



Astron Business and Tax Services, LLC

PO BOX 292 Rayville, LA 71269

(318)396-9600-Main Office (318)396-9676- Rayville Office

(866) 644-8099-Toll Free (318)918-1762-fax

www.astronbts.com (website) email@astronbts.com (email)

Greetings;

As we all know a new year has approached us and taxes are now upon us. As compiling your tax information is not the easiest thing to do, we try to make it as easy on you as possible while still complying with IRS regulations.

We have attached our complete organizer along with updated forms and comment sheet for your convenience. Should there be any forms you do not need or don't believe is necessary please disregard them.

The attached organizer and forms are conveniently editable (type in each field). You may save and e-mail your organizer when you have completed.

We also have a hard "paper" copy of our short & long form organizers, to be mailed, upon your request. We have a verity of tax organizers, if you have become attached to a previous year, we have some available

Once we have received your organizer and income documentation, we will send you an email confirming delivery. A following email and/or phone call will be made to schedule your phone conference.

Attached:

Client Tax Organizer Letter

Client Tax Checklist

Client Information Sheet

Client Acknowledgement

Tax Organizer

Client Survey

Available Upon Request

Many other Brochures

Business Tax Organizer

Rental Property Tax Organizer

Past Tax Organizers



TTYL!



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CLIENT ACKNOWLEDGEMENT

Verification of Tax Information

(Label)

Year of signing

Please read this page before or after completing your Tax Organizer, and return it in order to confirm that all the data entered into this organizer including information on notes, attachments, information given during phone interview, additional worksheets and schedules, are true to the best of your knowledge. **Please be aware your TAX INFORMATION will not be PROCESSED without this signed form.**

- I/we have supporting records for mileage, business expenses, charitable contributions, as well as all other expenses claimed.
- All W-2's and 1099s are reported. They are correct and complete, except as we have noted on our Tax Organizer. Income from all sources, domestic (USA) and worldwide, has been reported. All income received in cash or via barter or trades has been reported.
- If you are eligible for the EIC, you certify the children being claimed are your legal dependent(s). You are not filing a fraudulent Head of Household return while you are married and they are legal resident(s) of the United States.
- I understand that ABTS has no control of IRS Audit procedures, and in the event of an audit by the Internal Revenue Service, I will be solely and completely responsible for providing any written documentation and proof of all statements made on my tax return within 7 business days. I understand that audit fees are separate from my Tax Preparation fees and will pay \$150 down payment and \$75 per hour.
- I realize that ABTS is advising me and providing tax services to the best of their knowledge and belief; however, ABTS is in no way liable for the content of my return.
- I agree to review the completed returns and verify that there are no misstatements, omissions, or additions.
- Additional charges will be incurred for any bookkeeping and consultation to compile information to complete the Tax Return.
- If the Tax Return is changed on the client's behalf after we have completed the return, made the copies, and assembled the return, a fee will be issued for the time and materials, unless and error was made on ABTS part.
- I understand and release ABTS of any liability in the event that I do not provide information requested to prepare my Income Tax Return within three (3) days after receiving the official request, whether verbally or in writing.
- I agree to pay for services rendered immediately upon completion of work.
- I understand that my Tax return will not be released prior to full payment or approved payment arrangements made to ABTS
- I understand that if I do not pay timely, I am responsible for any and all costs of collection including legal, court and collection agency cost.
- I understand that all bad checks will be returned over to Richland Parish District Attorney's Office for recovery.
- I understand that ABTS is not liable for any receipts sent to ABTS. Receipts will not be needed unless requested.
- I agree and understand that I must have proof of all documentation before ABTS will submit my tax return.
- I agree to give ABTS permission to pull any necessary web accounts for tax or payment purposes.
- I agree some information may be given over the phone therefore it is my responsibility to **review my return** and report any question, comments or concerns to my Preparer within 10 business days of the filing of my return after which I agree all information on my return to be true and accurate.
- ***ASTRON BUSINESS & TAX SERVICES LLC RESERVES THE RIGHT TO REFUSE SERVICE REQUESTS***

Print Name

Taxpayer Signature

Date

Print Name

Spouse Signature

Date



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www.astronbts.com (website) email@astronbts.com (email)

Date: _____

Client Information Form

Referred: _____

E-Mail: _____ OR _____

Taxpayer:

Name: _____ Social Security #: _____

D.O.B: _____ Marital Status: _____ Anniversary Date: _____

Address: _____ County: _____ Own: _____ Rent: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell#: _____ Work: _____

