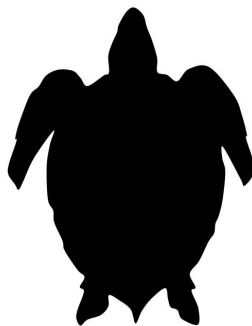


Partnership Tax Organizer



TUOLUMNE BOOKS LLC

BOOKKEEPING · PAYROLL · TAXES

Books@Tuolumnegroup.com
books.tuolumnegroup.com
415.488.5025

Please upload this tax organizer and all supporting documents to our client portal.
You may also email the documents to us directly.

<https://accountants.intuit.com/tax-client-portal-for-accountants/client-invitation/>

Feel free to contact us with any questions you may have.

Thank you for choosing Tuolumne Books!



TUOLUMNE BOOKS LLC

BOOKKEEPING · PAYROLL · TAXES

Engagement Letter

Client Name: _____

Last 4 of SSN/ITIN: _____

This letter is to inform you, the client, of the services we provide and your associated responsibilities.

Our engagement is limited to performing the following services:

Federal/State Income Tax Service, on Form 1065 (Partnership), Tax Year: 2024

General

This engagement does not include any audit or examination of your books or records. You have the final responsibility for the accuracy and correctness of all income tax returns, attachments, worksheets and documentation, and you should review them carefully, and correct any errors before you accept or sign them.

This engagement pertains only to the service(s) above, and for the corresponding period(s). We are not responsible for delays or late filings caused by incorrect or missing information or delayed responses.

This engagement does not include bookkeeping, payroll or sales tax service.

Tax Return Preparation

- We will prepare your federal and state tax returns, based on information you provide. Services for preparation of your returns do not include auditing or verification of information provided by you.
- You must complete a tax organizer and supply all supporting documentation before we can prepare your return. We will do our best to file your return as expediently as possible, but cannot guarantee on-time filing.
- In the event your return is audited, you will be responsible for verifying the items reported.
- Fees charged for tax return preparation do not include audit service, IRS representation, amendments or preparing materials to respond to correspondence from taxing authorities.
- The engagement to prepare your tax returns for a given period terminates upon delivery of your completed returns and original documents to you. Please store your supporting documents and copies of your tax returns in a secure place for at least seven years. There may be a fee for sending documents after the completion of this engagement.

Taxpayer Responsibilities

- You as the taxpayer remain responsible for the payment of all taxes, penalties and interest charges imposed by taxing authorities. 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 specific service and period relating to that liability, and does not include the amount paid for other services or periods rendered under this or any other agreement.
- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- Fees must be paid before your tax return is delivered to you or filed for you.
- Our responsibilities do not include preparation of any other tax returns or periods that may be due to any taxing authority.
- We are not responsible for the disallowance of doubtful deductions or inadequately supported documentation, nor for resulting taxes, penalties and interest.

- If your return exposes us to a preparer penalty, and you do not agree to disclose or remove the position in question, we may withdraw from this engagement without completing or delivering your tax returns to you. Such withdrawal will complete our engagement, and the full fee will be due immediately.
- 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.

Withdrawal

Either party may withdraw from this agreement, or part of it, at any time and for any reason. Written notice is required, and withdrawal is immediate. Fees for services rendered or periods begun prior to withdrawal are due in full at the time of withdrawal.

Fees

You agree to pay for services rendered. Our fee schedule may be updated from time to time, and fees will always be assessed the then-current rate. All additional services will be billed hourly. The fees below cover the initial preparation of your return, and associated e-signature and e-filing fees only. Significant changes to your return after its initial preparation will be billed hourly.

Form 1040	Individual, without schedule C, D, E or F.....	\$300
Form 1040	Individual, with schedule C, D, E or F.....	\$550
Form 1065	Multi-member LLC, Partnership.....	\$550
Form 1120S	S-Corp.....	\$550
Form 1120	C-Corp.....	\$550

Privacy

All information we obtain about you will be provided by you or obtained with your permission, and kept strictly confidential. Our firm has procedures and policies in place to protect your sensitive information. We restrict access to this information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to any third party without your express permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access, but in communicating with us by email, you acknowledge that we cannot guarantee the confidentiality of email communication. Please contact us with any questions regarding our privacy policy.

Signatures

By signing below, you acknowledge that you, or your representative, have read, understand, and accept your obligations and responsibilities and that you understand our responsibilities in preparing your tax returns as explained above.

Representative Signature

Print Name

Date

We appreciate your confidence. Call us at (415) 488-5025 if you have questions.
Sincerely,



Cian Richardson
Tuolumne Books LLC

Organizer for Partnerships

LLC/Partnership: _____
EIN Name Date Formed

Address: _____
Mailing Address Suite # City State Zip Code

Contact Name: _____ Email: _____

Contact Phones: _____
(Office) (Home) (Mobile)

_____ Contact Mailing Address Suite # City State Zip Code

This organizer is provided to help you gather and organize information relating to preparation of your corporate income tax returns. Please provide us with a copy of the partnership's tax returns for the last year filed if you are a first-time client of Tuolumne Books LLC.

