

TAX SOLUTIONS
PARTNERSHIP TAX ORGANIZER FORM 1065

Enclosed is an organizer that we provide to our tax clients to assist in gathering the information necessary to prepare the current year tax returns.

The Internal Revenue Service matches information returns with amounts reported on income tax returns. A negligence penalty may be assessed where income is underreported. Accordingly, all Forms 1099, Schedules K-1 and other information returns reflecting amounts reported to the Internal Revenue Service should be submitted with this organizer.

For your convenience, there is an engagement letter enclosed which explains the services we will provide to the partnership. Please sign and return to us with this organizer.

The filing deadline for your partnership return is March 15th. Your completed tax organizer needs to be received no later than February 28th. Any information received after that date may require an extension of time.

If an extension of time to file is required, you must sign an engagement letter giving us authority to file the extension on your behalf and any tax due with this return must be paid with that extension. Any taxes not paid by the filing deadline may be subject to late payment penalties and interest.

We look forward to providing services to you. Should you have any questions regarding any items, please do not hesitate to contact us.

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ENGAGEMENT LETTER

This letter is to confirm and specify the terms of our engagement with _____
_____ for the year ended _____ and to clarify the nature and extent
of the services we will provide. Also, by signing this engagement letter we will have assumed that you
are the person responsible for the tax matters of the partnership. If this is not a correct assumption,
please furnish us with the name of the tax matters partner.

Our engagement will be designed to perform the following services:

1. Prepare the federal and GA income tax returns with supporting schedules*
2. Perform any bookkeeping necessary for preparation of the income tax returns.

Our work in connection with the preparation of your income tax returns does not include any procedures
designed to discover defalcations or other irregularities, should any exist.

We will use professional judgment in resolving questions where the tax law is unclear, or where there
may be conflicts between the taxing authorities' interpretations of the law and the supportable positions.
Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If
you would like information on the amount or the circumstances of these penalties, please contact us.
Because this is an entity whose tax attributes flow through to its partners or members, the penalty for
substantial understatement of tax relating to this entity may be imposed on the partners or members.

Management is responsible for the proper recording of transactions in the book of accounts, for the
safeguarding of assets, and for the substantial accuracy of the financial records. **You have the final
responsibility for the income tax returns; therefore, you should review them carefully before you
sign and file them.**

**The filing deadline for your income tax return is March 15, 2019. In order to meet this filing
deadline, all information needed to complete the return should be received in this office no later
than February 28, 2019.**

**If an extension at this time is required, any tax that may be due with the return must be paid with
the extension. Any amounts not paid by the filing deadline are subject to interest and late
payment penalties.**

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the
examining agent are subject to certain rights of appeal. In the event of such government tax
examination, we will be available upon request to represent you and will render additional invoices for
the time and expenses incurred.

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Our fee for these services will be a minimum of \$1,350 based upon the amount of time required at standard billing rates plus out of pocket expenses. Our fee further assumes that you will actively participate in an information exchange of your affairs to us, complete the tax organizer, and provide any missing information that we have requested within three business days of the request. If all pertinent information is not presented to us within the timeframe listed above, we reserve the right to assess a file maintenance fee of \$195. We are requesting an initial nonrefundable retainer of \$500, prior to the commencement of any work. That retainer is due within three business days of approval, with any balance due upon presentation of the invoice. All invoices are due and payable upon presentation. Interest accruals are assessed monthly at 1-1/2% on the outstanding balance. Should your account become delinquent and placed out for collection, usual, reasonable, and customary collection agency fees, attorney fees, court costs, and other costs involved in the collection of your debt will be the responsibility of the client.

Subject to applicable professional or other guidelines, we may withdraw from the engagement by sending written notice thereof to you by e-mail, fax, or US mail.

If the foregoing fairly sets with your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are any additional returns you expect us to prepare, please inform us by noting so just below your signature at the end of the returned copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Sincerely,

Tax Solutions

Client Acceptance

Accepted By: X _____
Signature

Print Name

Date

* - Should client earn income in a different state, multi-state and local tax returns may be required by that jurisdiction. Client accepts responsibility for this tracking of income and expenses by state and promptly advising Tax Solutions. Fees for any additional filing requirements will be invoiced at standard bill rates.

