

Strategic Tax & Accounting, LLC

Non-Profit Tax Organizer

Preparation Method: Mail In _____ Drop Off _____ Waiting _____

Tax Year: _____

If you are a new client, please Attach prior year Non-Profit tax return (Form 990)

Legal Name of Entity: _____ Employer ID _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____ Phone: _____

Formation Date: _____ Tax Exempt Status - 501(c) section # _____

Date Exemption Granted by IRS: _____ Or is Exemption Pending _____

Type of Organization (check): Corporation _____ Trust _____ Association _____

If a corporation

State of Incorporation: _____ State Withholding Number: _____

States In Which You Do Operate: _____

Books In Care of: _____

Address: _____

City: _____ State: _____ Zip _____

Contact person: _____

Phone Number: _____

Did you purchase equipment, tools, machinery or other items with a useful life of over 1 year
for use in the business? Yes _____ No _____

If yes:

Items:	Date Purchased:	Cost:
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1) _____	_____	_____
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2) _____	_____	_____
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3) _____	_____	_____
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4) _____	_____	_____
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5) _____	_____	_____
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Officer, Director, Trustee, Employee Information

Title: _____ Social Security # _____ First Name _____ Middle Initial _____ Last Name _____ Address _____ City _____ State _____ Zip _____ Phone _____	Title: _____ Social Security # _____ First Name _____ Middle Initial _____ Last Name _____ Address _____ City _____ State _____ Zip _____ Phone _____
Base Compensation _____ Bonus or Incentives Received _____ Other Compensation _____ Average Hours per Week _____	Base Compensation _____ Bonus or Incentives Received _____ Other Compensation _____ Average Hours per Week _____
Title: _____ Social Security # _____ First Name _____ Middle Initial _____ Last Name _____ Address _____ City _____ State _____ Zip _____ Phone _____	Title: _____ Social Security # _____ First Name _____ Middle Initial _____ Last Name _____ Address _____ City _____ State _____ Zip _____ Phone _____
Base Compensation _____ Bonus or Incentives Received _____ Other Compensation _____ Average Hours per Week _____	Base Compensation _____ Bonus or Incentives Received _____ Other Compensation _____ Average Hours per Week _____

If you have more officers, directors, trustees or employees, print out extra copies of this page complete and attach.

Principal Officer of Organizatin: _____

Officer Responsible for Tax Return: _____

Number of Voting Directors/Trustees: _____

Number of Voting Directors/Trustees that are Independent (non-employees): _____

Exempt Purpose and Other Information

Number of Vounteers: _____

Primary Exempt Purpose (Organization's Mission): _____

Exempt Purpose Acheivments in Past year: _____

Did the organization receive any contributions from a single donor (individual, organization or business) of over \$5,000 during the year? If yes, provide the following for each such contributor:

Name: _____ Amount (FMV): _____
Address: _____ Type (Cash v. Goods): _____
City: _____ State: _____ Zip: _____ If non-cash goods, date received: _____

Name: _____ Amount (FMV): _____
Address: _____ Type (Cash v. Goods): _____
City: _____ State: _____ Zip: _____ If non-cash goods, date received: _____

Name: _____ Amount (FMV): _____
Address: _____ Type (Cash v. Goods): _____
City: _____ State: _____ Zip: _____ If non-cash goods, date received: _____

Name: _____ Amount (FMV): _____
Address: _____ Type (Cash v. Goods): _____
City: _____ State: _____ Zip: _____ If non-cash goods, date received: _____

If more contributors of over \$5000, attach list

Does the organization do any political lobbying or campaigning? _____

If you use bookkeeping software or a bookkeeper, attach Revenue & Expenditures and Balance Sheet

OR

Fill out the below information

OR

If you have a bank account and credit card out of which you do all organization transactions, you may attach 12 months statements and check copies for those accounts. Additional compilation fee will be added to the cost of completing the tax return.

Revenues

Contributions: _____
 Government Grants: _____
 Other Grants: _____
 Program Revenue: _____
 Membership Dues: _____
 Fundraising Events: _____
 Investment Income: _____
 Other Revenue: _____

If your Program Revenue Involves the Sale of Goods:

Gross Sales, less returns: _____
 Beginning Inventory (January 1): _____
 Purchased Inventory (less personal use) _____
 Cost of Labor: _____
 Cost of Directly related materials: _____
 Ending Inventory (December 31): _____

If Program Revenue is from Services/Housing/Recreation:

Gross Service Revenue: _____
 OR _____

Expenditures

Paid for Exempt Purpose: _____
 Benefits to Members: _____

Gross Rent Received: _____
 OR _____
 Gross Receipts for Admissions: _____

Functional Expenses

Accounting	_____	Insurance	_____	Salary/Wages	_____
Advertising	_____	P&C	_____	Sales Expense	_____
Automobile	_____	Liability	_____	Security	_____
Bad Debts	_____	Workes Comp	_____	Software	_____
Bank Charges	_____	Other	_____	Supplies & Materials	_____
Cell Phone	_____	Janitorial	_____	Website	_____
Commissions	_____	Cleaning	_____	Taxes	_____
Computer	_____	Legal & Prof	_____	City	_____
Consultants	_____	Marketing	_____	Franchise	_____
Collection costs	_____	Meals & Ent	_____	Property	_____
Delivery	_____	Meeting/Seminar	_____	Personal Property	_____
Discounts given	_____	Office Exp	_____	Licenses	_____
Dues	_____	Parking & Tolls	_____	Telephone	_____
Ed & Training	_____	Payroll Process	_____	Tools	_____
Empoyee Benefits	_____	Permits/Licenses	_____	Travel	_____
Freight	_____	Postage/Shipping	_____	Uniforms	_____
Fuel	_____	Printing	_____	Utilities	_____
Gifts	_____	Recruiting	_____	Waste Removal	_____
Health Ins	_____	Repairs & Maint	_____	Other	_____
Ind. Contractors	_____	Rent	_____		_____
Interest	_____	Building	_____		_____
Internet	_____	Equipment	_____		_____

Balance Sheet

Assets

Cash (non-interest)	_____
Savings (interest)	_____
Pledge/Grant Receivable	_____
Accounts Receivable	_____
Less: Bad Debts	_____
Inventories	_____
Other Current Assets	_____
Inventory	_____
Loans to Officer/Director	_____
Notes Receivable	_____
Other Investments	_____
Depreciable Assets	_____
Less: Accumulated Depr	_____
Depletable Assests	_____
Less: Accumulated Depl	_____
Land	_____
Intangible Assets	_____
Less: Accumulated Amort	_____
Other Assets	_____
Total Assets	=====

Liabilities

Accounts Payable	_____
Grants Payable	_____
Deferred Revenue	_____
Short-term Notes Payable	_____
Other Current Liabilities	_____
Non-recourse Loans	_____
Loans From Officer/Director	_____
Long-term Notes Payable	_____
Other Liabilities	_____
Total Liabilities	=====
Net Assets or Fund Balance	
Unrestricted Fund Balance	_____
Temp restricted Fund Balance	_____
Permanently restricted Fund Bal.	_____
Total Fund Balance	=====
Total Liabilities & Fund Balance	=====