2023 Partnership Organizer

(See next page for Orgaizer)

MV Tax & Accounting, Inc.Karen Nelson, EA1956 Patterson DrMorgan, UT 84050801-791-3264www.karens.taxEmail: mvta@karens.tax

LOCATIONS

Karen is now working EXCLUSIVELY from her home office. 1956 Patterson Dr. of Morgan Utah. Entrance via Home Porch. Icy conditions may exist - please prepare accordingly.

I appreciate your patience as we make this transition. Darcie is working from her home and is no longer available for in person drop offs. She will be available by your portal chat, phone, or email when Karen is unable to answer and will also continue to work with you during the information gathering process.

REMOTE OR IN PERSON OPTIONS:

- Remote: We can complete the entire process via your client portal or mail. https://portal.karens.tax
- **In-Person** Tax Prep by appointment-bring everything at that time. You may still complete the on-line organizer or load docs prior to prep day. More complex returns may not qualify for this option.
- **Drop off** or provide all docs. Once the return is complete, we will send you a scheduling link for an in-person or remote review.

OPTIONS FOR DELIVERY

- Use your portal: Step by Step instructions will guide you through each required action
- Drop off **option 1**: Lock Box in the lobby of Daylight Glass in Morgan (167 N State St Mon-Thurs 7-5)
- Drop off option 2: Karen's front porch office door USE MAIL SLOT (available 24x7) just don't sneak around too late at night please.
- Option 3 use Mail: PO Box 165 Morgan, UT 84050

MUST DO'S

 \checkmark you MUST complete and provide the annual questionnaire via the portal or paper one mailed to you. ALL business will do a paper organizer - see enclosed.

- \checkmark Be prepared to pay a Deposit once we begin working on your file as we have done in prior years.
- ✓ Be prepared to pay the remaining balance due at the time of completion. We will be unable to file or provide any completed returns until your account is paid in full.
- ✓ Please note that any drop offs to my home location may not include being able to meet with me if I am engaged in

another appointment or task that cannot be interrupted. Please arrange prior to drop off if you must have a word with me at this time.

You may start booking in-person appointments now on our website or request a link via text to 801-791-3264. Please do not hesitate to reach out if you have any questions or concerns and we will respond as timely as possible.

EVERYONE IS GETTING A PAPER ORGANIZER <u>however</u> we prefer you use the portal one, but this seems to help people physically see what's needed. If you own a business, see attached applicable organizer based on your entity set up. Use it... fill it out... don't toss it out unless you do the online one!! Thank you!!! We will be asking for it.

2023 Taxpayer Organizer

Partnership Tax Organizer

Use a separate organizer for each partnership

Partne	rship	General Informat	ion							
Legal r	name o	f partnership						EIN		
Partner	rship a	ddress						I		
Partner	rship F	Representative			Title					
					Emai	1		Phone		
Check	one: [General Partners	hip 🗌 Limited	Partnership 🗌	Limited	Liability Partr	ership (LLP)			
Princip	al bus	iness activity							isiness started	
Princip	oal pro	duct or service						Date bu	isiness closed	
Yes	No	Was the primary		*		lize a profit?				
Yes	No	Has the partnersh			years?					
Accour	nting n	nethod: Cash		ther (specify)						
Yes	No	1	<u>^</u>	calendar year? (If no, whu	at is the fiscal ye	ear?)			
Partne	rship	Specific Question	15							
Yes	No	Is there a written <i>partnership agreem</i>		eement? (If this i	s the first	year of the part	nership's existen	ce, please prov	vide a copy of the	written
Yes	No	Are all partners actively participating in the business?								
Yes	No	Is any partner in	the partnership	a disregarded er	ntity, a pa	rtnership, a tr	ust, an S corpor	ation, or an e	estate?	
Yes	No	Is the partnership	*	<u> </u>						
Yes	No	Did any foreign c indirectly 50% or	more of the pro-	fit, loss, or capita	al of the p	partnership?				
Yes	No		Did the partnership own directly 20% or more, or own directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation?							
Yes	No	Did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce principal amount of debt?								
Yes	No	At any time during the year, did the partnership have an interest in, or signature authority over a financial account in a foreign country?								
Yes	No	Was there a distribution of property or a transfer (by sale or death) of a partnership interest during the tax year?								
Yes	No	Does the partners								
		 The partnership's total receipts for the tax year were less than \$250,000, and The partnership's total assets at the end of the tax year were less than \$1 million. 								
Yes	No	Did the partnersh If yes, include a c				npensation to	any individual?	2		
Yes	No	Did the partnersh								
Yes	No	At any time during this tax year, did the corporation (a) receive a digital asset (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?								
Princi	pal Pa	rtners Ownership	Information							
Name			Tax ID number (SSN or EIN)	Address	Address			Ownership percentage	General or limited partner	U.S. * citizen?
								0.00%		
								0.00%		
								0.00%		
Limite	ed par	t ner. A general par t ner. A limited par o contribute to the	tner's personal l	who is personal iability for partr	lly liable vership d	for partnershi ebts is limited	p debts. to the amount o	of money or o	other property o	ontributed
		er Transactions	partitership.							
Falue	15 UU		Commenterd	TT1(1, :	Carrita	1	Distributions	D == 1 = = 1 = =		
Partner name			Guaranteed payments	Health insuranc premiums paid	from p	l contributions artner	Distributions to partner	Partner loans to the partnership partnership to		
		Additional informat		-				oformation and	l documents requ	ired
		income/financial					rship formed			
		et, depreciation sch bank accounts with			ciliation	^	rship formed in			
		ership has employe			ors,		pies of the part g organizationa		ement and any	other

