2024 PARTNERSHIP TAX ORGANIZER



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Engagement Letter for Tax Preparation Services

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Client(s) Name:	
This letter confirms the terms of our tax eng services that we will provide.	gagement and clarifies the nature and extent of the professional
Preparation: We will prepare the following	g Individual Tax returns:
Federal - Tax Year(s)	State(s) / Tax Year(s)
We will prepare the following Business Ta :	x / 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.

<u>Liability:</u> 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.

<u>Document Retention</u>: 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.

<u>Confidentiality Assurance</u>, <u>But Not Attorney-Client Privilege</u>: 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.

<u>Jurisdiction</u>: 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 foreg	oing correctly sets forth your	r understanding of our tax	engagement, please sign this
letter in the space below.	We want to express our app	reciation for this opportu	nity 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 In	formation			
Card Type:	☐ MasterCard	☐ Visa	☐ Discover	☐ Amex
Cardholder Nai	me (as shown on card):			
Card Number:				
Expiration Date	e (mm/yy):	CVV:		
Cardholder ZIP	Code (from credit card	billing address):		
upon services. I would li amount v the box I	v I authorize T.M. Tax Pi ke to add Audit Protecti vill be added to my tax p am opting out of Audit I will be billed at \$250.00	on* for an additio preparation fees a Protection which	nal \$75.00. I understa at the time of billing. B	and that this by not checking
Cardholder Sign	ature		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. Audit Protection does NOT cover amended returns not originally prepared by T.M. Tax Practices. Audit Protection does NOT cover late tax filings or tax returns currently under audit or IRS inquiry. In addition, Audit Protection does not provide legal assistance nor representation before Federal or State courts, including Tax Court. It is the responsibility of the taxpayer to provide us with ample time to respond to any notices or inquiries sent to the taxpayer from the IRS.

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 Info	rmation	
Business Name			
Business Street Address			
City	State	Zip	County
Phone	Email		
State of Organization		Date of Organization	
List all additional states busines	s is registered in ((if any)	
EIN	_ State Tax ID Nu	ımber (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/membe	ure wore there a	on the last day of the year?		

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 inc	curred 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.

in lieu of filling 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		

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 DescriptionAddress, city, state, ZIPProperty Type:				
☐ Single Family Residence☐ Multi-Family Residence☐ Royalties		☐ Land ☐ Self-Rental		
 □ This property was placed in service during 2024 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 2024				
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:	

Additional Information Please provide any additional information or questions pertinent to the preparation of your 2023 tax return.