

# Tax Organizer

## Non-Profit



IT'S A NUMBERS THING!



**Please email your tax documents directly to your tax preparer.**

**Tosha Rose: [tosha@trosebookkeeping.com](mailto:tosha@trosebookkeeping.com)**

**Christy Velazquez: [christy@azfeddirecttax.com](mailto:christy@azfeddirecttax.com)**

**If you have any questions or concerns, you may reach  
Tosha at (520) 200-8175 or Christy at (520) 635-5063.**

**469 W Central Ave, Ste. A  
Coolidge, AZ 85128**



## Tax Preparation Engagement Letter

Name: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Last 4 of EIN: \_\_\_\_\_

Thank you for choosing T. Rose Bookkeeping, LLC and Arizona Federal Direct Tax Service to assist you with your taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

Our engagement is limited to performing the following services:

Tax Year: \_\_\_\_\_ Type of Tax Return(Choose only 1)  1065  1120-S  Non-Profit  
 1041  1120-C

This engagement pertains only to the year listed above, and our responsibilities do not include preparation of any other tax return years that may be due to any taxing authority. We are responsible for preparing only the returns referenced above. If you have taxable activity in a state or local municipality other than that referenced, you are responsible for providing our firm with all the information necessary to prepare any additional applicable state and local income tax returns as well as informing us of the applicable states and local municipalities. If you have income tax filing requirements in a given state or local municipality but do not file that return, there could be possible adverse ramifications such as an unlimited statute of limitations, penalties, etc. This engagement letter does not cover the preparation of any financial statements sales and use tax, or gift tax returns, which, if we are to provide, will be covered under a separate engagement letter.

We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. We have a tax organizer available to help you collect the data required for your return. The Organizer will help you avoid overlooking vital information. By using it, you will contribute to efficient preparation of your returns and help minimize the cost of our services

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will, of course, inform you of any material errors, fraud, or other illegal acts we discover.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

**You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.** We are not responsible for the disallowance of doubtful deductions or inadequately supported documentation, nor for resulting taxes, penalties and interest.

The Internal Revenue Service imposes penalties on taxpayers, and on us as return preparers, for failure to observe due care in reporting for income tax returns. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom we prepare tax returns to confirm the following arrangements.

Federal, state, and local taxing authorities impose various penalties and interest charges for non-compliance with tax law, including for example, failure to file or late filing of tax returns and underpayment of taxes. You as the taxpayer remain responsible for the payment of all taxes, penalties and interest charges imposed by taxing authorities. If we determine, at our sole discretion, that we may be subject to a preparer penalty due to a tax position on your return, you agree to either adequately disclose that position on your return or change the position to one that we confirm would not subject us to penalty. If you choose not to change your position or adequately disclose the tax position so as to eliminate, at our sole discretion, our exposure to the preparer penalty, we, at our sole discretion and at any time, may withdraw from the engagement without completing or delivering tax returns to you. Such withdrawal will complete our engagement and you will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket expenses incurred through the date of our withdrawal.

Federal, State, and local taxing authorities also impose various penalties and interest charges for noncompliance with tax law, including for example, failure to file or late filing of tax returns and underpayment of taxes. You as the taxpayer remain responsible for the payment of all taxes, penalties and interest charges imposed by taxing authorities.

The Affordable Care Act (ACA) has added various new health insurance mandates, penalties and credits. You acknowledge and T. Rose Bookkeeping, LLC and Arizona Federal Direct Tax Service agrees, that we will rely solely on information provided by you for the purposes of preparing your tax returns listed above and have provided no advice regarding your eligibility for any credits, estimates of any payments or estimates of any penalties under the ACA.

**Confidentiality.** All information you provide to us in connection with this engagement will be maintained by us on a strictly confidential basis. In the event we receive a subpoena or summons requesting that we produce documents from this engagement or testify about the engagement we will notify you prior to responding to it if we are legally permitted to do so. You may, within the time permitted for our firm to respond to any request, initiate such legal action as you deem appropriate to protect information from discovery. If you take no action with the time permitted for us to respond or if your action does not result in a judicial order protecting us from supplying requested information, we may construe your inaction or failure as consent to comply with the request. Time incurred in connection with subpoenas, and/or other related legal matters involving you, and or your account(s), will be billed at our normal hourly billing rates.