Drivers License #: _____ State: _____ Ex Date: _____ Issue Date: _____

Employer/Business _____ Years: _____ Months: _____

Address: _____ City/State/Zip: _____

Job Title: _____ Telephone #: _____

Spouse:

Name: _____ Social Security #: _____

D.O.B: _____ Marital Status: _____ Anniversary Date: _____

Address: _____ County: _____ Own: _____ Rent: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell#: _____ Work: _____

Drivers License #: _____ State: _____ Ex Date: _____ Issue Date: _____

Employer/Business _____ Years: _____ Months: _____

Address: _____ City/State/Zip: _____

Job Title: _____ Telephone #: _____

Taxpayer:

Nearest Relative(s):

Spouse:

Name: _____ Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Dependents Name:

Relationship

D.O.B

Social Security #:

Name: _____ D.O.B: _____ S.S. #: _____

Name: _____ D.O.B: _____ S.S. #: _____

Name: _____ D.O.B: _____ S.S. #: _____

Name: _____ D.O.B: _____ S.S. #: _____

I would like additional information on the following topics.

Real estate New Business Tax Planning Will Business Planning

Permits Foreign Taxes Tax Changes Payroll Other

Notes: _____

Business Name _____



LLC Tax Organizer

Use a separate organizer for each LLC

LLC General Information

Legal name of LLC	EIN# -
LLC address <input type="checkbox"/> (check if new address)	
Tax Matters Individual	Title
Phone ()	
Principal business activity	
Principal product or service	
<input type="checkbox"/> Yes <input type="checkbox"/> No Was the primary purpose of the LLC activity to realize a profit?	
Accounting method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	
<input type="checkbox"/> Yes <input type="checkbox"/> No Does the LLC file under a calendar year? (If no, what is the fiscal year?)	
<input type="checkbox"/> Yes <input type="checkbox"/> No Has the LLC made the election to be taxed as a corporation?	
If the LLC is an S corporation, provide a copy of Form 2553, <i>Election by a Small Business Corporation</i> , and the acceptance letter from the IRS.	

LLC Specific Questions

<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the LLC have an operating agreement? (If this is the first year of the LLC's existence, please provide a copy of the operating agreement and the articles of organization)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are all members actively participating in the business?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is any member in the LLC a disregarded entity, a partnership, a trust, an S corporation, or an estate?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the LLC a partner in another partnership?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did any foreign or domestic corporation, partnership, trust, tax-exempt organization, individual, or estate own directly or indirectly 50% or more of the profit, loss, or capital of the LLC?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the LLC own directly 20% or more, or own directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the LLC have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce principal amount of debt?
<input type="checkbox"/> Yes <input type="checkbox"/> No	At any time during the year, did the LLC have an interest in, or signature authority over a financial account in a foreign country?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Was there a distribution of property or a transfer (by sale or death) of an LLC interest during the tax year?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the LLC satisfy the following conditions? <ul style="list-style-type: none"> • The LLC's total receipts for the tax year were less than \$250,000. • The LLC's total assets at the end of the tax year were less than \$1 million.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the LLC pay \$600 or more to any individual? If yes, include a copy of Form 1099-MISC for each.

Principal Members Ownership Information

Name	Tax ID number (SSN or EIN)	Address	Ownership percentage	Member or member-manager	U.S. citizen?

LLC Other Transactions

Member name	Guaranteed payments	Health insurance premiums paid	Capital contributions from member	Distributions to member	Member loans to the LLC	Loans repaid by LLC to member

All Clients – Additional information and documents required

- Provide the income/financial statements for the year (per books), balance sheet, depreciation schedule per books, and cash reconciliation of business bank accounts with ending cash balance.
- If the LLC has employees or paid independent contractors, provide a copy of all W-2, W-3, 940, 941, 1096, 1099-MISC, and any other forms issued to workers.
- If any members live in a different state or outside the U.S., provide details. The business may be subject to withholding requirements.

