Fields Accounting & Tax LLC

127 East Racine Street
Jefferson, WI 53549
clay@fieldstax.com
Phone: (920)895-1040 | Fax: (855)465-8690

January 16, 2025

:

Income tax time is just around the corner! The enclosed packet has been provided to assist in gathering information to prepare the partnership's 2024 tax return. Review the entire packet and answer any questions that apply.

Schedules K-2 and K-3 have replaced prior items on Schedules K and K-1 regarding certain international codes. These schedules are designed to provide greater clarity for partners on how to compute their U.S. income tax liability with respect to items of international tax relevance, including claiming deductions and credits. Consider obtaining signed copies of Form W-8 or W-9 from each partner to determine whether the partnership has a foreign partner. Retain these copies for future reference.

Once the tax information is ready for 2024, call to make an appointment. Bring this packet and all supporting documents to your tax-preparation appointment. We appreciate your trust in our business and look forward to working with you. Contact the office at (920)895-1040 if you have any questions, need additional information, or need to review the partnership's current situation or plan for any year-end changes.

Sincerely,

Clayton Fields
Fields Accounting & Tax LLC

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January 16, 2025

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

* Interviews regarding your tax situation

* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (920)895-1040.

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January 16, 2025

Subject: Preparation of 2024 Tax Returns

:

Thank you for choosing Fields Accounting & Tax LLC to assist with the 2024 taxes for . This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare 2024 federal and state income tax returns for . We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of , the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters representative should review all tax-return documents carefully before signing them. Our engagement to prepare the 2024 tax returns will conclude with the delivery of the completed returns to management, or with e-filed returns, with the tax matters representative's signature and our subsequent submittal of the tax return.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at (920)895-1040.

Sincerely,

Clayton Fields
Fields Accounting & Tax LLC

Accepted By:

____
Tax matters representative

____
Date

Checklist

Partnership Name: EIN:

Checklist

This checklist is provided to help you gather necessary information to prepare your 2024 partnership tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2023 tax year.

Accounting and Payroll Information

- [ ] Federal, state, and local tax returns for the prior two years
- [ ] General ledger
- [ ] Balance sheet
- [ ] Profit and loss statement by activity
- [ ] Guaranteed payments to partners
- [ ] Payroll reports showing employee gross wages and employer taxes paid for the year
- [ ] Copy of partnership agreement (if available)
- [ ] Copy of Forms 1096, 1099, W-2, and W-3 filed by the partnership

Other Income and Revenue

- [ ] Documentation of brokerage transactions and disposition of capital assets (Form 1099-B)
- [ ] Credit card, debit card, and third-party network transactions (Form 1099-K)
- [ ] Miscellaneous income (Form 1099-MISC)
- [ ] Nonemployee compensation (Form 1099-NEC)
- [ ] Gambling income (Form W2-G)
- [ ] Income from partnerships, estates, and trusts (Schedule K-1)
- [ ] Farm income (Schedule F)

Fixed Asset Information

- [ ] Supporting depreciation schedule for the prior two years
- [ ] Assets purchased or newly placed in service (provide description, date acquired, purchase price, and any trade-in allowance)
- [ ] Assets disposed of during the year (provide description, date of disposition, sales proceeds, and any trade-in allowances)
- [ ] Lease agreements the partnership entered into during the year

Other Information

- [ ] Documentation for any loans acquired during the year
- [ ] Loans to and from partners
- [ ] Ownership changes (provide dates of changes and percentages received or given up for each partner)
- [ ] Tax-exempt interest or other tax-exempt income
- [ ] Interest and dividend income
- [ ] Charitable contributions
- [ ] Other income or deductions not included above

Questionnaire

Partnership Name: EIN:

