

Dear Valued Client,

This Tax Organizer is designed to help you gather the tax information needed for Anderson to prepare your tax return for 2023. Please fill the tax organizer to the best of your ability. Enter all 2023 information for which you do not have official documentation.

Note: To ensure your privacy, please do not submit your Tax Organizer or supporting documents via email.

Complete the Tax Organizer

- Enter all 2023 information. If any information does not apply to you or is incorrect, please draw a line through it or make necessary changes.

Gather your supporting documents and make copies

- See the list below for examples.
- Send the copies with your completed organizer and keep the originals.

Submit the Tax Organizer and any supporting documentation:

- Step 1: Upload to the viewable client docs folder in your Box account <https://andersonadvisors.app.box.com/>
- Step 2: Email taxcoordinators@andersonadvisors.com to let us know you have uploaded the organizer.

The following are examples of supporting documentation:

- Financial statements including but not limited to Profit & Loss statement, a Balance Sheet, and General Ledger Detail Report.
- Annual Payroll Reports & Quarterly Employment Tax Forms (Form W-3, W-2, Form 940, Form 941, and State Unemployment Forms)
- Copies of all Forms 1099, 1099-B, Schedule K-1 received by the corporation.
- Copies of all Forms 1099s issued by the Corporation.
- Brokerage statements showing investment transactions for sale of stocks, bonds, mutual funds and other securities.
- Year-end bank account and credit card statements.
- Copies of Form(s) 1099-S & closing statements HUD-1 for all purchases, sales, and refinancing of real property
- Depreciation schedules, if applicable.
- Any tax notices sent to you by the IRS or other taxing authority
- A copy of your Corporate tax return from last year, if not prepared by Anderson.

FEE SCHEDULE FOR TAX RETURNS PREPARED IN 2023

Tax returns are billed by the hour for their preparation and review. Billable rates are:

- Tax Preparer \$275/hour
- Tax Reviewer \$475/hour

The minimum fee for a tax return is \$900. Starting in 2023, you must be a Tax Advantage Program client or on an annual flat rate fee to have the Anderson tax department prepare your return(s). Since our preparation fees are based upon the amount of time required to prepare your tax return, your fee may exceed the minimums. This does not apply to clients who have established flat rates for tax preparation. Anderson prepares tax returns on a first-in, first-out basis. That is, they are prepared in the order they are received. We do work with affiliated CPA firms to complete returns and reviews, so if you are facing an urgent timeline, we may be able to expedite return preparation and review through an affiliate. Please contact your Client Tax Coordinator to discuss your specific situation.

Flat Rate and Tax Advantage clients will be able to submit their tax organizers starting January 15th.

In order to make the filing deadline for your 2023 income tax return, your completed organizer and backup documents should be received by our office no later than the Anderson deadline to receive materials date listed on the Due Date Calendar attached to avoid any expedite fees. Any information received after that date may require an extension to be filed for your return. Based on the complexity of your return, an extension may still need to be filed. Anderson will file your extension when necessary. An extension provides additional time to file but does not provide additional time to pay any tax that may be due. You are responsible for paying any tax due to the IRS by the due date in order to avoid certain late penalties and interest even if an extension has been or will be filed.

Your Client Tax Coordinator is available to assist should you have any questions regarding the Tax Organizer, uploading information to Box, or the preparation process.

Contact us at 702-628-5236 or via email: taxcoordinators@andersonadvisors.com for more assistance.

Sincerely,

Anderson Advisors Tax Team

The IRS does not send out unsolicited e-mails nor make unsolicited phone calls requesting or demanding personal information or immediate payment. Such authentic looking e-mails are called "phishing" emails and responding may expose you to identity theft. If you receive such emails, forward a copy to the IRS at phishing@irs.gov. Please do not respond to the email. You may also contact our office regarding any written or electronic correspondence or phone calls that you receive from the IRS.

