2021 PARTNERSHIP TAX ORGANIZER

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702-509-1122

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Engagement Letter for Tax Preparation Services

Client(s) Name: ____

This letter confirms the terms of our tax engagement and clarifies the nature and extent of the professional services that we will provide.

Preparation: We will prepare the following **Individual Tax** returns:

Federal - Tax Year(s) ________________ State(s) / Tax Year(s) ________________________

We will prepare the following **Business Tax / Estate / Trust** Returns:

Federal - Form / Tax Year(s) ___________________ State(s) /Tax Years______________________

This engagement pertains only to the listed tax year(s), and our responsibilities do not include preparation of any other tax returns that may be due to any taxing authority. Our services are not intended to determine whether you have filing requirements in other taxing jurisdictions than the one(s) you have informed us of. This engagement does not apply to services related to an audit of the return by a government agency, additional correspondence with a government agency, or other services that may be required after filing of your returns. We are available under the terms of a separate engagement letter to provide Audit Services or a nexus study that will enable us to determine whether any other state tax filings are required. We will not audit or otherwise verify the data you submit, although we may ask you to clarify some of it for us. We will render such bookkeeping assistance as we find necessary for the preparation of the income tax returns at an additional charge when necessary to properly prepare the return. You must review the return carefully before signing to make sure the information is correct. Our work does not include any procedures designed to discover defalcations or other irregularities, such as fraud or embezzlement, should any exist.

You agree to furnish all information that is necessary for the preparation of the above tax returns and are responsible for the proper recording of transactions in the books of accounts, for the safeguarding of assets, and for the substantial accuracy of the financial records. You are responsible for disclosing any foreign accounts that may trigger a filing requirement. You are also responsible for maintaining sufficient documentation to substantiate all items of income and deduction claimed, including travel and entertainment expenses. We recommend that you provide photocopies or digital copies of all tax documents to prevent any loss of data. T.M. Tax Practices, LLC will not be responsible for lost originals. T.M. Tax Practices, LLC conducts business via the U.S. Postal Service unless you request otherwise, and will not be responsible for any lost or stolen documents.

Requirement to File Electronically: We are required by law to file most income tax returns electronically. If your return cannot be filed electronically, or you request a waiver from the electronic filing requirement, we may require your approval and signature on a waiver document. In this case we will supply you with paper copies and envelopes for sending to the appropriate Federal and State agencies.

Fees & Payment: Our fees will be based upon the complexity of your tax return(s), time required, as well as out-of-pocket costs and processing and handling fees. If you request an estimate, we will give you a non-binding estimate based upon your representations about the complexity of your tax return(s). We make every effort to hold fees to the amount of your estimate. Because unforeseen or changed circumstances might affect this original fee estimate, your actual fees may exceed the original fee estimate. It is our policy to notify you as soon as practical when the fees exceed the original fee estimate.

T.M. Tax Practices, LLC reserves the right to ask for a retainer, based on the estimated price of the tax return. If the cost of preparation exceeds the retainer, the difference must be paid before we file your returns. Any excess will be refunded. If a retainer is required but not paid, services will be terminated. If a retainer is not required, we require full payment of preparation fees before we file your returns. Payment information is required prior to the commencement of preparation of the tax return. However, you will be notified prior to payment processing.

Liability: You agree that T.M. Tax Practices, LLCs' liability hereunder for damages, unless caused by our gross negligence or willful misconduct, shall not exceed the total amount paid for the services described herein. This shall be your exclusive remedy. If you should receive a notice from a taxing authority, you must provide a copy within 30 days of the date on the first notice. In the event of an examination or other government contact, we are available for a fee to represent you upon request.

Document Retention: It is our policy to retain work papers related to this engagement for seven years. Upon the expiration of the seven-year period, you agree that we shall be free to destroy our work papers. When records are returned to you, it is your responsibility to retain and protect your records for possible future use, including potential examination by any government or regulatory agencies. You should retain the tax records related to the current year's tax returns, including any receipts, statements or other supporting documentation, for at least seven years after it was filed, since any additional assessments are usually made during this period. Once your return(s) is (are) completed, you will be given a copy for your records.