Questionnaire

General Information

Yes	No	
☐	☐	Did the partnership have a change of address during the tax year?
☐	☐	Did the partnership have a change of name during the tax year?
☐	☐	Did the partnership have a change of responsible party during the tax year?
☐	☐	Did any foreign or domestic corporation, partnership, trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership at the end of the tax year?
☐	☐	Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership at the end of the tax year?
☐	☐	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 corporations?
☐	☐	Is the partnership a publicly traded partnership?
☐	☐	Did the partnership have any debt that was cancelled, forgiven, or had terms modified so as to reduce the principal amount of debt?
☐	☐	Has the partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transactions?
☐	☐	Is the partnership making, or has it previously elected to step-up the basis of any assets in connection with the death of a partner or a change in ownership?
☐	☐	Did the partnership elect an optional basis adjustment?
☐	☐	Is the partnership required to adjust the basis of assets because of substantial built-in loss or substantial basis reduction?
☐	☐	Did the partnership distribute any property received in a like-kind exchange or contributed to another entity during the current or prior tax year?
☐	☐	Did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?
☐	☐	Does the partnership have any foreign partners?
☐	☐	Did the partnership make any payments during the tax year that would require it to file Forms 1099?
		Yes No
		☐ ☐ If "Yes," did or will the partnership file all required Forms 1099?
☐	☐	Did the partnership make any payments to any foreign persons that would require the partnership to file Forms 1042 and 1042-S (Annual Withholding Tax Returns)?
☐	☐	Is the partnership a specified domestic entity required to file Form 8938?
☐	☐	Is the partnership a section 721(c) partnership?
☐	☐	Did the partnership pay or accrue any interest or royalty for which the deduction is not allowed during the tax year?
		If "Yes," enter the total amount of the disallowed deductions. ______________________________
☐	☐	Did the partnership have an election in effect for any real property trade or business or any farming business during the year?
☐	☐	Does the partnership satisfy one or more of the following?
		(a) The partnership owns a pass-through entity with current, or prior-year carryover, excess business interest expense.
		(b) The partnership's aggregate average annual gross receipts exceed $30 million, and the partnership has business interest.
		(c) The partnership is a tax shelter and has business interest expense.
☐	☐	Does the partnership certify as a Qualified Opportunity Fund (QOF)?
☐	☐	Were there any transfers, at any time during the tax year, between the partnership and its partners subject to disclosure requirements?
☐	☐	Was the partnership owned more than 50%, directly or indirectly, by a foreign corporation?
☐	☐	Did the partnership pay excise tax on the repurchase of corporate stock?
☐	☐	Did the partnership receive a Paycheck Protection Program (PPP) loan related to COVID-19?
		If "Yes," was any portion of the loan forgiven during the current tax year?

Questionnaire

Partnership Name: EIN:

Questionnaire

☐ ☐ Did the partnership receive a cash payment or digital asset of more than $10,000 in one transaction or two or more related transactions during the tax year?

Yes No

☐ ☐ If "Yes," was Form 8300, Report of Cash Payments over $10,000 Received in Trade or Business, filed?

☐ ☐ Did the partnership pay any elective passthrough entity tax during the year?

☐ ☐ Has there been a change in the designated partnership representative?

☐ ☐ Is the partnership electing out of the centralized partnership audit regime?

Yes No

☐ ☐ If "Yes," were any of the partnership's partners an S corporation?

If "Yes," provide the shareholder's name, ID number, and type of shareholder.

Income, Purchases, and Sales

Yes No

☐ ☐ Did the partnership sell any business assets or property during the tax year?

If "Yes," provide the amount of proceeds from the sales, the date it was sold, and any costs associated with the sale.

☐ ☐ Did the partnership purchase any business assets during the tax year?

If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.

☐ ☐ Did the partnership purchase any gasoline, diesel, or specific fuels for off-road business use?

☐ ☐ Did the partnership buy or sell any stocks, bonds, or other investments during the year?

☐ ☐ Did the partnership own securities or loans that became worthless or uncollectible during the tax year?

If "Yes," provide details.

☐ ☐ Did the partnership purchase a new clean vehicle (electric vehicle, plug-in hybrid, fuel-cell vehicle, qualified commercial clean vehicle) during the year?

If "Yes," provide the report the dealer or seller is required to provide to you and the vehicle identification number (VIN).

☐ ☐ Did the partnership receive any other income that has not been provided with this organizer?

If "Yes," explain. ____

Cost of Goods Sold

Yes No

☐ ☐ Did the partnership have a change in the method of accounting for determining quantities, cost, or valuation between opening and closing inventory?

If "Yes," provide details.

☐ ☐ Did the partnership have inventory that was not able to be sold at normal prices due to damage, imperfection, shop wear, etc.?

Foreign Tax Information

Yes No

☐ ☐ Did the partnership have a financial interest in or signature authority over a financial account or asset located in a foreign country?

If "Yes," what country‘ ____

☐ ☐ Did the partnership receive a distribution from, or was it a grantor of, or transfer to, a foreign trust?

☐ ☐ Did the aggregate value of the partnership's foreign account exceed $10,000 at any time during the tax year?

☐ ☐ Did the partnership have income from, or pay taxes to, a foreign country?

☐ ☐ Did the partnership have ownership in a foreign corporation?

☐ ☐ Did the partnership own property in a foreign country?

☐ ☐ Did the partnership receive a Schedule K-3 from another partnership or S corporation?

Miscellaneous Information

Yes No

Questionnaire

Partnership Name: EIN:

Questionnaire

- ☐ ☐ Did the partnership, at any time during the tax year, (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)?
- ☐ ☐ Did the partnership make any purchases subject to use tax during the tax year?
  If "Yes," provide use tax returns filed in any state and the detail of any unpaid use tax.
- ☐ ☐ Did the partnership incur a gain or loss due to damaged or stolen property?
  If "Yes," provide the incident date, value of property, and amount of insurance reimbursements. If the incident was attributed to a federally declared disaster, also include the declaration number assigned by FEMA.
- ☐ ☐ Did the partnership pay health insurance premiums for its employees during the tax year?
- ☐ ☐ Did the partnership participate in a cost segregation study during the tax year?
- ☐ ☐ Did the partnership perform any research and development study or participate in any research and development activities during the tax year?
  If "Yes," provide details.
- ☐ ☐ Did the partnership own interest or share in or dispose of a Qualified Opportunity Fund (QOF) during the tax year?
- ☐ ☐ Did the partnership receive any notices from the IRS or state taxing authority?
  If "Yes," explain. ____
- ☐ ☐ May the IRS discuss the partnership's tax return with the preparer?
- ☐ ☐ Would the partnership like a copy of the tax return sent electronically instead of receiving a printed copy?

