

1730 East Northern Ave.
Suite 120
Phoenix, Arizona 85020
www.rcthornton.com
(602) 678-7067
FAX (602) 395-0299

January 2021

Dear Client:

COMPLETE THE ENCLOSED ORGANIZER - HELP US HELP YOU

The enclosed business tax organizer has been designed to assist in compiling the information needed to prepare your return. The following pages contain many of the common income items, expenses, deductions and credits as well as questions that determine the proper handling of these items. Please answer all questions and attach supporting documentation as necessary. If our firm does not prepare year-end financial statements for your organization, please attach a detailed trial balance, depreciation schedules, balance sheet and profit and loss statement.

We hope this organizer will make your task easier. It will help us properly prepare your return. We are happy to have this opportunity to assist you in preparing your tax returns. If you should have any questions, please contact us.

After finalizing the organizer, please return the entire organizer to us.

Sincerely,

R.C. THORNTON & ASSOCIATES, CPAs, LLC



Roy C. Thornton, CPA

**R.C. THORNTON
& ASSOCIATES, LLC**
CERTIFIED PUBLIC ACCOUNTANTS

2020 Entity Tax Return Organizer

Instructions for client and client's personnel.

No one likes to fill out forms, so we don't expect this questionnaire to be any different. However, since we are asking you to take the time to complete this, we thought it would be only fair to explain why we are asking for this information.

- 1) We want to **reduce the possibility of error and overlooked tax benefits** for you. You might think we already know the answers to these questions. Actually, we might, however, our experience is that when humans ASSUME, they can make errors. So even if you believe we know the answers, please respond anyway.
- 2) **Why pay us to call and ask these questions?** Questions on the organizer are the culmination of the types of questions that we find ourselves having to call clients to get answers for. By completing this organizer, you reduce the times we need to call, so you can help manage your fees with us, by providing complete and accurate information.
- 3) **You'll get your return quicker.** What generally holds up returns is the "phone tag", calling to get information, waiting, clarifying, etc.

Summary: We really do need answers to these questions. If you marked the boxes "yes", please ensure that you provide the supplemental information as requested. If the answers are "no", then there is nothing more to do. When you are done completing the organizer, please check to ensure that all questions are addressed.

Please do not complete "CPA Firm Check". That is our input to review the information when you submit it to us.

R.C. THORNTON
& ASSOCIATES, LLC
CERTIFIED PUBLIC ACCOUNTANTS

When you have completed this organizer, please scan and return via email to julia@rcthorton.com or mail to :
R.C. Thornton & Associates, LLC
1730 E Northern Ave Suite 120
Phoenix, Arizona 85020
Attn: Julia

The Contents of this Tax Organizer are:

We ask for this information because:

| Item |
|----------------------------------|
| General Questionnaire |
| First Year Supplement |
| Entity Coverage Supplement |
| Financial Information Supplement |
| Vehicle Supplement |
| Long Term Asset Supplement |
| Retirement Plan Supplement |
| Multistate Supplement |
| Related Party Supplement |
| Insurance Supplement |
| COVID-19 Supplement |

| |
|--|
| <p>Almost everyone has some of these items to answer. By letting us know where items are posted in your accounts, we take less time to find and adjust if necessary--and that saves you fees.</p> |
| <p>We want to make sure we have all basic information. Our goal is not to be asking you for this each year.</p> |
| <p>This is a time saver for you. You can do one of these organizers for each of your entities, or provide one for all. However, be sure to delineate any items for the entities. Feel free to include attachments to clarify.</p> |
| <p>If you provide us your trial balance in Excel, it will reduce our time and save you fees.</p> |
| <p>Most owners have vehicles in businesses. The IRS has a variety of rules, and we want to make sure everyone complies with them.</p> |
| <p>The purchase and sale of assets has significant tax results. We want to make sure we get all assets you may have acquired and/or disposed of. Pay particular attention to assets acquired at the end of the year, where some payments might still be due.</p> |
| <p>Types and styles of pension plans are limitless. It is easy to confuse last year's payments with this year. Please ensure this is all recorded correctly.</p> |
| <p>Do you operate in more than one state? If so, let us know, and we can discuss filing requirements for those states.</p> |
| <p>If you have more than one entity, you might have transactions between them. Another way you can save fees is if you are able to "tie out" intercompany transactions, and record interest. Let us know if you are doing this instead of having us do it.</p> |
| <p>Typically insurance proceeds are tax free. However, if the policy isn't handled correctly, it can have adverse tax consequences.</p> |
| <p>If you received funds (federal/state/local) under any of the various relief provisions, please let us know.</p> |