Privacy Notice: As your service provider, we collect information provided by you from your tax organizer, worksheets, documents, computer data files and discussions. It may also include information provided to us at your request by brokerage houses and banks, and information that we develop as part of the engagement. We are committed to the safekeeping of your confidential information and we maintain physical and electronic safeguards to protect your information. We are required to keep all information about our engagement confidential. We will not disclose any information about you unless we have your approval as required by law, even if you are no longer a client. If you would like your records released to a third party, such as a mortgage lender, you must provide us a signed disclosure statement in a timely manner. A copy of our disclosure statement can be found on our website.

Confidentiality Assurance, But Not Attorney-Client Privilege: Information you provide will be kept confidential. However, our discussions are not protected by any form of attorney-client privilege. We will advise you to consult with an attorney at any time we feel it may be appropriate.

Jurisdiction: Notwithstanding anything contained herein, both T.M. Tax Practices, LLC and you agree that regardless of where you are domiciled and regardless of where this Agreement is physically signed, this Agreement shall have been deemed to have been entered into in our office located in Clark County, Nevada USA, and Clark County, Nevada, USA, shall be the exclusive jurisdiction for resolving disputes related to this Agreement. This Agreement shall be interpreted and governed in accordance with the Laws of Nevada.

Agreement: If the foregoing correctly sets forth your understanding of our tax engagement, please sign this letter in the space below. We want to express our appreciation for this opportunity to work with you and sincerely appreciate your engagement in this matter.

____________________________ Date __________   _________________________ Date __________

Client signature   ***Spouse signature (if applicable)***

Credit Card Authorization Form

Please complete all fields. Payment information must be obtained prior to commencement of work. However, payment will not be processed until the tax return(s) have been prepared and prior to filing. You may request a quote for tax prepration services prior to the commencement of work. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐ Other ______________________
Cardholder Name (as shown on card): ______________________
Card Number: ______________________
Expiration Date (mm/yy): ______________________
Cardholder ZIP Code (from credit card billing address): ______________________

I, ______________________, authorize T.M. Tax Practices, LLC to charge my credit card above for agreed upon services.

______________________ ______________________

Customer Signature Date

Business Organizer Checklist

The tax organizer has been designed to help in the collection and organization of information necessary to prepare your income tax returns. The information requested will assist us in preparing your return in the most efficient and timely manner possible. Because this is the information we will be using to prepare and file your tax returns with the IRS (and applicable state taxing agency), please verify it is complete and accurate before submitting.

In addition to completing the organizer, there are documents we will need to prepare your taxes. Below is a a standard list of items to help you get started in gathering the necessary documents we will need to prepare your taxes:

- ☐ **Completed Organizer (*See Below)**
- ☐ **Prior Year Tax Return** - If you are a first-time tax client, please provide a copy of your last previously filed tax return.
- ☐ **SS4 EIN** - If this is the first tax return for the business please provide a copy of the SS4 Application/Acceptance Letter
- ☐ **Form 8832 or 2553** - If your business made an entity classification election please provide the application and acceptance letter
- ☐ **Bookkeeping Records** - If you use a bookkeeping system please provide us with the year-end profit & loss statement, balance sheet, and general ledger rather than completing the income and expense information within the organizer.
- ☐ **1099 Forms** - If you issued or received Form(s) 1099 we will need copies of these forms
- ☐ **Employee Information** - If you have employees, please include a copy of the following documents
    - ☐ Form W-3
    - ☐ Form W-2
    - ☐ Federal Form 940
    - ☐ Federal Form 941 (for each applicable quarter)
    - ☐ State Quarterly Reports (for each applicable quarter)
- ☐ **Other** - Please include any documents you may deem appropriate

***The organizer will indicate where there are additional documents we require. Please be sure to upload those documents as well for items applicable to you.**

If there are questions or sections you are not sure about, please note them and we will discuss them before finalizing and filing your return(s). When your organizer is complete and you have compiled the above information, please return via our secure online portal or use the information on the cover page to send via email or postal mail. For your security, If you will be sending via email, please be sure there is no sensitive information included. Also, if you are sending via postal mail please do not send original but instead send copies.