Comments: _____

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ENGAGEMENT LETTER

Addendum

It is our policy to invoice monthly, which can include progress billing on projects, such as tax returns. We will require payment upon delivery of the completed tax returns. Invoices are payable upon receipt, and will be charged to the credit card below, unless you have made other arrangements. It is the policy of Tax Solutions to suspend all services when invoices are not paid within 30 days. Any invoice not paid within 30 days will be subject to a minimum finance charge equal to 1.5 percent of the previous month's outstanding balance. All invoices not paid by the 61st day are deemed approved by you. By your completion of and your signature on this addendum, you give us express written approval to charge the services to your credit card on all invoices outstanding for more than 60 days. If you have any concerns with respect to an invoice, you will notify Tax Solutions prior to the 61st day, with any questions or concerns. The transaction will include one month's late fee that will be assessed after the 30th day and the credit card processing fee. Invoices not paid in full within 90 days will be subject to collection. **A 3% fee will apply for any credit card payment over \$1000.**

Credit Card: Visa Master Card American Express

Credit Card #: _____

Expiration date: _____

Visa/MC Security Code: _ _ _ **American Express Security Code:** _ _ _ _ _

Name (as it appears on card): _____

Billing address of credit card:

Address

City

State

Zip Code



Signature

Date

My signature above represents my approval to charge the above referenced credit card for all services that remain unpaid for more than 60 (sixty) days.

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Check if new client and bring prior year tax return, the depreciation schedules, and any carry-forward schedules.

Organization Name _____ Telephone # _____

Address _____ Fax # _____

E-mail Address _____

Tax Period _____ Federal ID # _____ State ID # _____

Provide a copy of Dec bank statement, general ledger, trial balance, depreciation schedules, balance sheet and profit and loss statement, otherwise complete attached worksheet. In addition, provide the following information:

DONE N/A

- | | | |
|---|-------|-------|
| 1. Copies of correspondence with tax authorities regarding changes to prior year returns. | _____ | _____ |
| 2. Details of partner ownership changes. | _____ | _____ |
| 3. For each partner, TIN, address, percentage of ownership/profit/loss, and general or limited classification. Identify the Tax Matters Partner. | _____ | _____ |
| 4. Copy of most recent operating agreement. | _____ | _____ |
| 5. Schedule of all payments or distributions to or for partners including descriptions, amounts and the accounts to which these amounts have been posted. | _____ | _____ |
| 6. Schedule of loans to/from partners and related parties including interest rates and payment schedules. | _____ | _____ |
| 7. Schedule of all fringe benefits paid on behalf of partners and indicate which benefits have been included in their guaranteed payments. | _____ | _____ |
| 8. Detailed analysis of entries in prepaid and accrued expense accounts. | _____ | _____ |
| 9. Copies of all federal and state payroll reports filed including Forms W-2 or W-3, 940, 941. | _____ | _____ |
| 10. Copies of Forms 1096 or 1099, 5500, 1042, 8804, 8805, 5471, 8865, 8858, and 8886 <u>that have been filed.</u> | _____ | _____ |
| 11. Copies of Forms 1099, 5471, 8865, 8858, 8886 and Schedules K-1 <u>that have been received.</u> | _____ | _____ |
| 12. Schedule of all interest and dividend income not included on Forms 1099. | _____ | _____ |
| 13. Schedule and invoice copies of assets acquired or sold during the year including date acquired, date sold sales or purchase price, including any trade-in allowance. Include Form HUD-1 for real estate transactions. | _____ | _____ |
| 14. Copy of the inventory uniform capitalization computation. | _____ | _____ |
| 15. Schedule of charitable contributions (cash and non-cash). | _____ | _____ |

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- 16. Details of any lobbying expenses. _____
- 17. List of potential non-deductible expenses, such as penalties and life insurance premiums. _____
- 18. Schedule of any club dues paid. _____
- 19. Vehicle and mileage data for partnership owned passenger vehicles. _____
- 20. Information to complete domestic activities production deduction. _____
- 21. List details of all entries in miscellaneous income/expense accounts. _____
- 22. Detail of meal and entertainment expenses. _____
- 23. List each type of trade or business activity or rental activity and indicate the date started or acquired. _____
- 24. List activities conducted in other states, including gross receipts, property, payroll and rents by state. _____
- 25. Can the Internal Revenue Service discuss questions about this return with the preparer? Yes ____ No ____
- 26. Determine if FinCEN FBAR Form 114 (formerly TD F 90-22.1) is needed to report foreign bank and financial accounts (note that this is separate and distinct from any potential filing requirement at 27) below. _____
- 27. Determine if Form 8938 is needed to report specified foreign financial assets (note that this is separate and distinct from any potential filing requirement at 26 above). _____