If you are already a bookkeeping client with us, you do not need to complete the income, expense and balance sheet sections of this organizer. We will draw this information directly from your books.

If you maintain your organization's books using a bookkeeping system such as QuickBooks, Quicken or Excel, you may provide us with a profit & loss statement and balance sheet rather than completing the income, expense and balance sheet sections of this organizer.

If you do not have these reports and would like us prepare them for you using Quickbooks, check the box below. You do not need to complete the income, expense and balance sheet sections of this organizer. We will contact you with additional information before we proceed.

I would like Tuolumne Books to set up a Quickbooks account and generate financial reports for me.

Filing Information. Please answer "Yes" or "No" to ALL of the following questions.	Yes	No
Is this the Partnership's first year as a Partnership?	<input type="checkbox"/>	<input type="checkbox"/>
What state was Partnership formed in? _____ What is the state of residence? _____		
What date was the Partnership first authorized to do business in the resident state?		
Did the Partnership have a change of business name during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did the Partnership make or revoke a corporate tax filing election during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a change of address for the year?	<input type="checkbox"/>	<input type="checkbox"/>
What is the principal business activity of the Partnership?		
What accounting method does the Partnership use? Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (describe)		
Does the Partnership file under a calendar year? (If not, what is the fiscal year?)	<input type="checkbox"/>	<input type="checkbox"/>
How many Partners were there on the last day of the year?		

Partner/Member Information

First Name–Last Name <i>(Enter information for all Partner who owned shares at any time during the year)</i>	Social Security Number	Partner Mailing Address Street Address City, State, Zip	% of shares owned at start of year	% of shares owned at end of year	Dates of share ownership change (if any)

Provide the following information for any person who was a partner or owner/member during the year.

Partner or Member name	Guaranteed payments to the partner or member	Health insurance premiums paid for partner or member during the year	Capital contributions made by the partner or member during the year	Distributions made to the partner or member during the year	Partner loans to the Partnership during the year	Loans repaid by the Partnership the partner during the year

Business income from other states		
Did the Partnership conduct business in more than one state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please apportion income by state.		
State name _____	Income apportionment \$ _____	Payroll apportionment \$ _____
State name _____	Income apportionment \$ _____	Payroll apportionment \$ _____
State name _____	Income apportionment \$ _____	Payroll apportionment \$ _____
State name _____	Income apportionment \$ _____	Payroll apportionment \$ _____

Income	
What were the business gross receipts or sales for the year?	\$ _____
What portion of receipts were reported on Form 1099-K?	\$ _____
What portion of gross sales listed above was refunded or returned?	\$ _____
What were the gross receipts from rental property owned by the Partnership \$ (Do not include rental income in gross receipts for the business activity)	\$ _____
Did the Partnership have any other income from this business activity not included in gross receipts above? (If the Partnership had investment or capital gain income for the year, complete Interest/Dividend and/or Capital Gains Worksheets on Pages of this Organizer)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe any other income of the Partnership not included elsewhere in this Organizer.	

Cost of Goods Sold (COGS)	
Businesses such as restaurants, retail sellers and manufacturers generally must account for COGS. COGS include all costs associated with manufacturing a product or purchasing a product for resale.	
Do you manufacture or produce a product for sale to customers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you operate a wholesale or retail business where you maintain an inventory of goods?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What was the opening cost of inventory on the first day of the year?	\$ _____
What was the cost of purchases of product (less cost of items withdrawn for personal use)?	\$ _____
Cost of labor related to sale or production of goods held for sale	\$ _____
Materials and supplies used in manufacture or sales production	\$ _____
Other costs of goods not listed above (list on separate detail worksheet)	\$ _____
Closing inventory at end of year	\$ _____

Business Expenses		Business Expenses	
Advertising	\$ _____	Professional education & training	\$ _____
Auto (Complete auto worksheet)	\$ _____	Rent (office, leasehold, storage) (1099-MISC to unincorporated payees required)	\$ _____
Bank fees and charges	\$ _____	Rent or lease (vehicles, machinery, and equipment)	\$ _____
Cell phone (100% of cost) \$ _____ (x Business use _____%) =	\$ _____	Repairs and maintenance	\$ _____
Commissions and fees	\$ _____	Software (Enter on Asset depreciation worksheet)	\$ _____
Computers, equipment, furniture (Complete the Asset Depreciation Worksheet)	\$ _____	Supplies and small tools (Do not include equipment purchases – use Asset Depreciation Worksheet)	\$ _____
Contract labor (You must issue a 1099-MISC to any unincorporated entity to whom you paid \$600 or more for the year)	\$ _____	Taxes - Local & business licenses	\$ _____
Dues and Subscriptions	\$ _____	Taxes - Payroll (941, 940 & State)	\$ _____
		Taxes - State	\$ _____

