

2022 QUALIFIED RETIREMENT PLAN TAX ORGANIZER



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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 the 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 preparation 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 canceled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Amex
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____ CVV: _____
Cardholder ZIP Code (from credit card billing address):	_____

By signing below I authorize T.M. Tax Practices, LLC to charge the above credit card for agreed upon services.

- I would like to add Audit Protection* for an additional \$75.00. I understand that this amount will be added to my tax preparation fees at the time of billing. By not checking the box I am opting out of Audit Protection which means that all audit or correspondence services will be billed at \$250.00 per hour.

Cardholder Signature

Date

**Audit Protection includes representation by a licensed professional to assist you with a covered federal or state income tax audit or notice. This is limited to tax returns prepared by T.M. Tax Practices, LLC. In addition, Audit Protection does not provide legal assistance nor representation before Federal or State courts, including Tax Court.*

Qualified Retirement Plan General Information

Plan Name _____

Plan Year End (month) _____ Plan Number _____

Plan Date of Formation _____

Plan Sponsor (Employer) Name _____

Plan Sponsor (Employer) EIN _____

Plan Sponsor (Employer) Year End (month) _____

Plan Sponsor (Employer) Tax Classification _____

Business Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Plan Administrator _____

Plan Trustee _____

Formation and Prior Year Information

Please provide the following items if we are preparing Form 5500 for the plan for the first time:

- Plan documents, adoption agreement and amendments.
- IRS determination letter.
- Prior two years' Forms 5500, if applicable.
- Prior two years' financial statements, if applicable.
- Prior two years' year end asset statements (for example, investment/bank account statements, purchase statements for real estate, promissory notes for participants and other loans).
- Prior two years' employee census information

Current Year Financial Information

Please provide the following items for the current tax year:

- Plan financial statements (balance sheet, income statement, general ledger).
- If no financial statements are available, provide the following documents:
 - Copies of all monthly brokerage/investment accounts for the plan year.
 - Copies of all monthly bank accounts for the plan year.
 - Asset schedule for all investments at their fair market value as of the end of the plan year.
- Details of employer contributions to the plan (dates paid and accrued)
- Copy of the sponsoring entity's income tax return
- Completed copy of the employee census table that is attached
- Purchase statements and agreements for new investment assets (real estate, investment in partnerships, loans, cryptocurrency etc).

Compliance Questionnaire

Was the plan terminated during the plan year? Yes * No

* If yes, provide a copy of the executed resolution.

Were there any amendments during the plan year? Yes * No

*If yes, provide copies of the amendment(s).

Has the plan been audited by either the Internal Revenue Service or the Department of Labor? Yes * No

*If yes, attach copies of all correspondence.

Was the plan insured by a fidelity bond for loss through fraud or dishonesty? Yes No

Did all participants who received distributions receive required Forms 1099-R: Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.? Yes No

Did any transactions occur between the plan and any parties-in-interest (e.g. employer, participants)? Yes No

Were any loans or fixed obligations due to the plan in default as of the close of the plan year or considered uncollectible?

Yes

No

Are there any individuals in the company who have worked more than 1,000 hours who are not considered to be common law employees (e.g. independent contractors)?

Yes *

No

*If yes, please include these individuals on the Employee Census Form and identify them as "Leased" or "Not Leased".

List officers and owner(s) of sponsor company and percentage of ownership of sponsor:

Individual's Full Name	Title	Ownership Percentage

Does any key employee, or any member of the key employee's family, own an interest in any other non-publicly traded business? If yes, complete the following

Employee Name	Relationship to Business Owner	Name and Type of entity	Ownership Percentage

Employee Census for 2022

Employee Name	Date of Birth	Date of Hire	Service Hours*	Compensation	Employee Contributions				Employer Contributions	Distributions
					Elective Deferrals	Designated Roth	After-tax	Rollovers		

* For service hours, list the following codes: "F" for 1,000 hours or more, "P" for 500 hours or less, and "S" for hours between 500 and 1,000.