Business Entity Tax Organizer

Name of Client _____

Calendar or Fiscal Year _____

Completed by (Client Personnel) _____

Date completed by client or client personnel _____

Reviewed by CPA Firm Personnel _____

Dates reviewed by CPA firm personnel _____

| Questions | Client Responses | | CPA Firm Check | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|----------|-------|-------|--------|-------|-------|--------|-------|-------|-------------------|-------|-------|-----------------------|-------|-------|----------------|-------|-------|--|--|--|
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | |
| General Questionnaire | | | | | | | | | | | | | | | | | | | | | | | | |
| FIRST YEAR TAX RETURN. If this is the first time we have done your tax return, please complete the FIRST YEAR TAX RETURN SUPPLEMENT. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| ENTITY COVERAGE. Does your completion of this organizer apply to more than one entity? If so, please realize that we will assume every answer to be the same for each entity, unless you specify to the contrary. If yes, please complete the ENTITY COVERAGE SUPPLEMENT. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| FINANCIAL INFORMATION. Please provide a balance sheet, profit and loss statement, general ledger and trial balance. Please complete the FINANCIAL INFORMATION SUPPLEMENT. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| EXTRA COPIES OF RETURNS. Would you like extra copies of returns? If yes, indicate total number of copies you wish. Please note that if you utilize our client portal, your return copy is uploaded to your portal upon completion of your return. Printed copies are not provided. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Number of Copies</td> <td style="width: 30%;">Bound</td> <td style="width: 30%;">Unbound</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> </table> | Number of Copies | Bound | Unbound | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | |
| Number of Copies | Bound | Unbound | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | |
| PROFESSIONAL ADVISORS. Do you have other professional advisors? If yes, please complete below unless you specifically would not want us to contact them. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 20%;">Profession</th> <th style="width: 30%;">Name</th> <th style="width: 30%;">Phone #</th> </tr> </thead> <tbody> <tr> <td>Attorney</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Banker</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Broker</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Financial Planner</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Property Casualty Ins</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Life Insurance</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | Profession | Name | Phone # | Attorney | _____ | _____ | Banker | _____ | _____ | Broker | _____ | _____ | Financial Planner | _____ | _____ | Property Casualty Ins | _____ | _____ | Life Insurance | _____ | _____ | | | |
| Profession | Name | Phone # | | | | | | | | | | | | | | | | | | | | | | |
| Attorney | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | |
| Banker | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | |
| Broker | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | |
| Financial Planner | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | |
| Property Casualty Ins | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | |
| Life Insurance | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS FOR TAX RETURN. Is the address shown on the return different from last year? If "yes" what address should be shown on the return? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| New Address _____ _____ _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| ORGANIZATIONAL DOCUMENTS. Have there been any changes/amendments to the entity's organizational documents (partnership/LLC agreement, by-laws, etc.)? If "yes", provide a copy of the applicable documents. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |

