Chris A. Peterman

Certified Public Accountant

A Professional Corporation

PARTNERSHIP TAX ORGANIZER FORM 1065

Enclosed is an organizer provided to you in order to assist in the gathering of information necessary to prepare your partnership income tax return(s).

The Internal Revenue Service matches information returns with amounts reported on income tax returns. A negligence penalty may be assessed where dividends, interest and security sales are 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.

To continue providing quality services on a timely basis, you are urged to collect your information as soon as possible. If information from "pass-through" entities such as partnerships, trusts, and S corporations is the only data you are missing, please send the data you have assembled and forward the missing information as soon as it is available.

The filing deadline for your Partnership Tax Return is April 15th.

In order to meet this filing deadline your completed tax organizer and tax data needs to be received no later than the 2nd week of March. Any information received after that date may require that an extension of time be filed for this return.

If an extension of time to file is required, any tax that may result with this return or from the reporting of items from this return must be paid with that extension. Any taxes not paid by the filing deadline are subject to late payment penalties and interest when those taxes are actually paid.

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

PARTNERSHIP TAX ORGANIZER FORM 1065

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Section 1 - First Year Clients

Please provide all information in this Section.

| Partnership | Name Tax Period | | | |
|-------------|---|-----|-----------|------------|
| Address | Federal ID # | | | |
| | State ID # | | | |
| | Contact | | | |
| | Phone # | | | |
| | | YES | <u>NO</u> | <u>N/A</u> |
| 100) GEN | NERAL INFORMATION | | | |
| 101) | Please provide copies of the following: Tax returns for the prior three years Depreciation schedules Partnership agreement Partner buy/sell agreement Partner basis carryforward schedule If the partnership elected a fiscal year end, provide a schedule of section 444 tax deposits and Form 8716. Section 704(b) capital account reconciliation Changes in partner's ownership interest after 10/22/86. | | | |
| 102) | First year partnerships: Number of: general partners limited partners Provide the following information for all partners: Name Address Social Security/Taxpayer Identification Number General partner or limited partner Type of entity Domestic or foreign Profit sharing percentage Loss sharing percentage Percentage ownership | | | |

| 103) | Which general partner or LLC member should be Partner: | | | |
|-----------|---|-------------------|-------|----------------|
| 104) | Describe the principal business activity of the partner | | | |
| | | | | |
| 105) | Does the partnership engage in more than one trade > If yes, provide a list and note those started or acqu | | • | |
| 106) | Does the partnership engage in any rental real estate > If yes, provide a list and note those started or acqu | 6. | | |
| 107) | Indicate method of accounting for tax purposes: Cash Accrual Other (Describe) _ | | | |
| 108) | List the names and telephone numbers of the partner | rship's advisors: | | |
| | Name & Address | Telephone # | Fax # | E-Mail Address |
| Attorney | | | | |
| Banker | | | | |
| Insurance | | | | |
| Broker | | | | |

PARTNERSHIP TAX ORGANIZER FORM 1065

Section 2 - All Clients

| | | <u>YES</u> | <u>NO</u> | <u>N/</u> |
|------|--|------------|-----------|-----------|
| 109) | Our firm uses the QuickBooks and Quicken series of accounting software programs from Intuit. | | | |
| | • If your company uses either of these programs, provide a copy or a backup of your company's file and omit Section 400 in this organizer requesting Accounting Information. | | | |
| | • If your company does not use these programs, review Section 400 in this organizer requesting Accounting Information and prepare that information. | | | |
| 110) | Provide copies of December reconciliations for all bank accounts, accounts receivable, accounts payable and copies of Forms 941, 940 or 940EZ, State Unemployment, W-2(s) and W-3,1099(s) and 1096, and 5500 that have been filed. | | | |
| 111) | Provide copies of other items highlighted on the Section 500 Year End Accounting Checklist. | | | |
| 112) | Is the partnership a partner in another partnership? > If yes, provide a copy of the other partnership tax return(s). | | | |
| 113) | Should the address shown on the current year return be different from last year? > If so, what address should be shown on the return? | | | |
| 114) | How many additional copies of the return do you need? | | | |
| 115) | Is this a final return? | | | |
| 116) | Has the partnership been notified of any changes to previous returns by any taxing authority? > If yes, provide copies of all correspondence. | | | |
| 117) | Have there been any amendments to the partnership agreement? > If yes, provide copies of amendments since the last year. | | | |
| 118) | Has there been a change in ownership since last year? > If yes, provide the following: .1) Date(s) of Transfer: | | | |
| | Type of Transfer a) saleb) giftc) inheritance d | | | |

