

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-subsidary 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

[illegible]

Asset Listing	
Name:	SSN:

SSN:

Assets for:

[illegible]

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?

Yes No

☐☐

Do you have evidence to support your deduction?

☐☐

Was another vehicle available for personal use?

☐☐

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 E - Income or Loss from Rental Real Estate & Royalties

Name:

SSN:

General Property Information

TSJ _____

Property description

Address, city, state, ZIP

Select the property type

- ☐ Self-rental
☐ Other

Number of days property was rented

Number of days property was used for personal use

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied

- Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this rental.**
- If "Yes," did you file Forms 1099 for the individuals?**

Income

Rent Income

**Royalties from oil, gas,
mineral, copyright or patent**

Expenses

Rental unit expenses

Rental and homeowner expenses

Advertising

Auto & travel

Cleaning & maintenance

Commissions

Insurance

Legal & professional fees

Management fees

Mortgage interest

Other interest

Repairs

Supplies

Taxes

Utilities

Depletion

Other expenses (list)

If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

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 _____
(Provide 1099-PATR)

Total agricultural payments _____

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 _____

☐ You used unit-livestock-price or farm-price inventory method.

Other income _____

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 _____