ENTITY TYPE	TAX YEAR END	TAX RETURN DUE	EXTENDED FILING DUE DATE (Extension must be filed prior to Tax Return Due Date listed in column to the left)	ANDERSON DEADLINE TO RECEIVE MATERIALS (Tax Organizers sent to Anderson after this date will incur an expedite fee)
Personal	December 31	April 15	October 15	Feb 15 / July 15 for Extension Deadline
Partnership	December 31	March 15	September 16	Feb 1 / July 1 for Extension Deadline
S-Corp	December 31	March 15	September 16	Feb 1 / July 1 for Extension Deadline
C-Corp	December 31	April 15	October 15	Feb 1 / July 15 for Extension Deadline
C-Corp	March 31	July 15	January 15	May 1 / Nov 1 for Extension Deadline
C-Corp	June 30	September 16	April 15	July 1 / Feb 1 for Extension Deadline
C-Corp	September 30	January 15	July 15	Nov 1 / May 1 for Extension Deadline

2023 Tax Organizer for Partnership For Traders 1065 Returns

Nevada

3225 McLeod Drive
Las Vegas, NV 89121
Fax: 702.664.0545

Washington

732 Broadway, Suite 201
Tacoma, WA 98402
Fax: 253.238.0003

Wyoming

1718 Capitol Avenue
Cheyenne, WY, 82001

800.706.4741

www.AndersonAdvisors.com

USE THIS ORGANIZER FOR LPS OR LLCs TAXED AS PARTNERSHIPS HOLDING TRADING ACCOUNTS

IMPORTANT

We are not able to complete your tax return until we have received the completed Tax Organizer and all required documentation, including but not limited to the Client Statement, and payment information.

Anderson Business Advisors

3225 McLeod Drive, Suite 100

Las Vegas, NV 89121

Toll Free: 800.706.4741

or Call our Tax Department direct: 702-628-5236

Fax: 702.664.0547

E-mail: taxcoordinators@andersonadvisors.com

Secure Online Upload Page: <https://andersonadvisors.com/upload-documents/>

Fax Cover Page

ATTENTION: TAX PREPARATION DEPARTMENT

To: Anderson Business Advisors: 702.664.0545

Attention:

From:

Date:

Total Number of Pages: (including cover page)

THIS FAX INCLUDES THE FOLLOWING (CHECK ALL THAT APPLY)

- Client Statement
- Engagement Objectives and Scope
- Organizer for (Entity Name:)
- Supporting Documents
- Other

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

CLIENT STATEMENT

Anderson Business Advisors' Tax Department will start accepting Tax Organizers to prepare 2023 tax returns starting January 15th, 2024. Please complete the Tax Organizer to the best of your ability.

Tax returns are prepared in the order received. In order to make the IRS filing deadline for your 2023 income tax return, your completed tax organizer and backup documents must be received by Anderson no later than the Anderson Deadline to Receive Materials date listed on the Tax Return Due Date Calendar provided with this organizer.

Returns with organizers and documents submitted after Anderson's deadline to receive materials and filed by the IRS deadline may be subject to expedite fee of \$300.

Anderson Business Advisors reserves the right to complete work domestically and globally through Anderson Global Group, affiliated CPA firms such as H&CO, LLP as well as other qualified professionals in order to timely complete tax preparation and review services.

If your Tax Organizer and documents are received 10 weeks prior to the tax deadline, we cannot guarantee the return will be timely filed. This may result in the need to file an extension, when possible.

An extension provides an additional time to file but does NOT provide an additional time to pay any tax that may be due. You are responsible for paying any tax liabilities due to the IRS and other taxing authorities (if applicable) BY the original due date of the return in order to avoid certain late penalties and interest even if an extension has been filed or will be filed.

The scope of work in connection with the preparation of your ("the Client") federal and state 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 opinion 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.

