs		Utilities
Insurance (other than health)		Wages
Interest - mortgage		Family health coverage payments for taxpayer, spouse or dependents
Interest - other		Other expenses (list)
Legal & professional services		
Office expenses		
Pension & profit-sharing plans		
Rent or lease (vehicles, machinery, & equipment)		
Rent (other business property)		

Cost of Goods Sold

	2025	2025
Inventory at beginning of year		Materials & supplies
Purchases		Other costs
Cost of personal use items		Inventory at end of year
Cost of labor		<input type="checkbox"/> There was a change in inventory method.

Expenses Related to Business

Name:

SSN:

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

Yes No

Was this vehicle available for use during off-duty hours?
 Was another vehicle available for personal use?

Yes No

Do you have evidence to support your deduction?
 If "Yes," is the evidence written?

Mileage

Number of miles the vehicle was driven during 2025

Business Other

Commuting

Expenses

Garage rent Repairs

Gas Tires

Insurance Tolls

Licenses Lease addback

Oil Other expenses

Parking fees

Rental fees

Interest

Property tax

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business? _____

What is the total square footage of your home? _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? _____

How many hours per day was the area used? _____

 The daycare facility was in operation for the entire year

Expenses

Office expenses

Home expenses

Mortgage interest _____

Real estate taxes _____

Excess mortgage interest _____

Excess real estate taxes _____

Insurance _____

Rent _____

Repairs & maintenance _____

Utilities _____

Other expenses _____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Schedule F - Profit or Loss from Farming

Name:

SSN:

General Information

TS Principal product _____

Employer ID number _____

Accounting method, if not cash: Accrual

This farm was disposed of during _____.

Yes No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this farm.

If "Yes," did you file Forms 1099 for the individuals?

Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2022?

If "Yes," was any portion of the loan forgiven in _____.

Income

Sale of livestock / other items Custom hire income

Cost of items bought for resale Beginning inventory for accrual

Sale of products you raised Ending inventory for accrual

Total cooperative distributions You used unit-livestock-price or farm-price inventory method.
(Provide 1099-PATR)

Total agricultural payments Other income

Commodity Credit Corporation (CCC) loans:

CCC loans reported

CCC loans forfeited

Crop insurance proceeds:

Amount received in 2023

You elect to defer to 2024

Amount deferred from 2022

Expenses

Car & truck expenses Rent - other (land, animals, etc.)

Chemicals Repairs & maintenance

Conservation expenses Seeds & plants purchased

Custom hire (machine work) Storage & warehousing

Employee benefit programs Supplies purchased

Feed purchased Taxes

Fertilizers & lime Utilities

Freight & trucking Veterinary, breeding, & medicine

Gasoline, fuel, & oil Family health coverage payments for taxpayer, spouse or dependents

Insurance (other than health) Other expenses (list)

Interest - mortgage (paid to banks, etc.)

Interest - other

Non-W-2 labor hired

W-2 wages paid

Pension & profit-sharing plans

Rent - vehicles, machinery & equipment