| | .2) Sale price or fair market value of partners (Include FMV from estate return if transf | | |
|------|---|---|------|
| | .3) Copy of Form 8308, if applicable. | | |
| 119) | Regarding the principal business activity of th 1) Did the partnership acquire or dispose of this tax year? > If yes, attach a copy of the contract or a | a business or business segment during | |
| | .2) Did the partnership engage in any new ac > If yes, attach a description of the new b | | |
| | .3) Did the partnership discontinue operation | as for this year? | |
| 120) | Does the partnership have any of the following | g employee benefit plans? | |
| | If yes, are we to prepare the Form 5500 series | tax return(s)? | |
| | Are we to compute the contribution(s)? | | |
| | * If yes to any of the below, provide copy of I | plan document. | |
| | .1) Qualified retirement plan(s)? | | |
| | .2) SEP, SIMPLE, SARSEP, 401K plan? | | |
| | .3) Cafeteria plan? | | |
| | .4) Non-qualified retirement plan(s)? If yes, has the "one time only" filing with | the Department of Labor been done? | |
| | .5) Other benefit plans not described above? | | |
| 121) | Did the partnership have loans with partners tax year? | and/or other related parties during the | |
| | > If yes, attach a schedule indicating the ar interest rate and payments. Also, attach a copy | | |
| 122) | Does the partnership provide fringe/welfare b If yes, describe the benefits provided and charged: | | |
| | Benefit | _ Account | |
| 123) | Did the partnership include taxable fringe/we group life insurance, educational assistance, e company vehicles as compensation in empl subject such amounts to payroll taxes? | expense allowances and personal use of | |

| Was there a distribution of property during this tax year? > If marketable securities were distributed, provide the date of distribution and fair market value at distribution dates(s). | | | | | | |
|---|------|---|----------------------|---|---------------------------|----------------------|
| | 125) | Has the partnership ever elected to "step with the death of a partner or a change in or | | | nection — | |
| | 126) | Did the partnership, at any time during the bank account? | ne tax year, have | an interest in a | foreign — | |
| | 127) | Was the partnership the grantor of, or tra year? | nsferor to, a fore | ign trust during | the tax | |
| | 128) | Does the partnership do business in more the last states, and, last the states, and, last the states of supporting schedul payroll, sales) multi-state apportionment. | les reflecting the | three factor (pr | operty, | |
| | | .2) Provide a schedule showing any amount reatment differences between federal and a schedule showing any amount treatment differences between federal and schedule showing any amount treatment differences between federal and schedule showing any amount treatment differences between federal and schedule showing schedule showing and schedule showing schedule schedule showing schedule schedule showing schedule schedule schedule showing schedule showing schedule schedule schedule showing schedule | | | ning or — | |
| 200) | INCO | OME | | | | |
| | 201) | Were there any sales or exchanges during partner? >If yes, provide a detailed listing. | g the year betwee | n the partnership | and a — | |
| | 202) | Did the partnership receive interest income > If yes, please indicate U.S. agencies U.S. government Tax exempt-out of state Tax exempt-in state Tax exempt-private activity | from the followin | g sources? | _ | |
| | 203) | Did the partnership own any mutual funds? > If yes, provide year-end Form 1099. | | | | |
| | 204) | Did the partnership acquire any "Qualified > If yes, provide details. | Small Business St | cock?" | _ | |
| | 205) | Did the partnership own any securities that > If yes, provide details. | became worthless | during the year? | _ | |
| | 206) | Did the partnership sell any stocks, bonds of > If yes, complete a schedule like the follow provide a copy of the "Realized Gain and I | wing for all sales o | of securities, or, | _ | |
| | | Description of Securities Sold | Dates Acquired | Cost or Basis Plus Selling Expenses | (Trade Date) Date Sold | Total Sales Price |
| | | | | | | |