Business Information

Business Name ____________________

Business Street Address ____________________

City ____________ State ________ Zip ________ County ____________

Phone ____________ Email ____________________

State of Organization ____________ Date of Organization ____________

List all additional states business is registered in (if any) ____________

EIN ____________ State Tax ID Number *(if applicable)* ____________

Is this the Partnerships first return?
☐ Yes
☐ No

Is this the Partnerships final return?
☐ Yes
☐ No

If Yes, what is the Dissolution Date? ________

If necessary, can we discuss your tax return with the IRS?
☐ Yes
☐ No

Method of Accounting ☐ Cash ☐ Accrual

Principal Business ____________________

Main Product or Service ____________________

Is this Partnership publicly traded?
☐ Yes
☐ No

Are all partners/members actively participating in the business?
☐ Yes
☐ No

Partner/Member Information *(Information below should be provided for the individual and/or business who is a partner or member of the business)*				
Name of Partner/Member	SSN/EIN	Mailing Address (street, city, state, zip)	Ownership %	Partner Type *(Limited/General partner, Member/Managing Member)*
How many partners/members were there on the last day of the year? ___________________				

Organization & Start-up Expenses *This section is ONLY for partnerships in their initial year with expenses incurred prior to the date of organization.*		
Organization Expenses		
Start-up Costs *(Only include expenses incurred prior to the date of incorporation/organization.)*		
Equipment/Supplies (Description)	Dates	Amount
Legal & Professional (Description)	Dates	Amount
Travel (Description)	Dates	Amount
Other (Description)	Dates	Amount

If you have already prepared financials (Balance Sheet, Profit & Loss, General Ledger). Please provide them in lieu of filing out the corresponding sections below.

Balance Sheet	
Assets at Year End	
Bank Account(s) End of Year Balance	
Accounts Receivable	
Inventories	
Mortgages/Notes Receivable	
Other Investments	
Other Current Assets (describe)	
Debts & Equity at Year End	
Accounts Payable	
Payables Less than 1 Year	
Mortgages/notes Payable - 1 Year or More	
Non-recourse Loans	
Other Liabilities	
Capital Stock	
Additional Paid-in Capital	

Business Income	
Gross Receipts or sales	
Other Income (attach statement)	
Interest Income (attach 1099-INT)	
Dividends (attach 1099-DIV)	
Royalty Income	

Cost of Goods Sold	
Inventory at beginning of year	
Purchases	
Cost of labor	
Other costs	
Inventory at end of year	

Business Expenses	
Advertising	
Bank Fees and Charges	
Commissions and Fees	
Computers & Equipment (over $2500 complete asset depreciation worksheet)	
Continuing Education/Training	
Contract labor	
Dues & Subscriptions	
Equipment Rent	
Insurance (other than health)	
Internet Service	
Interest - Commercial Mortgages	
Interest - Other	
Legal & Professional	
Meals	
Entertainment	
Office Expense	
Postage & Shipping	
Rent (office, leasehold, storage)	

Repairs & Maintenance	
Supplies	
Telephone	
Wages (W-2 issued to employees)	
Other Expenses:	

Sale of Capital Assets *(Provide all brokerage statements 1099-B)*				
Description of Property	Date Purchased	Date Sold	Sales Price	Cost

Rental Real Estate	
Property Description ______________________________ Address, city, state, ZIP ______________________________ Property Type: ☐ Single Family Residence ☐ Vacation/Short-Term Rental ☐ Land ☐ Multi-Family Residence ☐ Commercial ☐ Self-Rental ☐ Royalties ☐ Other__________________ ☐ This property was placed in service during 2021 *If checked, please provide a copy of the HUD/closing statement for the purchase* ☐ This property is your main home or second home ☐ This property was disposed of during 2021 *If checked, please provide a copy of the HUD/Closing statement for the sale* ☐ This property is owned as a joint venture	
Did you make any payments to independent contractors over $600?	☐ Yes ☐ No
Income	
Rent Income	
Royalty Income	
Expenses	
Advertising	
Auto & Travel	
Cleaning & Maintenance	
Commissions	
Insurance	
Legal & Professional Fees	
Management Fees	
Mortgage Interest	
Other Interest	
Repairs	
Supplies	

Taxes	
Utilities	
Depreciation	
Other Expenses:	

Asset Listing for 2021

Generally assets for depreciation and business use assets

Assets For: ______________________________

For	Multi	Description of Property	Date Acquired	Cost/ Basis	Method	Life	Prior Depreciation	Sec 179 Exp	Date Sold	Sales Price	Expense of Sale