| Questions | Client Responses | | CPA Firm Check |
|---|--------------------------|--------------------------|--------------------------|
| | YES | NO | |
| OWNER INFORMATION. Is the address of any owner reported on Schedule K-1 different from last year? If "yes", please provide updated information. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OWNERSHIP CHANGE. Has there been any ownership changes during the year? If "yes", please provide a copy of the final signed agreement which changes the ownership. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PENALTIES & FINES. Did the business pay penalties/fines during the tax year? If "yes", list amounts and indicate the reason for the penalty/fine. If "yes", provide copy of notice, and indicate which GL these amounts are posted to. Penalty Amount _____ Posted to G/L _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MEALS AND ENTERTAINMENT EXPENSES. Did the corporation have any meal and/or entertainment expenses? Beginning with 2018, entertainment expenses are no longer deductible. Meals during or at an entertainment activity may be 50% deductible if separately invoiced. Meals are 50% deductible if they meet certain criteria. See the informational letters referenced in the tax engagement letter, which are available on our website. Ideally, your records will include separate accounts; one for Meals and one for Entertainment. If so, please indicate applicable amounts and the accounts to which these items are posted? If your records do not have separate accounts for each, please provide a breakdown of the Meals/Entertainment amounts - either below or on a separate schedule. Meals Amount _____ Posted to G/L _____ Entertainment Amount _____ Posted to G/L _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CLUB DUES. Did the corporation pay any club dues? If "yes", to which account were these items posted? Club Dues Amount _____ Posted to G/L _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LIFE AND DISABILITY INSURANCE. Does the corporation pay life insurance, disability, and/or long term care insurance premiums (other than group term life) for officers of the corporation? (Note, this question does not include any reference to health insurance.) If "yes", please complete the attached INSURANCE SUPPLEMENT. Life Insurance Amount _____ Posted to G/L _____ Disability Insurance Amount _____ Posted to G/L _____ Long Term Care Ins Amount _____ Posted to G/L _____ REMINDER - PLEASE COMPLETE INSURANCE SUPPLEMENT ATTACHED | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BUSINESS ACTIVITIES. Did the business engage in any new activities during the year which are different from the prior years? If "yes", describe new activities below: Description of new activities _____ _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HEALTH INSURANCE. Does the company pay any health insurance for any owner of the business? If "yes" please indicate the following item: Owner Name Health Ins Amount Posted to G/L Account _____ _____ _____ _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Questions | Client Responses | | CPA Firm Check | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|-------------|-------------|---|-------|-------|-------|-------|---|-------|-------|-------|-------|---|-------|-------|-------|-------|---|-------|-------|-------|-------|--|--|--|
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GOVERNMENTAL CORRESPONDENCE AND/OR CHANGES. Has the corporation received any notices or correspondence from the IRS or any other tax agency? If "yes", provide copies. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHANGES TO SHAREHOLDER BUY SELL AGREEMENTS. Have there been any changes to the shareholders' buy/sell agreement? If "yes", provide a copy of the new signed buy sell agreement. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| MINUTE BOOK. Has the business updated its minute book for the year? If there are any discussions concerning tax matters, please provide copies of that section. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| BUSINESS SEGMENTS. Did the business purchase or sell a business or business segment during this year? If "yes", provide a copy of contract or agreement. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| MULTI STATE BUSINESS. Does the business operate in states other than that listed in the address indicated on the return? If "yes", list the states that the corporation did business in during this year. If "yes" please complete the MULTI STATE SUPPLEMENT: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| ESTIMATED TAX PAYMENTS. Have you made any estimate payments during the year, and will you be making your remaining payments after the end of the year? (Note: This generally only applies to C Corporations and some pass-through entities with out of state returns). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Quarter</th> <th>Date</th> <th>Federal</th> <th>Home State</th> <th>Other State</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>4</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | Quarter | Date | Federal | Home State | Other State | 1 | _____ | _____ | _____ | _____ | 2 | _____ | _____ | _____ | _____ | 3 | _____ | _____ | _____ | _____ | 4 | _____ | _____ | _____ | _____ | | | |
| Quarter | Date | Federal | Home State | Other State | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| HEALTH INSURANCE Provide detail of health insurance paid for employees, including a copy of Form 1094-C, if applicable. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| WORK OPPORTUNITY CREDIT Provide copies of certification for employees of target groups and associated wages paid qualifying for Work Opportunity Credit. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER TAX CREDITS Has an entity engaged in activities or entered into transactions which might qualify for an available tax credit? If so, mark yes and we will contact you. Additionally, please provide any relevant information along with this completed organizer. Available tax credits include, but are not limited to: * Small Employer Health Insurance Credit * Research and Development Credit * Energy Efficiency Credits * Empowerment Zone Credit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| COVID-19 RELIEF Did you receive funds/loans/grants related to COVID-19 relief? If "yes", please complete the COVID-19 SUPPLEMENT. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1099 COMPLIANCE. The IRS asks questions related to the filing of Form 1099. Currently, there is no guidance as to the level of "matching" done by the IRS on this issue. Each return should address the questions in a true, correct and complete manner. Please answer the questions below for each entity covered by this organizer: Did the entity make any payments during the year that would require it to file Form(s) 1099? If unsure, please leave blank and we will contact you during the return preparation. If yes to above, did or will the entity file all required Forms 1099? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |

