

TAXSTAR Tax Questionnaire

Nonprofit Organization Tax Return Information Questionnaire

INSTRUCTIONS: Answer All questions with an answer or a N/A. **TODAY'S DATE:** _____
If more space is needed, use the space below or attach blank pages.

SECTION 1 GENERAL INFORMATION

1	Name of Organization:		
2	EIN (Employer Identification Number)	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
3	Organization Street Address	Suite/Unit#	
4	City	State	Zip
5	Organization Phone	Cell Phone	email
6	State of Formation:	State Entity # (If any):	
7	Date Incorporated: month day year	<input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
8	Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		
9	Briefly describe the organization's mission or most significant activities:		
10	Website:	Group Exemption Number (if any)	
11	Tax exempt status (check only one) <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(_____) <input type="checkbox"/> 4947(a)(1) <input type="checkbox"/> 527	Accounting method: <input type="checkbox"/> cash <input type="checkbox"/> accrual <input type="checkbox"/> other	
12			

SECTION 2 REVENUE, EXPENSES, AND CHANGES IN NET ASSETS OR FUND BALANCES

Revenue

13	Contributions, gifts, grants, and similar amounts received	\$
14	Program service revenue including government fees and contracts	
15	Membership dues and assessments	
16	Investment Income	
17	Gross amount from sales of assets other than inventory \$ Less: cost or other basis and sales expenses - () Equals gain or (loss) from sale of assets =	
18	Gaming and fundraising events Gross income from gaming \$ Gross income from fundraising events (not including amounts included in line 13) \$ Less: direct expenses from gaming and fundraising events - () Equals net income or (loss) from gaming and fundraising events =	

Nonprofit Organization Information Questionnaire (continued)

19	Gross sales of inventory, less returns and allowances \$ Less: cost of goods sold - () Equals gross profit or (loss) from sales of inventory =	
20	Other revenue (describe in Schedule O)	
21	TOTAL REVENUE	\$
Expenses		
22	Grants and similar amounts paid	\$
23	Benefits paid to or for members	
24	Salaries, other compensation, and employee benefits	
25	Professional fees and other payments to independent contractors	
26	Occupancy, rent, utilities, and maintenance	
27	Printing, publications, postage, and shipping	
28	Other expenses	
29	TOTAL EXPENSES	\$
Net Assets		
30	Excess or (deficit) for the year (subtract line 29 from line 21)	\$
31	Net assets or fund balances at beginning of year (from line 3xx, column (A))	
32	Other changes in net assets or fund balances (explain in Schedule O)	
33	Net assets or fund balances at end of year (combine lines 30 through 32)	\$

If additional space is needed, number and insert below.

SECTION 3 BALANCE SHEETS

		Beginning of year	End of year
34	Cash, savings, and investments	\$	\$
35	Land and buildings		
36	Other assets (describe in Schedule O)		
37	Total assets		
38	Total Liabilities		
39	Net assets or fund balances		

Nonprofit Organization Information Questionnaire (continued)

SECTION 4 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

40	What is the organization's primary exempt purpose?		
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
41a	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		\$
41b	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		\$
41c	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		\$
41d	Other program services (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		\$
42	Total program service expenses (add 41a through 41d)		\$

SECTION 5 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

	Name and title	Average hours per week devoted to position	Reportable compensation (W-2, 1099)(if not paid, enter -0-)	Health benefits, contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation
43a					
43b					
43c					
43d					
43e					
43f					
43g					
43h					
43i					

Nonprofit Organization Information Questionnaire (continued)			
51a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: ●section 4911: \$ ●section 4912: \$ ●section 4955: \$		
51b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," explain below		<input type="checkbox"/> Yes <input type="checkbox"/> No
51c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	\$	
51d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 51c, reimbursed by the organization	\$	
51e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input type="checkbox"/> Yes <input type="checkbox"/> No
52	List the states with which a copy of this return is filed:		
53a	The organizations books are in care of: Name Address		Telephone
53b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes" enter the name of the foreign country:		<input type="checkbox"/> Yes <input type="checkbox"/> No
53c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:		<input type="checkbox"/> Yes <input type="checkbox"/> No
54	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year		\$
55a	Did the organization maintain any donor advised funds during the year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
55b	Did the organization operate one or more hospital facilities during the year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
55c	Did the organization receive any payments for indoor tanning services during the year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
55d	If "Yes" to line 55c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation below		<input type="checkbox"/> Yes <input type="checkbox"/> No
56a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
56b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
57	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes", explain below		<input type="checkbox"/> Yes <input type="checkbox"/> No
If additional space is needed, number and insert below.			

Nonprofit Organization Information Questionnaire (continued)

SECTION 7 **SECTION 501(c)(3) ORGANIZATIONS ONLY**

57	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," explain below	<input type="checkbox"/> Yes	<input type="checkbox"/> No
58	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> Yes	<input type="checkbox"/> No
59a	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
59b	If "Yes," to line 59a, was the related organization a section 527 organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Name and title of each employee	Average hours per week devoted to position	Reportable compensation (W-2, 1099)	Health benefits, contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation
60a					
60b					
60c					
60d					
60e					

60f Total number of other employees paid over \$100,000 →

Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Name and business address of each independent contractor	Type of service	Compensation
61a			
61b			
61c			
61d			
61e			

61f Total number of other independent contractors each receiving over \$100,000 →

62	Did the organization complete Schedule A?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If additional space is needed, number and insert below.

Nonprofit Organization Information Questionnaire (continued)

Check the financial reports that are attached:

Income Statement (Profit and Loss)

Balance Sheet

Cash Flow Statement

Bank Statements

Other

Other

Other

SECTION 8

PAYMENT INFORMATION

Please prepare the following returns: Federal State (Name of state or states) :

Please electronically file the following returns: Federal State(s)

How do you want to pay for this return?

A. Cash

B. Check or money order

C. Will pay by Credit or Debit Card: Charge \$ _____ to my card: VISA MC AMEX

Card # Expiration Date _____

Please complete all blanks exactly as shown on card and on billing statements:

Name _____ Address _____ City _____

_____ State _____ Zip _____

Telephone () _____ Fax () _____

Signature (Required) _____

I acknowledge that the above information provided by me is true and accurate to the best of my knowledge. I hereby relieve TAXSTAR INCOME TAX SERVICE, its agents and affiliates, from any liability whatsoever, regarding the preparation of this/ these tax returns, and agree to hold them harmless from any damages I may suffer and understand that my sole relief is limited to the return of any fee paid for the preparation of these tax documents. I (we) guarantee payment of the preparation fee and any related charges.

Officer's Signature

Date

Print Name

Title

Officer's Signature

Date

Print Name

Title

SECTION 7

ORIGINATING LOCATION INFORMATION

Location Name

Location Number

Contact Name

Address

City

State

Zip

Phone

Fax

Comments