

Auto Expense

Corporation Name: _____

EIN: _____

Auto Expense

Name of activity vehicle is used for _____

Description of vehicle _____

Date vehicle was placed in service _____

Yes No

- Was this vehicle available for personal use during off-duty hours?
- Was the vehicle used primarily by someone with more than 5% ownership or a related person?
- Was another vehicle available for personal use?

Number of miles the vehicle was driven during 2025

	2025	2024		2025	2024
Business	_____	_____	Other	_____	_____
Commuting	_____	_____			

Expenses

	2025	2024		2025	2024
Garage rent	_____	_____	Repairs	_____	_____
Gas	_____	_____	Tires	_____	_____
Insurance	_____	_____	Tolls	_____	_____
Licenses	_____	_____	Lease addback	_____	_____
.	_____	_____	Other expenses		
Oil			_____	_____	_____
Parking fees	_____	_____	_____	_____	_____
Rental fees	_____	_____	_____	_____	_____
Interest	_____	_____	_____	_____	_____
Property tax	_____	_____			

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-subsidiary 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

