



2016

Tax Organizer for Partnership Returns for Traders 1065 Returns

Use this Organizer for LPs or LLCs taxed as Partnerships Holding Trading Accounts

IMPORTANT

We will be unable to complete your tax return until we have received the completed tax organizer and required documentation including the client statement, payment information, corporate information & ownership information.

Anderson Advisors
3225 McLeod Drive, Suite 100
Las Vegas, NV 89121
Toll Free: 800.706.4741
Local: 702.214.1100
Fax: 702.664.0547

E-Mail: taxcoordinators@andersonadvisors.com
Secure Online Upload Page: <https://andersonadvisors.com/upload-documents/>

FAX COVER PAGE

Attention: Anderson Advisors - Tax Preparation Department

To: Anderson Advisors: 702.664.0547

Attention: _____

From: _____

Date: _____

Total Number of Pages: _____ (including cover page)

THIS FAX INCLUDES THE FOLLOWING (Check all that apply)

Client Statement

Organizer for (Name _____)

Supporting Documents

Other

You may also upload all documents securely online at:
<https://andersonadvisors.com/upload-documents/>

CLIENT STATEMENT

In order to make the filing tax deadline, completed Tax Organizers and backup documents are due in our offices 30 days prior to the return deadline. Tax returns are prepared in the order this information is received. In the event a Tax Organizer is received within the 30 day period prior to the tax deadline, client will pay an expedite fee of \$150.00 for timely completion and if received in the final 2 weeks before the deadline, client will pay \$250.00 for timely completion. The due date for filing your income tax return is March 15, 2017. It may become necessary to apply for an extension of time to file your tax returns if there are unresolved issues, delays in processing, or if we do not receive all the necessary information from you on a timely basis. We will apply for an extension on all returns not filed with the taxing authorities within 3 business days of the filing deadline. All tax is still due and payable by the filing deadline.

The scope of work in connection with the preparation of your ("the Client") federal and state income tax returns is intended to be in compliance with the requirements issued by the various taxing authorities. Because tax laws are not always clear, honest differences of opinions may arise between our interpretation of laws and that of the various taxing authorities. We will assist you in resolving these differences in your favor whenever possible.

Client and/or your duly appointed representative agree not to hold Anderson Advisors liable for interpretations made with regard to any of the information supplied by Client and used in the preparation of the tax returns. Unless compelled to do so by law, Anderson Advisors does not disclose any irregularities or provide statements with regard to the validity of the information supplied by Client to any taxing authority.

All tax returns are subject to review and acceptance by the various taxing authorities. In the event of an examination or other taxing authority contact Anderson Advisors. Anderson Advisors can respond or represent your position to the taxing authority; however, there is a fee for this service. You may appeal any adjustments proposed by a taxing authority.

Please review any completed tax returns carefully. As preparers, we have a responsibility both to the various taxing authorities with whom we file tax returns as well as to our clients. Any client will remain liable for the contents of tax returns prepared by Anderson Advisors with data provided by said client.

All tax return preparation fees must be paid before the tax return can be electronically processed. Once payment is received and the proper forms are signed to electronically file the tax return, i.e. Form 8879, Anderson will electronically file the tax return.

By signing this document I acknowledge this statement and the dates below.

Signature:	
Name on Credit Card:	
Credit Card Number:	
Expiration Date:	Security Code:

By submitting this form, you are authorizing Anderson Advisors to send you an invoice electronically (via email or box.com) and to charge the credit card provided above five (5) days after the invoice has been submitted to you.

Would you like to use your prepaid tax package time for this return or have a quote prior to preparing your return?



Anderson Law Group, PLLC
3225 McLeod Drive
Las Vegas, NV 89121

Dear Valued Client

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2016 federal and requested state income tax returns from information that you will furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and/or worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping pertinent information from being overlooked.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

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 render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

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 other 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. 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.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, such as gift and/or property, 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,

Anderson Advisors Tax Team

Accepted By: _____

Date: _____

Anderson Law Group, PLLC
3225 McLeod Drive
Las Vegas, NV 89121

PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

Partnership or LLC Information

2016

Taxpayer:

First Name and Initial	Last Name		
Name of Entity	Employer ID Number (EIN)	Signing Officer Title	
Street Address of Business	City	State	Zip
Daytime/Work Phone Number	Cell Phone	Email	

Return Information:

Mail Completed Return	City	State	Zip
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Entity Information:

Does your Entity have a year end other than Dec? Yes No

If Yes, When? _____

Is this the Partnerships first return?

