

2024 CORPORATE 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.

Client signature

Spouse signature (if applicable)

Date

Date

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. 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 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 client portal. For your security, we require that all information be sent using our secure client portal. Please contact us if you require an alternative method of sending in your information.

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)* _____

Have you filed Form 2553 to
make the "S" election? ☐ Yes
☐ No

If Yes, what is the effective date of the "S" election? _____

Check all that apply: ☐ Initial Return ☐ Final Return
☐ Name Change ☐ Address change

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

Method of Accounting ☐ Cash ☐ Accrual

Principal Business _____

Main Product or Service _____

Are total receipts for the year
AND total assets at year end
more than \$250,000? ☐ Yes
☐ No

Did you make any payments
during the year that would
require form(s) 1099? ☐ Yes
☐ No

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	
Loans to Shareholders	
Other Current Assets (describe)	
Debts & Equity at Year End	
Accounts Payable	
Payables Less than 1 Year	
Mortgages/notes Payable - 1 Year or More	
Capital Stock	
Additional Paid-In Capital	
Loans From Shareholders	
Retained Earnings	

Business Income	
Gross Receipts or sales	
Other Income (attach statement)	
Interest Income	
Dividends	
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	
Auto (complete auto worksheet)	
Bank Fees and Charges	
Cell Phone	
Commissions and Fees	
Computers & Equipment (over \$2500 complete asset depreciation worksheet)	
Continuing Education/Training	
Contract labor	
Dues & Subscriptions	
Equipment Rent	
Health Insurance	
Insurance (other than health)	
Internet Service	
Interest - Commercial Mortgages	
Interest - Other	
Legal & Professional	
Meals	
Entertainment	

Office Expense	
Parking & Tolls	
Postage & Shipping	
Rent (office, leasehold, storage)	
Repairs & Maintenance	
Supplies	
Taxes	
Telephone	
Travel	
Utilities	
Wages (W-2 issued to employees)	
Other Expenses:	

Organization & Start-up Expenses

This section is ONLY for corporations in their initial year with expenses incurred prior to the date of incorporation/organization.

Organization Expenses

Start-up Costs (Only include expenses incurred prior to the date of incorporation/organization.)

Education (Description)

Dates

Amount

Equipment/Supplies (Description)

Dates

Amount

Travel (Description)

Dates

Amount

Other (Description)

Dates

Amount

Shareholder Information
(all shareholders must be listed)

Name of Shareholder	SSN	Shareholder Mailing Address (street, city, state, zip)	# of shares owned at start of year	# of shares owned at end of year	Dates of share ownership change (if any)

How many shareholders were there on the last day of the year? _____

Provide the following information for any shareholder who was an officer or 2% or more owner of the business during the year.
(Only provide information for the current tax year.)

Provide the following information for any shareholder who was an officer or 2% or more owner of the business during the year.
(Only provide information for the current tax year.)

[illegible]

Sale of Capital Assets
(Provide all brokerage statements 1099-B)

[illegible]

Rental Real Estate	
Property Description _____ Address, city, state, ZIP _____ Property Type:	
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Multi-Family Residence <input type="checkbox"/> Royalties </div> <div style="width: 30%;"> <input type="checkbox"/> Vacation/Short-Term Rental <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____ </div> <div style="width: 30%;"> <input type="checkbox"/> Land <input type="checkbox"/> Self-Rental </div> </div> <input type="checkbox"/> This property was placed in service during 2024 <i>If checked, please provide a copy of the HUD/closing statement for the purchase</i> <input type="checkbox"/> This property is your main home or second home <input type="checkbox"/> This property was disposed of during 2024 <i>If checked, please provide a copy of the HUD/Closing statement for the sale</i> <input type="checkbox"/> This property is owned as a joint venture	
Did you make any payments to independent contractors over \$600? <div style="float: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	
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:	

Auto Expense Worksheet	
Activity Vehicle Used For _____	
Make/Model _____	
Date Place in Service _____	
Was this vehicle available for use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or your spouse have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No
# Business Miles	
# Commuting Miles	
Total # Miles Driven in 2023	
Expenses	
Gas	
Insurance	
Licenses	
Parking & Tolls	
Rental Fees	
Interest	
Tax	
Repairs	
Tires	
Other Expenses:	

Additional Information

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