• If the partnership has employees or paid independent contractors, provide a copy of all Forms W-2, W-3, 940, 941, 1096, 1099-NEC, 1099-MISC, and any other forms issued to workers.

• If any partners live in a different state or outside the U.S., provide details. The business may be subject to withholding requirements.

Provide copies of depreciation schedules for book, tax, and AMT.Provide copies of tax returns for last two years, including state

returns (if applicable).

	Partnership assets at y	iear end		Partnership de	bts and equity at ye	ar end
Bank account	end of year balance	\$	Accou	ints payable at year end	\$	
Accounts rec	eivable at end of year	\$	Payab	les less than one year		\$
Inventories		\$	Payab	Payables more than one year		
Loans to part	ners	\$		Nonrecouse loans		
Mortgages ar	nd loans held by partnership	\$	Loans	from partners		\$
	s, and securities	\$	Partne	ers' capital accounts		\$
Other curren	t assets (include list)	\$				
	Income (include all Forms 10	9-K, Forms 1099-MISC, a	nd Forms 1099-	NEC received)		
Gross receipt	s or sales	\$	Divid	end income (<i>include all</i> 1	099-DIV Forms)	\$
Returns and		\$ () Capita	al gain/loss (<i>include all 1</i>	099-B Forms)	\$
Interest incor	ne (include all 1099-INT Form	s) \$	Other	income (loss) (include a	statement)	\$
Partnership	Cost of Goods Sold (for man	ufacturers, wholesalers,	and businesse	s that make, buy, or sell go	oods)	
Inventory at	beginning of the year	\$	Mate	rials and supplies		\$
Purchases		\$	Inven	tory at the end of the y	vear	\$
Cost of labor	·	\$				
Partnership	Expenses					
Advertising		\$	Meals	– business		\$
Bad debts		\$	Office	Office supplies		
Bank charges		\$	Orgar	Organization costs		
Business licer	nses	\$	Pensie	Pension and profit sharing plans		
Commissions	and fees	\$	Rent o	Rent or lease – car, machinery, equipment		
Contract labo	r	\$	Rent o	Rent or lease – other business property		
Employee be	nefit programs	\$	Repai	Repairs and maintenance		
Employee he	alth care plans	\$		Taxes – payroll		
Entertainmer	nt (not deductible)	\$	Taxes – property			\$
Gifts		\$	Taxes – sales			\$
Guaranteed p	payments to partners	\$		Taxes – state		
Insurance (ot	her than health insurance)	\$	Telepl	Telephone		
Interest – mo		\$	Utiliti	Utilities		
Interest – oth	er	\$		Wages		
Internet servi		\$	Other	expense		\$
Legal and pro	ofessional services	\$	Other	expense		\$
Car Expense	s (use a separate form for eac	h vehicle)				
Make/Mode				Date car placed in serv	vice	
Yes No	Car available for personal u					
Yes No	Do you (or your spouse) ha	we any other cars for p	ersonal use?	Did you trade in your car this year? Yes		
Yes No	Do you have evidence?			Cost of trade-in	Trade-in val	ue
Yes No	Is your evidence written?			\$	\$	
	Mileag	е			Actual Expenses	
Beginning of	year odometer			Gas/oil	\$	
End of year c				Insurance	\$	
Business mile	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			Parking fees/tolls	\$	
Commuting				Registration/fees	\$	
Other mileag	e			Repairs \$		

then choose betwee	a aithor the stand	lard milaago rate	mothed or ac	hual avmancas
literi choose betwee.	i enner me stand	iaiu nineave iait	e memou or ac	luai expenses.