Is this the final tax return?

If Yes, what is the Dissolution date? _____

State of Formation	State ID No.	State Tax ID Number
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What date was the Partnership or LLC formed? _____

What is the principal business? _____

What is the main product or service? _____

Webfile Number (TX only)	SOS Number (CA only)
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Other Information:

Accounting Method	Cash	Accrual	Other	if other please explain

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
At any time during the year, did the entity have an interest in or signature authority over a financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Are all partners/members actively participating in this business?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of the Members claiming Real Estate Professional Status from the real estate activities being reported in this Partnership?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did those members spend a majority of their working hours and at least 750 hour of service in 2014 *qualified activities in Real Estate?	<input type="checkbox"/>	<input type="checkbox"/>
Are they documented in writing?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Corporation that owns an interest in this entity?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please list name of Corporation? _____		
Have all property titles been transferred into the name of the partnership or LLC or has a beneficial interest of a land trust holding title to Real Estate been assigned to this entity?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Partnership publicly traded?	<input type="checkbox"/>	<input type="checkbox"/>

Ownership Information

2016

Please fill in all information - If shareholder is an individual, use Social Security Number. If shareholder is an entity, use the EIN number

A	Name of Shareholder		U.S. Citizen	If no, Where?	Street Address	City
			Yes No			
A	State	Zip	Social Security Number / EIN		Partnership? General/Limited Partner	Ownership

B	Name of Shareholder		U.S. Citizen	If no, Where?	Street Address	City
			Yes No			
B	State	Zip	Social Security Number / EIN		Partnership? General/Limited Partner	Ownership

C	Name of Shareholder		U.S. Citizen	If no, Where?	Street Address	City
			Yes No			
C	State	Zip	Social Security Number / EIN		Partnership? General/Limited Partner	Ownership

D	Name of Shareholder		U.S. Citizen	If no, Where?	Street Address	City
			Yes No			
D	State	Zip	Social Security Number / EIN		Partnership? General/Limited Partner	Ownership

E	Name of Shareholder		U.S. Citizen	If no, Where?	Street Address	City
			Yes No			
E	State	Zip	Social Security Number / EIN		Partnership? General/Limited Partner	Ownership

Yes	No
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Do you have more Partners/Members?

Financial Statements

Please complete this section only if the partnership balance sheet, general ledger, and statement of profit and loss are not included.

Balance Sheets

		Amount
Assets	Cash in Bank on Last Day of Business Year	
	Trade Notes and Accounts Receivable (for accrual basis only)	
	Inventories	
	Other Current Assets (attach statement)	
	Other Investments (attach statement)	
	Buildings and Other Depreciable Assets	
	Less accumulated Depreciation	
	Land	
	Intangible Assets	
	Less accumulated Amortization	
	Total Assets	

		Amount
Liabilities and Capital	Accounts Payable	
	Mortgages and Notes Payable in Less Than 1 Year (accrual basis only)	
	Other current liabilities (attach statement)	
	All Non-recourse Loans	
	Mortgages, Notes Payable in 1 Year or More	
	Other Liabilities (Attach Statement)	
	Common Stock	
	Additional Paid in Capital	
	Total Liabilities and Capital	

		Amount
Statement of Income	Business Income	
	Interest Received (Enclose all 1099-INT Forms)	
	Dividends Received (Enclose all 1099-DIV Forms)	

		Amount
Expenses	Organization Costs	
	Bank Charges	
	Office Supplies (Including Printing & Copies)	
	Business Licenses	
	Legal and Professional Services	
	Management Fees	
	Guaranteed Payments to Partners	

Other Expenses (Describe)

	Amount
Other	
Other	
Other	
Other	
Other	

Start-Up and Organizational Expenses

Record costs and fees prior to the beginning of operations.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Is this the first tax return filed by this Entity?

If yes, complete the information below.

	Amount
Organizational costs	
Start-Up Costs	
Travel	
Professional Fees	
License & Permit Fees	
Equipment	
Supplies	
Other start-up costs	