**Internet Communication.** In the interest of facilitating our services to you, we may communicate by facsimile transmission or send electronic mail over the internet. This often involves sending data, documents and other information, including sensitive tax and financial information. Such communications may include information that is confidential to you. Our firm employs measures in the use of facsimile machines and computer technology designed to maintain data security. While we will use reasonable efforts to keep such communications secure in accordance with our obligations under applicable laws and professional standards, you recognize and accept that we have no control over the unauthorized interception of these communications once they have been sent and consent to our use of these electronic devices during this engagement. You should ensure that your email server and the information stored on your system is secure. We are not responsible for any transmission problems or for the failure of you or any authorized recipient of the information to receive files. You are solely responsible for (i) notifying the firm of the failure to receive files containing your information so that we may provide a copy in an alternate form; (ii) securing your email server and restricting access to your email in order to maintain confidentiality of the information transmitted; (iii) storing the electronic files containing the information; and (iv) acquiring and maintaining the software needed to open and access the files containing the information.

Our fee for services will be based upon the complexity of the return(s) and the extent of the tax forms required for us to properly file your tax return(s). If a federal, state, or qualified dependent return is requested, but actual preparation determines that there is no filing requirement, we will waive our fee for the no filing determination. We do reserve the right to charge based on our standard charges if there is extensive research required to make the “no filing” determination. Invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

You agree that our firm’s liability for any and all claims, damages, losses and costs of any nature arising from this engagement is limited to the total amount of fees paid by you to our firm for the services rendered under this agreement.

We will return your original records to you at the end of this engagement. You should securely store these records, along with all supporting documents, canceled checks, etc., as these items may later be needed to prove accuracy and completeness of a

return. We will retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare your tax returns will conclude with the delivery of the completed returns to you (if paper-filing), or your signature and our subsequent submittal of your tax return (if e-filing). If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign where indicated and submit to our office. Your tax return(s) cannot be prepared until this engagement letter is signed and we receive it in our office.

We appreciate your confidence in us. Please call Tosha at (520)200-8175 or Christy at (520)635-5063 if you have questions.

Sincerely,

*Tosha Rose*

Tosha Rose  
T. Rose Bookkeeping, LLC

Sincerely,

*Christy Velazquez*

Christy Velazquez  
Arizona Federal Direct Tax Service

Accepted By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# Non-Profit

Organization: \_\_\_\_\_  
Name EIN Date Incorporated

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Phones: \_\_\_\_\_  
(Office) (Home) (Mobile)

Contact Mailing Address: \_\_\_\_\_

This Organizer is provided to help you gather and organize information relating to preparation of your Organizational return.

- If you maintain your organization's books using a bookkeeping system such as QuickBooks, Quicken or Excel, you can provide us with a revenue/expense statement and balance sheet rather than completing the income and expense and balance sheet sections of this organizer.
- If you would like our accounting staff to prepare organizational income and expense reports for you, there will be an additional fee to do so. If you prefer this option, please provide us with the following documents:
  - Organizational bank statements for all months of the year
  - Credit card statements (for organizational-use credit cards)
  - Receipts for cash purchases not shown on bank or credit card statements
  - Checkbook register (please identify all checks by entering an expense category in the memo section)