Travel Expense Worksheet

Meal Per Diem (Important facts)

- For each day a partner traveled away from home for business outside the metro area, the Partnership may claim the actual cost of partner’s lodging and meals. For meals only, the Partnership may reimburse the Partner a daily per diem amount instead of actual costs.
- For each day a non-owner employee of the Partnership traveled away from home for business outside the metro area, the Partnership may choose between claiming the actual cost of employee meals and lodging; or it can reimburse the employee a daily per diem amount for meals and/or lodging.
- The daily per diem amount varies depending on the city and country the employee traveled to. To calculate the per diem amount the Partnership is entitled to reimburse, provide a detailing of each city the employee travelled to for business during the year and the number of days in each city.
- The Partnership can alternate between actual expenses and the per diem method for each business trip; however it may not use both per diem and actual for the same business trip.
- The Partnership may reimburse a partial per diem if an employee or partner/member traveled outside metro area for less than a full day.

City visited (for per diem)	# of days in city	City visited (for per diem)	# of days in city

Travel Expenses		Travel Expenses	
Airfare	\$	Lodging	\$
Bus, train, taxi	\$	Parking & tolls	\$
Entertainment	\$	Other travel (describe below)	
Meals - actual receipts (Do not include cost of meals where you are claiming the daily per diem rate)	\$		\$
			\$
			\$

Information relating to deductions and credits the Partnership may qualify for.

Answer “Yes” or “No” and provide information as applicable.	Yes	No	Details
Did the Partnership purchase a plug-in electric vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the Partnership pay wages to any employees who were members of a targeted group?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the Partnership initiate a new 401K plan during the year?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the Partnership pay for disabled access equipment or improvements during the year?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the Partnership provide for or reimburse employees for Childcare expenses during the year?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the Partnership make energy-efficiency improvements?	<input type="checkbox"/>	<input type="checkbox"/>	

<p>Did the Partnership manufacture or build a product inside the United States? If so, the following additional information will be needed to complete the Partnership's return:</p> <ul style="list-style-type: none"> Gross receipts from sales of domestically produced product Cost of domestically produced goods Expenses, deductions or losses directly allocable to the domestic product Wages paid for the year 	<input type="checkbox"/>	<input type="checkbox"/>	
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Business Use of Automobile Reporting Requirements

The IRS closely scrutinizes business-use of automobiles. Documentation must be kept proving business use of Partnership-owned or Partner-owned vehicles.

- If a partner or an employee used his or her automobile for active conduct of Partnership business:
 - The Partnership can provide reimbursement for actual operational expenses of the vehicle or it can reimburse using an allowable standard mileage rate.
 - A written log or other record must be maintained and submitted to the Partnership.
 - For each partner or employee for whom the Partnership paid auto-expense reimbursements during the year, the Partnership should maintain a written record of the expenses incurred and the reimbursements paid.
- The Partnership may claim actual operational expenses incurred for vehicles that are owned by the Partnership. Proof of business use in the form of a mileage log or a written calendar must be maintained unless it can be shown the vehicle was 100% business use.
 - If the business provided a vehicle for employee use, complete Section B below.
- For any vehicle that was used by a 5% or more owner of the business, additional information must be reported to IRS. Complete Section A shown below.

Section A

Provide the following information for each vehicle used by a 5% or more owner of the business

Purchase price of vehicle	\$
Description (<i>Model and year of vehicle</i>)	
Date vehicle was first used in your business	
For this tax year only, enter the number of miles your vehicle was used for:	
Business miles (<i>not including commute miles</i>)	
Commuting miles	
All other personal-use miles	
Interest paid on auto loan used to purchase this vehicle	\$
Was the vehicle available for personal use? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the vehicle used primarily by a 5% or more owner of the Partnership/LLC? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is another personal-use auto available? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the standard mileage rate used last year? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Section B

Additional Questions for Partnerships Providing Vehicles for Use by Employees

Does the Partnership maintain a written policy prohibiting all personal use of company vehicles?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Partnership maintain a written policy prohibiting all use except commuting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Partnership treat all use of vehicles by employee as personal use?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Partnership provide more than five vehicles to employees and keep records?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Automobile Expenses

Mileage reimbursement amount paid to partners and employees for the year \$ _____

Documentation

Please provide the following documentation with your completed tax organizer:

- The Social Security cards for all people included on your tax return.
- Driver's license, passport, or state identification card (or government-issued photo ID) for all people included on your tax return.
- Copy of last year's tax return (new clients only).

If Applicable:

- Other income forms, such as 1099-MISC (stock income), 1099-INT (interest income), and 1099-DIV (dividend income).
- Year-end balance sheet, profit & loss and statement of cashflows
- 1099S and closing statements (proceeds from real-estate transactions).
- Any other miscellaneous forms, receipts, or records sent to you for tax purposes.