New Clients – Additional information and documents required

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date LLC formed | |
| State LLC formed in | |
| <ul style="list-style-type: none"> • Provide copies of LLC's Articles of Organization and Operating Agreement (if any). • Provide copies of depreciation schedules for book, tax, and AMT. • Provide copies of tax returns for last two years, including state returns (if applicable). | |

LLC Income (include all Forms 1099-K received)

Gross receipts or sales	\$	Dividends income (include all 1099-DIV Forms)	\$
Returns and allowances	\$ ()	Capital gain/loss (include all 1099-B Forms)	\$
Interest income (include all 1099-INT Forms)	\$	Other income (loss) (include a statement)	\$

LLC Cost of Goods Sold (for manufacturers, wholesalers, and businesses that make, buy, or sell goods)

Inventory at beginning of the year	\$	Materials and supplies	\$
Purchases	\$	Inventory at the end of the year	\$
Cost of labor	\$		

LLC Expenses

Advertising	\$	Management fees	\$
Bad debts	\$	Office supplies	\$
Bank charges	\$	Organization costs	\$
Business licenses	\$	Pension and profit sharing plans	\$
Commissions and fees	\$	Rent or lease – car, machinery, equipment	\$
Contract labor	\$	Rent or lease – other business property	\$
Employee benefit programs	\$	Repairs and maintenance	\$
Employee health care plans	\$	Taxes – payroll	\$
Entertainment and business meals	\$	Taxes – property	\$
Gifts	\$	Taxes – sales	\$
Guaranteed payments to members	\$	Taxes – state	\$
Insurance (other than health insurance)	\$	Telephone	\$
Interest – mortgage	\$	Utilities	\$
Interest – other	\$	Wages	\$
Internet service	\$	Other expense	\$
Legal and professional services	\$	Other expense	\$

Car Expenses (use a separate form for each vehicle)

Make/Model	Date car placed in service / /		
<input type="checkbox"/> Yes <input type="checkbox"/> No Car available for personal use during off-duty hours?			
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you (or your spouse) have any other cars for personal use?	Did you trade in your car this year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you have evidence?	Cost of trade-in	Trade-in value	
<input type="checkbox"/> Yes <input type="checkbox"/> No Is your evidence written?	\$	\$	
<i>Mileage</i>		<i>Actual Expenses</i>	
Beginning of year odometer	Gas/oil	\$	
End of year odometer	Insurance	\$	
Business mileage	Parking fees/tolls	\$	
Commuting mileage	Registration/fees	\$	
Other mileage	Repairs	\$	

Generally, you can use either the standard mileage rate or actual expenses to figure the deductible costs of operating your car for business purposes. However, to use the standard mileage rate, it must be used in the first year the car is available for business. In later years, you can then choose between either the standard mileage rate method or actual expenses.

Equipment Purchases – Enter the following information for depreciable assets purchased that have a useful life greater than one year

Asset	Date purchased	Cost	Date placed in service	New or used?
		\$		
		\$		
		\$		

Equipment Sold or Disposed of During Year

Asset	Date out of service	Date sold	Selling price/FMV	Trade-in?
			\$	
			\$	
			\$	

LLC Business Credits (if answered Yes for any of the below, please provide a statement with details)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the business pay expenses to make it accessible by individuals with disabilities?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the business pay any FICA on employee wages for tips above minimum wage?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the business own any residential rental buildings providing qualified low-income housing?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the business incur any research and experimental expenditures during the tax year?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the business have employer pension plan start-up costs?	Total number of employees
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the business pay health insurance premiums for employees?	Total number of employees

Estimated Tax Payments — Tax Year 20__

<i>Installment</i>	<i>Date paid</i>	<i>Federal</i>	<i>Date paid</i>	<i>State</i>
First		\$		\$
Second		\$		\$
Third		\$		\$
Fourth		\$		\$
Amount applied from 2015 refund?		\$		\$
Total		\$		\$

Tax Return Preparation

We will prepare your tax return based on information you provide. In the event your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of late returns.
- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a copy in the future.

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities.

Tax Matters Individual

Date

Privacy Policy

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

Thank you for using our services. We'd like to hear how your experience was with us. Please take a moment to complete this short evaluation. We'd appreciate your feedback.

Name (optional):

Email (optional):

Professional you worked with:

Date(s) of appointment:

When contacting us for your tax needs, how satisfied were you with the following:

	<i>Very Satisfied</i>	<i>Satisfied</i>	<i>Neutral</i>	<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>N/A</i>
Accessibility of Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteousness of Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Professional's Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prompt Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Questions Answered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy of the Tax Return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value for Price Paid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any additional services that you would like us to offer?

Would you like to receive updates from us on tax law change and tax planning tips?

Yes No Maybe

Would you recommend us to a friend or family member?

Yes No Maybe

Do you have any other suggestions on how we could improve our service?