| | 207) | business? > If yes, pro Desc Date Sale Selli Date | ax year, did the partnership sell or dispose of any assets used in the vide a schedule listing: cription of asset sold sold sold sprice ng expenses acquired inal cost or basis | |
|------|------|---|--|--------|
| | 208) | method of rep > If yes, prov | nership have any sales during the year that qualify for the installment porting? ide a copy of the agreement, the principal and interest received, and the year and end of year contract balances. | |
| | 209) | | ership engage in any bartering activity during the year? ide a schedule of all such activities. | |
| 800) | DED | UCTIONS | | |
| | 301) | capital determ | ny payments to partners during the year for services or for the use of nined without regard to income? | |
| | Pa | rtner | Description | Amount |
| | | | | |
| | | | | |
| | | | | |
| | 302) | inventory and > If yes, progeneral and a associated wi | form Capitalization Rules under § 263A related to items such as a construction apply? vide copies of all schedules reflecting the calculation of the amount of dministrative expenses required to be capitalized in ending inventory or th self-constructed assets. ership make political contributions during the tax year? hich account(s) were the contributions posted? | |
| | 304) | | r any expenses to influence legislation (lobbying)? hich account(s) were the contributions posted? | |
| | 305) | | ership make charitable contributions during the tax year? hich account(s) were the contributions posted? | |
| | | | u need to have written acknowledgment from the charity to which nations of \$250 or more were made during the year. | |

| 306) | Did the partnership pay life insurance premiums (other than group term life) for any partner(s)? | |
|------|---|-------------|
| | > If yes, provide the following for each policy: | |
| | Face amount Insured Policy owner Beneficiary Type of policy Premium paid Cash surrender value at year end Loan balance at year end Interest paid on policy loan | |
| | To which general ledger accounts have the payments been posted? | |
| | | |
| 307) | Did the partnership pay any penalties/fines during the tax year? > If yes, list amount(s) and indicate the reason for the penalty/fine. | |
| | Description | Amount |
| | | |
| | | |
| | | |
| 308) | Did the partnership acquire any assets during the tax year? > If yes, provide a copy of the purchase invoice. Include any trade-in information. | |
| 309) | Did any partners contribute any assets to the partnership during the year? > If yes, provide a schedule of such assets received including date placed in service and partner's basis in such assets and fair market value of such asset. | |
| 310) | Does the partnership wish to use accelerated depreciation methods? | |
| | Does the partnership wish to use first year § 179 depreciation? | |
| 311) | Does the partnership own or lease any vehicles? | |
| | > If yes, provide the following information for each vehicle: | |
| | Vehicle description Date placed in service Business miles Commuting miles Other personal miles Total miles Average daily round trip commuting distance | |
| | .1) Does the partnership have evidence to support the claimed business use? If yes, is the evidence written? | |
| | .2) Were the vehicles available for personal use during off-duty hours? | |
| | .3) Were the vehicles used primarily by a more than 5% owner or related person? | |

| | .4) | Is another vehicle available for personal use? | | | - |
|------|---|--|------------------------|-------------------|------------------|
| | .5) Provide a copy of the lease for any leased vehicles. If not available, provide the following: | | | | |
| | | Date of lease Fair market value at inception Term of lease Lease payments | | | |
| 312) | Reg | garding partnership policy for vehicles: | | | |
| | .1) | Does the partnership maintain a written policy stateme personal use of vehicles, <u>including</u> commuting, by employe | | s all | |
| | .2) | Does the partnership maintain a written policy statement thuse of vehicles, <u>excluding</u> commuting, by employees? | nat prohibits pers | onal | |
| | .3) | Does the partnership treat all use of vehicles by employees | as personal use? | | - |
| | .4) | Does the partnership provide more than five vehicles to e the information received from employees concerning the us | | etain —— | |
| | .5) | Does the partnership require or maintain copies of vehicle le | ogs? | | |
| | | | | | |
| 313) | | e computers, cellular phones or other property used for person f yes, complete the following: | nal purposes? | | |
| 313) | | | Date Placed in Service | Business Use % | Cost or Basis |
| 313) | | f yes, complete the following: | Date Placed | | |
| 313) | | f yes, complete the following: | Date Placed | | |
| 313) | | f yes, complete the following: | Date Placed | | |
| 313) | | f yes, complete the following: | Date Placed | | |
| 313) | > If | f yes, complete the following: | Date Placed in Service | | |
| 313) | .1) | Description | Date Placed in Service | | |
| 313) | .1) .2) | Description Description Does the partnership have evidence to support the business | Date Placed in Service | | |