| Questions | Client Responses | | CPA Firm Check | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------------------------|--------------------------|--------------------------|
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | |
| <p>RENTAL ACTIVITY. Does the corporation engage in any rental activity? If "yes", provide information below:</p> <p>Provide property description and amounts of rent. For each rental location, also provide the number of days rented during the year (and number of days of personal use, if any).</p> <hr/> <hr/> <hr/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| <p>LOBBYING EXPENSES. Did you incur any expenses to influence legislation and "lobbying"? If "yes", provide a schedule of "lobbying expenses" and indicate which accounts these expenses were posted to.</p> <p>Lobbying & Political Exp Amount _____ Posted to G/L _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| <p>RETIREMENT PLANS. Does the business have any retirement plans? If "yes" please complete the RETIREMENT PLAN SUPPLEMENT</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| <p>COMPANY AUTOMOBILES. Does the business own or lease any passenger vehicles, including SUV's and any general use trucks with passenger seats? If "yes", please complete the VEHICLE SUPPLEMENT.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| <p>RELATED PARTY LOANS. Did the corporation have loans to/from shareholders and other related parties during the tax year? If "yes", please complete the RELATED PARTY LOAN SUPPLEMENT.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| <p>BUSINESS PROPERTY. Did the business acquire or sell any property during the year, including, but not limited to tax free exchanges and installment sales? If "yes", please complete the LONG TERM ASSET SUPPLEMENT.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| <p>CHARITABLE CONTRIBUTIONS. Did the business make any charitable contributions this year? (Note: It is necessary to have receipts for amounts in excess of \$250). If "yes", please complete below. Attach additional sheets if necessary.</p> <table border="1"> <thead> <tr> <th>Organization</th> <th>Amount</th> <th>Posted to G/L</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> | Organization | Amount | Posted to G/L | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Organization | Amount | Posted to G/L | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | |
| <p>ACCRUALS Will all compensation-related accruals (including vacation pay) be paid within two and one-half months of year end? If no, provide details of unpaid amounts.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| <p>TAX PLANNING If we did tax planning before the end of the year, are there any action items which you did not take, as outlined in the tax planning letter? (If we did not do tax planning, indicate "no"). If "yes", please copy and attach the tax planning letter and circle the items not done.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |

First Year Return Supplement

Instructions: If this is the first year we will do a tax return for an entity, please provide us the following: We realize we may have some of this information. However, sometimes clients think we have information which we don't. In the event you believe we have some of this information, please call us first before assuming we do have it. If you have called to confirm that we have any information, please indicate with whom you discussed this.

Discussed with: _____

Please provide the following:

| | Enclosed | CPA Firm has them--you have called to confirm. | No such items exist |
|--|--------------------------|--|--------------------------|
| Tax returns for the prior three years. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Depreciation Schedules | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Copies of Shareholder Agreements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| For corporations, copies of Articles of Incorporation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| For partnerships or LLC, copies of agreements. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| For S Corporations, copies of IRS approval of S election. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provide a list of all business owners and the following information. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(Please use additional pages for additional information.)

| | |
|----------------------------|-------|
| Name | _____ |
| Address | _____ |
| Social Security Number/EIN | _____ |
| Type of Entity | _____ |
| Position in company | _____ |
| Ownership Percentage | _____ |

| | |
|----------------------------|-------|
| Name | _____ |
| Address | _____ |
| Social Security Number/EIN | _____ |
| Position in company | _____ |
| Type of Entity | _____ |
| Ownership Percentage | _____ |

| | |
|----------------------------|-------|
| Name | _____ |
| Address | _____ |
| Social Security Number/EIN | _____ |
| Position in company | _____ |
| Type of Entity | _____ |
| Ownership Percentage | _____ |

| | |
|----------------------------|-------|
| Name | _____ |
| Address | _____ |
| Social Security Number/EIN | _____ |
| Position in Company | _____ |
| Type of Entity | _____ |
| Ownership Percentage | _____ |

Financial Information Supplement

You can provide your "core" accounting information in many forms. We define "core" as a trial balance or a QuickBooks or Quicken file.

We will need to get these numbers into our software. There are cost effective and/or costly ways to do this. This is an area where you can save additional accounting fees. If you have a QuickBooks file there is little to do, other than send it to us with your password.

If you are not using a QuickBooks file there are several ways for you to send us your trial balance. We are listing these options in the order of the most efficient (least costly) to the most inefficient (most costly) way.

1. The trial balance can be an electronic file which you print out from your software in an Excel format. In our experience, almost all current software allows you to do this. When we get your Excel file, we will import it into our own software, thereby avoiding repetitive input. You can usually get information from your technical software support, if necessary.
2. An alternative is for us to create an Excel file for you from last year's file, and have you manually input your information into Excel. This is less efficient, since we need to spend time in creating the file, and you need to spend time doing manual input. This works for older software when you cannot do an Excel file and when there are over 50 accounts.
3. You can send a hard copy or PDF file. If you do this, we will manually input this into our trial balance software. This way is the most expensive for you. Usually individuals with old software and no time use this option.