You and/or your duly appointed representative agree not to hold Anderson Business Advisors ("Anderson"), its representative, or its affiliated firms 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 does not disclose any irregularities or provide statements as 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 by the IRS or other taxing authority, contact Anderson. We can respond or represent your position to the taxing authority; however, there may be a fee for this service. You may appeal any adjustments proposed by a taxing authority.

Please review your 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. You remain liable for the contents of your tax returns prepared by Anderson from the data you provide.

All tax return preparation fees must be paid before the tax return can be electronically submitted to the taxing authority. Once payment is received and the proper forms are signed authorizing Anderson to electronically file the tax return, Anderson will then electronically file the tax return.

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

Signature:

Name on Credit Card:

Last 4 digits of Credit Card being used (if Tax Package is not used):

If you wish to use a credit card that is not on file with Anderson, please contact your Client Tax Coordinator.

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

ENGAGEMENT OBJECTIVES AND SCOPE

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 2023 federal and requested state income tax returns from information that you furnish us. We do 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 assists 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 Business Advisors Tax Team

Accepted By (Print Name):

Signature:

Date:

PRIVACY POLICY

Certified Public Accountants (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, our affiliated CPA firms we utilize to assist in the completion and/or review of tax returns and, in limited circumstances, 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.

Please fill in all information- If Partner/Member is an individual, use Social Security Number. If Partner/Member is an entity, use EIN number.

CLIENT NAME

First Name and Initial:		Last Name:	
Name of Partnership:		Employer ID Number EIN:	Signing Partner Title:
Street Address of Business:		City:	State: Zip:
Daytime Work Number:	Cellphone:	Email:	

Does your Entity have a year end-other than Dec? _____

YES	NO

If Yes, When? _____

ENTITY INFORMATION

Is this the Partnership first return? _____

YES	NO

Is this the final tax return? _____

If Yes, what is the Dissolution date? _____

State of Formation:	State ID Number:	State Tax Number:	
What date was the Partnership or LLC formed?:	What is the principal business?:		
What is the main product service?:	City:	State:	Zip:
Webfile Number (TX Only):	SOS Number (CA Only):	Are you registered to do business in other states (If yes, list the states): _____	

Accounting Method? Choose one _____

CASH	ACCRUAL	OTHER

At any time during the year, did the entity have an interest in or signature authority over a financial account in a foreign country? _____

YES	NO

Are all partners/members actively participating in this business? _____

--	--

Are any of the members claiming Real Estate Professional Status from the real estate activities being reported in this Partnership? _____

--	--

If yes, did those members spend a majority of their working hours and at least 750 hours of service in qualified activities in Real Estate?

YES	NO

Are the documented in writing? _____

--	--

Do you have a Corporation that owns an interest in this entity 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? _____

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Is the Partnership publicly traded? _____

--	--

Please fill in all information- If Partner/Member is an individual, use Social Security Number. If Partner/Member is an entity, use EIN number

Please provide the following details for any ownership changes: 1. Date of Change 2. Partners involved 3. Number of shares sold/bought

A) Partner/Member Information:		First Name & Last Name:	
Social Security Number:	Partner Mailing Address:		
City:	State:	Zip:	
% of shares owned, beginning of the year:	% shares owned, end of the year:	Date the share ownership change (if applicable):	

If Partnership- General or Limited Partner? Active Participation Passive Participation

Guaranteed payment,	
Health insurance premium paid	
Capital contribution from the Partner	
Distribution to the partner	
Partner loan to the partnership	
Loans repaid by partnership to partner	

B) Partner/Member Information:		First Name & Last Name:	
Social Security Number:	Partner Mailing Address:		
City:	State:	Zip:	
% of shares owned, beginning of the year:	% shares owned, end of the year:	Date the share ownership change (if applicable):	

If Partnership- General or Limited Partner? Active Participation Passive Participation

Guaranteed payment,	
Health insurance premium paid	
Capital contribution from the Partner	
Distribution to the partner	
Partner loan to the partnership	
Loans repaid by partnership to partner	

C) Partner/Member Information: First Name & Last Name:

