



The Miller Associates
 820 N River Street Loft 206
 Portland, OR 97227

www.themillerassociates.com
 503-891-6659
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2017 TAX PREPARATION CHECKLIST FOR TAX-EXEMPT ORGANIZATIONS

Organization Name _____ Exempt under 501 (c) _____

Mailing address _____

New Clients: please include a copy of the IRS EIN confirmation letter, business formation documents, and your most recently filed tax Returns.

Accounting Method (circle one): Cash Accrual Other

Federal EIN _____ State Tax ID (BIN) _____

Form needed for filing: Form 990 ____ Form 990 EZ ____ Form 990-N (Postcard) ____

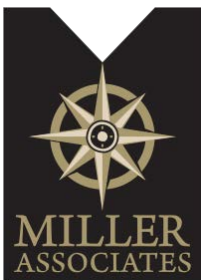
Program/Services Performed (Tax Exempt purpose) _____

PLEASE PROVIDE THE FOLLOWING:

If your organization uses QuickBooks provide a backup copy with your tax documents. Otherwise provide an annual Trial Balance, Profit and Loss Statement, Balance Sheet with current year and prior year comparison, A/R aging and A/P aging. If you don't have computerized bookkeeping, please also complete our Business Expense Categories List	
1. Year-end (12/31/17) Statement and Reconciliation for:	
a) Checking and Savings account(s)	
b) Other investment account(s)	
c) Credit Card(s) –	
d) Notes, loans, mortgages, etc – Amount repaid during year? \$ _____ Amount of interest paid \$ _____	
2) Loans to or from officers or employees?: Is there a formal note on record? Please provide a copy.	
3) Payroll quarterly statements and yearend summary and W-3	
4) Do you provide employee benefits such as health insurance? Yes No	
5) List other employee benefits _____	
6) If you are required to track inventory: date of physical inventory count _____ Ending Inventory \$ _____	
Please provide a copy of your organization bylaws (if not previously provided)	

In addition, please provide the following information and include any forms or documents requested:

	Done	N/A
1. Provide a list of officers, directors, or key employees including all individuals who served at any time during the year. Identify those who received \$10,000 or more from a related entity.		
2. Provide a schedule of wages/compensation, deferred compensation and expense account payments for all officers, directors, trustees, key employees and advisors. Include a schedule of time devoted to fundraising, management, exempt purpose and average hours worked per week.		



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3. Indicate if you have provided written acknowledgement to donors of individual contributions of \$250 or more.		
4. Provide a schedule of donors who gave cash/property with a value of at least \$5,000.		
5. Provide a schedule of the 3 largest fund raising events, describe the event and indicate the amount raised. Please provide the amount of contributions included in the revenues (this includes sponsorships)		
6. Please provide an amount or estimate of the value of donated services that the organization received during the year.		
7. Provide a schedule of "in-kind" contributions and indicate whether they are included in income. In-kind contributions are securities, furniture, computers, etc – tangible things.		
8. Provide a list of names and addresses of individuals/entities providing professional services to the organization at fees in excess of \$50,000.		
9. Provide information including amounts expended regarding legislative, lobbying, or political activities during the year.		

Equipment Purchased (all items that have a useful life of more than one year)

Asset List OR verify that QuickBooks listing is accurate

Date Purchased Cost

List all Equipment disposed of during the year

Date

Sale Price

Notes:

Thank you and please feel free to contact us with any questions you may have!