Please review below and check the approach you would like to use.

| | Check only one |
|---|--------------------------|
| 1 We have provided a QuickBooks backup. Your Password _____ Software Version _____ | <input type="checkbox"/> |
| 2 We have enclosed an Excel trial balance. We have checked to ensure it is the appropriate trial balance and that it balances. | <input type="checkbox"/> |
| 3 You have provided us an Excel file. We have updated it this year for both new accounts and amounts. We have checked to ensure these | <input type="checkbox"/> |
| 4 We are enclosing a hard copy or PDF file for you to use. We understand that you will input this manually into your software, and it is the more expensive way to do this. | <input type="checkbox"/> |

Vehicle Supplement

Instructions: Please complete questionnaire if you have any automobiles or trucks. Be sure to include documents on sales and purchases (including leases) of automobiles.

| | | Auto #1 | Auto #2 | Auto #3 | Auto #4 | Auto #5 |
|--|-----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Vehicle description | | _____ | _____ | _____ | _____ | _____ |
| Date placed in service | | _____ | _____ | _____ | _____ | _____ |
| Business miles | | _____ | _____ | _____ | _____ | _____ |
| Commuting miles | | _____ | _____ | _____ | _____ | _____ |
| Other Personal Miles | | _____ | _____ | _____ | _____ | _____ |
| Total miles | | _____ | _____ | _____ | _____ | _____ |
| Average Daily round trip commute mileage | | _____ | _____ | _____ | _____ | _____ |
| Does the business have evidence to support the claimed business use? | YES | <input type="checkbox"/> |
| | NO | <input type="checkbox"/> |
| If "yes", is the evidence written? | YES | <input type="checkbox"/> |
| | NO | <input type="checkbox"/> |
| Were the vehicles available for personal use during off-duty hours? | YES | <input type="checkbox"/> |
| | NO | <input type="checkbox"/> |
| Were the vehicles used primarily by a more than 5% owner or related person? | YES | <input type="checkbox"/> |
| | NO | <input type="checkbox"/> |
| Is another vehicle available for personal use? | YES | <input type="checkbox"/> |
| | NO | <input type="checkbox"/> |
| Have you acquired or disposed of (including a trade) any automobile or truck with financing or as a lease? | YES | | | | | <input type="checkbox"/> |
| If "yes", please provide a copy of any purchase, sale, lease and/or financing contracts. | NO | | | | | <input type="checkbox"/> |

Regarding business policy for vehicles:

| | | |
|---|-----|--------------------------|
| Does the business maintain a written policy statement that prohibits all personal use of vehicles, <u>including</u> commuting, by employees? | YES | <input type="checkbox"/> |
| | NO | <input type="checkbox"/> |
| Does the business maintain a written policy statement that prohibits personal use of vehicles, <u>excluding</u> commuting, by employees? | YES | <input type="checkbox"/> |
| | NO | <input type="checkbox"/> |
| Does the business treat all use of vehicles by employees as personal use? | YES | <input type="checkbox"/> |
| | NO | <input type="checkbox"/> |
| Does the business provide more than five vehicles to employees and retain the information received from employees concerning the use of vehicles? | YES | <input type="checkbox"/> |
| | NO | <input type="checkbox"/> |
| Does the business require or maintain copies of vehicle logs? | YES | <input type="checkbox"/> |
| | NO | <input type="checkbox"/> |

Retirement Plan Supplement

Instructions: Please complete the following information. Please don't assume we have the information. If you have any questions, please call first before submitting.

Indicate the type of plan below.

| | |
|---|--------------------------|
| Simple Plan | <input type="checkbox"/> |
| 401(k) Plan (with or without other components of retirement plan) | <input type="checkbox"/> |
| Pension Plan | <input type="checkbox"/> |
| SEP Plan | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Describe: _____

What is the name of the organization that prepares the pension plan's returns (if any required)
 (Note: R. C. Thornton & Associates, LLC, CPA's, does not prepare these types of returns.)

Name: _____

Contribution Expense for the current year.

What will be the total employer contribution expense for the current year?

Total Contribution expense for year: _____

Check if you do not know what the total contribution expense for the year will be and would like to discuss this with us.

Please call to discuss

Payments made in current year.

What G/L (s) have you posted your pension amounts to:

| G/L Account | Amount |
|-------------|--------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Multi-State Supplement

Please list states where you do business and the components listed below:

| State | Sales | Labor | Assets | Not sure? Do you want to discuss this with us? |
|-------|-------|-------|--------|---|
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Please call to discuss |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Please call to discuss |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Please call to discuss |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Please call to discuss |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Please call to discuss |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Please call to discuss |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Please call to discuss |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Please call to discuss |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Please call to discuss |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Please call to discuss |

State: If you do business in more than one state, list all the states which you do business.