<b>Filing Information. Please answer ALL of the following questions.</b>
What is the organization type? 501(C) ( ) (insert no.) other: _____
Is the organization's application for tax exempt status pending with the IRS?
Is this a new address? Yes <input type="checkbox"/> No <input type="checkbox"/> Is this an initial return? Yes <input type="checkbox"/> No <input type="checkbox"/> Is this a final return? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this a group return for affiliates? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes", how many? _____
What accounting method does the Organization use? Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (describe) _____
Does the organization file under a calendar year? Yes <input type="checkbox"/> No <input type="checkbox"/> If "no", what is the fiscal year? _____
Did the organization engage in any activity not previously reported to IRS? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe here.
Were any changes made in the organizing or governing documents? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, were changes made to the organization's name? Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the organization have Unrelated Business Income of \$1,000 or more this year? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was there a liquidation, dissolution, termination, or significant disposition of assets during the year? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the organization related (other than by association with a statewide organization or nationwide organization) to any other exempt or non-exempt organization? Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the organization make any direct or indirect political expenditures? Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the organization lobby/attempt to influence any legislation? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes", \$ spent _____ If organization makes lobbying expenditures, has Form 5768 been filed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the organization comply with IRS public inspection or returns/applications? Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the organization solicit it any contributions that were <b>not</b> tax deductible? Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the organization make grants for scholarships or student loans? Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the Organization conduct activities in any state other than Oregon? Yes <input type="checkbox"/> No <input type="checkbox"/> Or, to any country outside the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes", which states &/or countries? _____
Does the organization have any foreign bank accounts? Yes <input type="checkbox"/> No <input type="checkbox"/>

**Current Officers, Directors, Trustees & Key Employees**

Name and Address	Title	Average hours/wk	Compensation
1.			
2.			
3.			
4.			
5.			
6.			
7.			

How many officers, directors, trustees & key employees are permitted to vote at board meetings? \_\_\_\_\_

**Complete the following for all employees paid more than \$100,000/year:  
(attach separate sheet if you have more than 2)**

Name and Address	Title	hours/wk	Compensation
1.			
2.			

**Complete the following for independent contractors paid more than \$100,000/year:  
(attach separate sheet if you have more than 2)**

Name and Address	Type of Service	Compensation
1.		
2.		
3.		

<b>Organization Income:</b>	
	Total:
Contributions, gifts, grants	
Membership dues	
Program service revenue	
Government contracts	
Investment (Interest)	
Fundraiser or special event income (list)	
1.	
2.	
3.	
4.	
5.	
6.	
Other income (list)	

<b>Organization Expenses:</b>	
	Total:
Accounting fees	
Bank Fees	
Employee Benefits	
Credit Card Fees	
Dept. of Justice Fee (OR)	
Equipment	
Fundraising	
Grants paid	
Insurance	
Internet	
Meetings	
Payroll taxes	
Postage and shipping	
Printing & publications	
Rent	
State Corporation Fees	
Supplies	
Telephone	
Travel	
Wages	
Website fees	
Other (list)	

<b>Program Accomplishments</b>		
In general categories, list the organization's accomplishments for the year. Include approximate number of people served, publications issued, etc. Also, indicate \$ amount of grants provided.		
1.		
Grants: \$	Expenses: \$	
2.		
Grants: \$	Expenses: \$	
3.		
Grants: \$	Expenses: \$	
4.		
Grants: \$	Expenses: \$	
What is the organization's primary purpose?		

<b>Assets at beginning of year:</b>		<b>Assets at year end:</b>	
Checking Account	\$	Checking Account	\$
Savings Account	\$	Savings Account	\$
Accounts/Pledges receivable	\$	Accounts/Pledges receivable	\$
Other current assets (describe)	\$	Other current assets (describe)	\$
	\$		\$
	\$		\$
	\$		\$

<b>Liabilities at beginning of year:</b>		<b>Liabilities at year end:</b>	
Accounts payable	\$	Accounts payable	\$
Grants payable	\$	Grants payable	\$
Other liabilities (describe)	\$	Other liabilities (describe)	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

<b>Schedule of Contributors For Organizations Exempt Under Section 501(c)(3)</b>		
<i>(don't complete if organization is a Private Foundation, Section 501(e), 501(k), 501(n) or 4947(a)(1) )</i>		
Complete the following for any contributors who gave \$5,000 or more (cash & non-cash). Attach separate additional pages if needed.		
<b>Name and Address</b>	<b>Contribution (year total)</b>	<b>If non-cash, provide description</b>
1.		
2.		
3.		
4.		
5.		
6.		

I affirm that the information contained in this tax organizer, submitted to Tax Pros LLC for preparing tax returns, is true, correct, and complete to the best of my knowledge. I further affirm that I have documentation/receipts to support this information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date