Equipment Purchases – Enter the following information for depreciable assets purchased that have a useful life greater than one year							
Asset	Date purchased	Cost	Date placed in service	New or used?			
		\$					
		\$					
		\$					
		\$					
		\$					
		\$					
		\$					

Equipment Sold or Disposed of During Year						
Asset	Date out of service	Date sold	Selling price/FMV	Trade-in?		
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			

Partnership Business Credits (if answered Yes for any of the below, please provide a statement with details)

Yes	No	Did the partnership pay expenses to make it accessible by individuals with disabilities?						
Yes	No	Did the partnership pay any FICA on employee wages for tips above minimum wage?						
Yes	No	Did the partnership own any residential rental buildings providing qualified low-income housing?						
Yes	No	Did the partnership incur any research and experimental expenditures during the tax year?						
Yes	No	Did the partnership	p have employer pension plan start-up costs? Total number of employees					
Yes	No	Did the partnership	p pay health insurance premiums for employees?			Total number of employees		
Yes	No	Did the partnership purchase and place in service any electric vehicles or energy efficient commercial building property?						
State Estimated or Pass-Through Entity (PTE) Tax Payments — Tax Year 2023								
State			Amount	Date Paid	State		Amount	Date Paid
					i			

\$		\$
\$		\$
\$		\$
\$		\$
 -		

Tax Return Preparation

We will prepare the partnership's tax return based on information provided. In the event the return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of the partnership's return do not include auditing, review, or any other verification or assurance.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If additional information is received after we begin working on the return, you will contact us immediately to ensure the 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 documentation.
- You must be able to provide written records of all items included on the return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before the tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer may be required for preparation of returns.
- Keep a copy of the tax return and any related tax documents. You may be assessed a fee if you request a duplicate copy in the future.

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities.

Drivoov Doliov		
Taxpayer	Title	Date

Privacy Policy

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential 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 a third party without your express written 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.

WHAT YOU NEED TO KNOW ABOUT THE CORPORATE TRANSPARENCY ACT -

This applies to all LLC's and penalties apply for failure to comply.

The Corporate Transparency Act (CTA), enacted in 2021, was passed to enhance transparency in entity structures and ownership to combat money laundering, tax fraud, and other illicit activities.

When do reports need to be filed for the Corporate Transparency Act?

The Corporate Transparency Act comes into effect on January 1, 2024. Reporting companies that are in existence on the effective date must file their initial reports within one year.

Reporting companies created after the effective date have 30 days after receiving notice of their creation or registration. However, FinCEN has proposed to extend the initial filing deadline for BOI reports from 30 to 90 days for entities created or registered in 2024.

Reports must be updated within 30 days of a change to the beneficial ownership, e.g., through the sale of a business, merger, acquisition, or death, or 30 days upon becoming aware of or having reason to know of inaccurate information previously filed

Corporate Transparency Act/Beneficial Ownership Reporting Assisting you with your compliance with the Corporate Transparency Act ("CTA"), including beneficial ownership information ("BOI") reporting, is NOT within the scope of this engagement. You have sole responsibility for your compliance with the CTA, including its BOI reporting requirements and the collection of relevant ownership information. We shall have no liability resulting from your failure to comply with CTA. Information regarding the BOI reporting requirements can be found at https://www.fincen.gov/boi. Consider consulting with legal counsel if you have questions regarding the applicability of the CTA's reporting requirements and issues surrounding the collection of relevant ownership information.

I have read about the Corporate Transparency Act and am aware of the requirements and am aware of penalties for failure to comply. I also understand that MV Tax & Accounting is not responsible for the filing, reporting or ensuring that clients are in full compliance.

Taxpayer

Title

Date