| | 316) | 16) Will all compensation related accruals (including vacation pay) be paid within 2½ months of year-end? > If no, provide details of unpaid amounts. | | | | | |
|------|--|--|----------------------|---|----------------------------------|---------------------|--|
| | 317) Were there any accruals of interest, compensation or other expenses to partners at year-end? > If yes, provide detail. | | | | | | |
| | Provide copies of certification for members of target groups and associated wages paid that qualify for the Work Opportunities Credit. | | | | | | |
| | 319) | Provide the following | ng information for a | ll items of interest ex | xpense: | | |
| | | Payee | Purpose Of Loan | Recourse/ Non-Recourse | Year End Principal Balance | Interest Expense | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 400) | ACC | COUNTING INFOR | RMATION | | | | |
| | 401) | Provide copy of Bal | ance Sheet, Income | Statement, and Cash | r Flow Statement. | | |
| | 402) | Provide copy of Tri | al Balance and year- | to-date General Led | ger. | | |
| | 403) | | | eneral ledger accour on of each new acco | nts during the tax year ount. | ?> | |
| | | | | | | | |

| 500) | YEAR-END ACCOUNTING CHECKLIST | ъ. с | N. C. | D 1 1. |
|------|--|-------------|-----------------|---------------|
| DD | D HAZED LOED LE L | Refer: | Notes, Comments | Done by, date |
| PR | Payroll YTD by QTR by Employee | | | , |
| | Forms 941 & TWC quarterly tax returns | | | , |
| | Forms 940, 940EZ tax returns | | | , |
| | Forms W/3 & W/2's | | | |
| AR | Annual Recurring/Reversing Invoices | | | , |
| | Reconciliation of AR detail to GL | | | , |
| | Year-end aged AR, summary / detail | | | , |
| | Customer 1099 Information | | | , |
| | Confirmations | | | , |
| AP | Annual Recurring/Reversing Invoices | | | , |
| | Reconciliation of AP detail to GL | | | , |
| | Year-end aged AP, summary / detail | | | |
| | Vendor 1099 Information | | | , • |
| | Form 1096 and 1099's | | | |
| | Confirmations | | | , |
| | | | | |
| IC | Reconcile PO's to AP to Receivers | | | , |
| | Year-end Inventory, summary / detail | | · | , |
| | Physical Inventory, I/O consignment | | | , |
| | Reconciliation of PI detail to GL | | | , |
| | Confirmations | | | |
| JC | WIP Report for all jobs | | | , |
| | Reconciliation of WIP detail to GL | | | , |
| | YTD Charges and Billings Report | | | , |
| | Completed Contract, % Completion | | | , |
| 0.5 | 0 100 | | | |
| OE | Quote and SO status report | | | , |
| | Inventory Detail Report | | | , |
| | Reconcile Quotes to SO's to AR | | | |
| GL | Financial Statements: BS, IS, CF | | | , |
| | Trial Balance, summary / detail | | | , |
| | YTD detail GL print out for all GL Accts | | | , |
| | Bank Reconciliation(s) – December | | | , |
| | Bank Confirmation(s) | | | , |
| | YTD asset purchase/disposition | | | , |
| | Loan amortization schedule(s) | | | , |
| | Lease/rental contracts | | | , |
| | Insurance policies | | | , |
| | YTD investment purchase/disposition | | | , |
| | YTD owner/SH loans and repayments | | | , |

Additional Information

| Please furnish any additional information or supporting details not provided elsewhere in this tax organizer. | | | | |
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