In general you are subject to taxation in other states if you have activities there which subject you to their jurisdiction. You are subject to their jurisdiction if sales take place in that state, you have employees in that state, or you have assets in that state.

Sales excluded: Internet sales, sales shipped from your resident state where you have no employees or assets in that state.

Labor: Includes employees working in that state.

Assets: Includes equipment and/or real estate.

If you have any questions, please call us before you submit this tax organizer.

We will assume you only need to file a resident state return, unless you tell us that you have any activities in another state.

Related Party Transactions

The purpose of this section is to make sure you have properly accounted for transactions between various entities and owners. A related party is any owner of the business or another entity which has some ownership by an owner of the present entity.

Our goal in this section is to ensure all related party transactions agree to other entities and individuals. You may reduce our time and fees, if you are willing to take the responsibility for this. If you do, we have a series of questions for you to answer in assisting you.

Most clients have us do this. But with many multiple entities, you can reduce our time and your fees if the entity's personnel do this. If you want to do this work yourself, please consider us a resource, and call us if you need some assistance.

If you do not wish to do work related to intercompany transactions, or are not comfortable in doing so, we will be glad to do so for you. However, please realize that this will probably cause you to incur more professional fees.

Do you want to have us handle and resolve all intercompany balance sheet items and any related interest? If yes, there is no further action necessary on your part. (UNLESS, of course, we call you for more additional information)

 Yes No

If you answered "**no**" to the above, the following list will help you check yourself. Please call if you have any questions. However, we will assume that all items are handled correctly by your accounting personnel.

Note these are helpful tips for you if you are going to resolve all intercompany transactions.

If one related party pays expenses to the other related party, ensure that the amount recorded as an expense on one book equals the same amount on the other set of books of the other entity.

Interest expense for accrual basis entity taxpayers--for intercompany loan balances with stated interest on notes.

If there are any related party loans, ensure that interest expense and income has been posted on both sets of books.

Owners' books (In most cases owners do not keep books.) Please provide a separate schedule listing any amounts accrued or paid to owners during the year.

Life Insurance Supplement

Instructions: Life insurance has different tax treatments depending on ownership, beneficiaries, and insured. A few definitions:
 Insured: The person whose life is insured.
 Beneficiary: The person who will get the proceeds upon death of the insured.
 Owner: The person who has the right to change the beneficiary on the policy.

If you acquired a new insurance policy this year, please provide us a copy of the cover page which shows owner, insured, and beneficiary.

Your insurance agent might be able to help you complete this section.

| Check if New Policy this Year | Only for New policies acquired this year. Please attach cover page. | Name of Insurance Company | Face amount (i.e. death benefit) | Premium paid | Owner | Insured | Beneficiary | Premium Paid | Posted to Which G/L Account | Cash Surrender Value | Loan Balance on Policy | Interest Paid on Policy Loan | Posted to Which G/L Account? |
|-------------------------------|---|---------------------------|----------------------------------|--------------|-------|---------|-------------|--------------|-----------------------------|----------------------|------------------------|------------------------------|------------------------------|
| | | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

COVID-19 Supplement

Instructions: Please complete questionnaire if you have received assistance related to COVID-19. Be sure to include any relevant documents, which may not be limited to the items requested below.

| Questions | Client Responses | | CPA Firm Check |
|---|--------------------------|--------------------------|--------------------------|
| | YES | NO | |
| PAYCHECK PROTECTION PROGRAM (PPP). Did the entity receive Paycheck Protection Program (PPP) funds related to the COVID-19 pandemic? If yes, provide details of the amount of funds received. Include a copy of the application and documentation for loan forgiveness and the forgiveness response from the bank, if applicable. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER LOANS/GRANTS. Did the entity receive any other funds/loans/grants (local, state, federal or other) related to the COVID-19 pandemic and economic recovery, such as an Economic Injury Disaster Loan (EIDL)? If yes, provide details. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PAYROLL TAX DEFERRAL. Did the entity defer the deposit and payment of its share of Social Security tax for any quarter in 2020 (per the CARES Act)? If so, please provide the payroll tax returns. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| COVID-19 TAX CREDITS. Did the entity claim the employee retention credit and/or credits for qualified leave wages paid to employees due to paid sick leave or expanded family and medical leave for reasons related to COVID-19? If so, provide the payroll tax returns for the relevant quarters. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |