TAX FILING WORKPAPER

Professional Service Corporation (PC)

Corporation Name:
Employer ID Number (EIN):
Street Address:
Tax Year Ended:
City, State, Zip:
State of Incorporation:

Income		
NO.	**INCOME ITEM**	**AMOUNT ($)**
1	Gross receipts or sales from professional services	
2	Less: Returns and allowances	
3	**Net professional service receipts (Subtract line 2 from line 1)**	
4	Interest income	
5	Dividends	
6	Gross rents	
7	Other income	
8	**Total Income (Add lines 3 through 7)**	

Deductions (Professional Service-Specific)		
NO.	**DEDUCTION ITEM**	**AMOUNT ($)**
9	Compensation of officers / shareholder-employees	
10	Salaries and wages (other employees)	
11	Professional liability insurance / Malpractice insurance	
12	Rent or lease expense (Office space & medical/professional equipment)	
13	Taxes and licenses (State registration, professional licensing fees)	
14	Interest expense	
15	Depreciation & Section 179 expense	
16	Employee benefit programs (Health, retirement plans)	
17	Legal and professional fees	
18	Other deductions (Itemize on separate sheet if necessary)	
19	**Total Deductions (Add lines 9 through 18)**	

Tax and Payments Calculation		
NO.	**CALCULATION STEP**	**AMOUNT ($)**
20	**Taxable Income (Subtract line 19 from line 8)**	

NO.	CALCULATION STEP	AMOUNT ($)
21	Income Tax (Flat rate for Personal Service Corporations)	
22	Alternative Minimum Tax / Other tax credits	
23	**Total Tax Liability (Line 21 minus Line 22)**	
24	Estimated tax payments made for the fiscal year	
25	Tax deposited with Form 7004 (Extension)	
26	**Tax Due (or Overpayment to be refunded)**	

Schedule of Shareholder-Employees			
SHAREHOLDER NAME	**SSN / TIN**	**% STOCK OWNED**	**COMPENSATION ($)**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Officer

Title

Date

Signature of Paid Preparer

PTIN

Date