Social Security Number: Partner Mailing Address:

City: State: Zip:

% of shares owned, beginning of the year: % shares owned, end of the year: Date the share ownership change (if applicable):

If Partnership- General or Limited Partner? Active Participation Passive Participation

Guaranteed payment,	
Health insurance premium paid	
Capital contribution from the Partner	
Distribution to the partner	
Partner loan to the partnership	
Loans repaid by partnership to partner	

D) Partner/Member Information: First Name & Last Name:

Social Security Number: Partner Mailing Address:

City: State: Zip:

% of shares owned, beginning of the year: % shares owned, end of the year: Date the share ownership change (if applicable):

If Partnership- General or Limited Partner? Active Participation Passive Participation

Guaranteed payment,	
Health insurance premium paid	
Capital contribution from the Partner	
Distribution to the partner	
Partner loan to the partnership	
Loans repaid by partnership to partner	

E) Partner/Member Information: First Name & Last Name:

Social Security Number: Partner Mailing Address:

City: State: Zip:

% of shares owned, beginning of the year: % shares owned, end of the year: Date the share ownership change (if applicable):

If Partnership- General or Limited Partner? Active Participation Passive Participation

Guaranteed payment,	
Health insurance premium paid	
Capital contribution from the Partner	
Distribution to the partner	
Partner loan to the partnership	
Loans repaid by partnership to partner	

F) Partner/Member Information: First Name & Last Name:

Social Security Number: Partner Mailing Address:

City: State: Zip:

% of shares owned, beginning of the year: % shares owned, end of the year: Date the share ownership change (if applicable):

If Partnership- General or Limited Partner? Active Participation Passive Participation

Guaranteed payment,	
Health insurance premium paid	
Capital contribution from the Partner	
Distribution to the partner	
Partner loan to the partnership	
Loans repaid by partnership to partner	

Do you have more Partners/Members? _____

Were there any changes in ownership during the year? _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If you are providing a Balance Sheet and Profit and Loss Statement, skip the next few sections.

BALANCE SHEET

ASSETS	2023 Amount
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	

LIABILITIES AND CAPITAL	2023 Amount
Accounts Payable	
Mortgages and Notes Payable in Less Than 1 Year (accrual basis only)	
Other current liabilities (attach statement)	
Mortgages, Notes Payable in 1 Year or More	
All Non-recourse Loans	
Other Liabilities (Attach Statement)	
Common Stock	
Additional Paid in Capital	
Total Liabilities and Capital	

PROFIT & LOSS

INCOME	2023 Amount
Business Income	
Interest Received (Enclose all 1099-INT Forms)	
Dividends Received (Enclose all 1099-DIV Forms)	
Capital gain/loss from stock, bonds, or other securities (include all 1099-B Forms)	
Not including costs and fees prior to the beginning of operations	
Bank Charges	
Office Supplies (Including Printing & Copies)	
Business Licenses	
Legal and Professional Services	
Management Fees	
Guaranteed Payments to Partners	
Other	
Other	

Did the Partnership make payments to foreign person(s) or business? _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Did you make any payments in 2023 that would require you to file Form(s) 1099? _____

<input type="checkbox"/>	<input type="checkbox"/>
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If Yes, did you or will you file required form(s) 1099?

Is the brokerage account in the name of this partnership/LLC? _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If No, skip this section

PLEASE INCLUDE THE ENTIRE FORM 1099-B FURNISHED FROM YOUR BROKERS ALONG WITH A GAIN/LOSS ACTIVITY REPORT IN EXCEL FORMAT.

Brokerage Name	Last 4 of Account Number

Do you have anymore sales? _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain and provide supporting documents.

Total Options Purchased in 2023	Total Options Sold in 2023	Net Capital Loss Carryover from prior Year:

Provide any financial statements, general ledger, previous year's tax return, gain/loss activity reports in excel and 1099-B statements.

ADDITIONAL INFORMATION OR COMMENTS?