COMMENTS OR EXPLANATIONS

PARTNERSHIP TAX ORGANIZER FORM 1065

INCOME AND EXPENSES WORKSHEET

Description	Amount
Part I –Income	
Gross receipts or sales	
Returns and allowances	
Other income (List type and amount)	
Part II - Cost of Goods Sold	
Inventory at beginning of year	
Purchases less cost of items withdrawn for personal use	
Cost of labor (Do not include salary paid to yourself)	
Materials and supplies	
Other costs (List type and amount)	
Inventory at end of year	
Part III – Expenses	
Advertising	
Bad debts from sales or services	
Car and truck expenses (Complete Auto Expense Schedule on Page 10)	
Commissions and fees	
Contract Labor or Consultants	
Depreciation and section 179 expense deduction (provide depreciation schedules)	
Employee benefit programs (other than Pension and Profit Sharing plans shown	
Insurance (other than health)	
Interest:	
a. Mortgage (paid to banks, etc.)	
b. Other	
Professional services	
a. Accounting	
b. Legal	
c. Other	

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INCOME AND EXPENSES WORKSHEET – CONTINUED

Office expense	
Pension and profit-sharing plans (employee’s portion only)	
Rent or lease:	
a. Vehicles, machinery, and equipment	
b. Other business property	
Repairs and maintenance	
Supplies	
Taxes and licenses (Enclose copies of payroll tax returns). No state income tax.	
Travel (air fare, hotel lodging, ground transportation, etc.)	
Meals and entertainment	
Utilities	
Wages (enclose copies of W-3/W-2 forms)	
Guaranteed Payments to Partner(s)	
Other expenses (list type and amount)	
Dues & subscriptions	
Bank charges	
Business cell phone & pager	
Business internet & web hosting	
Required uniforms & cleaning	
Postage & delivery	
Printing & reproduction	

List assets acquired and/or disposed/sold during the year

Description	Date acquired or sold	Cost or sales price

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OFFICE IN HOME

To qualify for an office in home deduction, the area must be used exclusively for business purposes on a regular basis in connection with your employer's business and for your employer's convenience. If you are self-employed, it must be your principal place of business or you must be able to show that income is actually produced there. If business use of home relates to daycare, provide total hours of business operation for the year.

For 2018, you may have the option to elect a Safe Harbor method for claiming a home office deduction of \$5 per square foot, up to a maximum of \$1,500. <u>Do you prefer this method over looking for your actual expenses?</u> If so, please complete only the following table regarding the square footage of your home and the office space.	Yes	No
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Business or activity for which you have an office	Total area of the house (square feet)	Area of business portion (square feet)	Business percentage

I. DEPRECIATION

	Date Placed in Service	Cost/Basis	Method	Life	Prior Depreciation
House					
Land					
Total Purchase Price					
Improvements (Provide details)					

II. EXPENSES TO BE PRORATED:

Mortgage interest	_____
Real estate taxes	_____
Utilities (power, gas)	_____
Property insurance	_____
Other expenses - itemize	_____

III. EXPENSES THAT APPLY DIRECTLY TO HOME OFFICE:

Telephone	_____
Maintenance	_____
Other expenses - itemize	_____

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AUTOMOBILE EXPENSES - Complete a separate schedule for each vehicle.

Vehicle description	_____	Total business miles	_____
Date placed in service	_____	Total commuting miles	_____
Cost/Fair market value	_____	Total other personal miles	_____
Lease term, if applicable	_____	Total miles this year	_____
		Average daily round trip commuting distance	_____

Actual expenses		Taxes	_____
Gas, oil	_____	Tags & licenses	_____
Repairs	_____	Interest	_____
Tires, supplies	_____	Lease payments	_____
Insurance	_____	Other	_____
Parking	_____		

Did you acquire, lease or dispose of a vehicle for business during this year? Yes _____ No _____
If yes, enclose purchase and sales contract or lease agreement.

Did you use the above vehicle in this business less than 12 months? Yes _____ No _____
If yes, enter the number of months _____.

Is this vehicle available when off duty? Yes _____ No _____

Do you have another vehicle available for personal purposes? Yes _____ No _____

Do you have evidence to support your deduction? Yes _____ No _____

Is the evidence written? Yes _____ No _____