2024 Tax Organizer for Partnerships
Business Information

Partnership Information

Partnership's legal name		EIN	
Doing business as name			
In care of name			
Street address, city, state, and ZIP			
Email			
Phone number		Cell number	
Fax number		Date business started	

Yes No

☐ ☐ Does the partnership file under a calendar year?

If "No," what is the begin date? ________ End date? ________

☐ ☐ Did the partnership conduct business activities in any state other than the resident state?

If "Yes," what states? ________

☐ ☐ Is this the partnership's final year in business?

What accounting method does the partnership use?

☐ Cash ☐ Accrual Other (describe) ________

What is the partnership's principal business activity? ________

What product or service does the partnership produce? ________

Number of partners at any given time during the year? ________

What type of entity is the partnership filing as?

☐ Domestic general partnership ☐ Domestic limited partnership
☐ Domestic LLC ☐ Domestic limited liability partnership
☐ Foreign partnership ☐ Other (describe) ________

Partnership Representative or Designated Individual (if the representative is an entity)

Representative name			
Street address, city, state, and ZIP			
Phone number		Email	

Estimates

	Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2023				
First quarter				
Second quarter				
Third quarter				
Fourth quarter				
Additional payments				

Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account: Checking	Type of Account: Savings	Use This Account for: Deposit	Use This Account for: Withdrawal
			☐	☐	☐	☐
			☐	☐	☐	☐

Partner Information

Partnership Name: EIN:

Partner Name Address City, State, and ZIP	ID Number	Type of Partner Information If the partner is a disregarded entity provide the partner's TIN and name					Beginning of Year Ownership Percentage		
		General	Limited	Domestic	Foreign	Type	Profit	Loss	Capital
		☐	☐	☐	☐				
		☐	☐	☐	☐				
		☐	☐	☐	☐				
		☐	☐	☐	☐				
		☐	☐	☐	☐				
		☐	☐	☐	☐				
		☐	☐	☐	☐				
		☐	☐	☐	☐				
		☐	☐	☐	☐				
		☐	☐	☐	☐				
		☐	☐	☐	☐				
		☐	☐	☐	☐				

Partner's Capital Account Information

Partnership Name: EIN:

Partner Name	Beginning Capital	Gain on Contributed Property	Cash Contributed	Adjusted Basis of Property

Change In Ownership Information

Partnership Name: EIN:

			Ownership Percentage Acquired or Given Up (Enter amount given up as a negative number)		
Partner Name	ID Number	Date of Change	Profit	Loss	Capital

Rental Real Estate

Partnership Name: EIN:

General Property Information

Select the property type

- ☐ Single family residence
- ☐ Multi-family residence
- ☐ Vacation
- ☐ Commercial
- ☐ Land
- ☐ Royalties
- ☐ Self-rental
- ☐ Other

Description of property if the property type is "Other" ____________________

Address of property ____________________

City ____________________ State __________ ZIP ______________

Foreign province ____________________ Country ________ Postal code ______________

Number of days property was rented ______________ Number of days property was used for personal use ______________

- ☐ This property was placed in service during tax year 2024.
- ☐ This property was disposed of during tax year 2024.

Income and Expenses

	2024
Gross rental or royalty income	
Advertising	
Auto and travel	
Cleaning and maintenance	
Commissions	
Insurance	
Legal and other professional fees	
Interest	
Repairs	
Taxes	
Utilities	
Wages and salaries	
Guaranteed payments for services	
Guaranteed payments for capital	
Health insurance payments	
Meals and entertainment	
Other expenses (list)	

Rental Other Than Real Estate

Partnership Name: EIN:

General Property Information

Description of property ______________________________

Address of property ______________________________

City ____________________ State __________ ZIP ______________

- [ ] This property was placed in service during tax year 2024.
- [ ] This property was disposed of during tax year 2024.

Income and Expenses

	2024
Gross rental income	
Advertising	
Auto and travel	
Cleaning and maintenance	
Commissions	
Insurance	
Legal and other professional fees	
Interest	
Repairs	
Taxes	
Utilities	
Wages and salaries	
Guaranteed payments for services	
Guaranteed payments for capital	
Other expenses (list)	

Income or Loss from Investments in Fiduciaries and Partnerships

Partnership Name: EIN:

Schedule K-1 from Fiduciaries and Partnerships

Provide all copies of Schedule K-1 and attachments

Entity Name	EIN

Sale of Stock, Real Estate, or Other Property

Partnership Name: EIN:

Sale of Capital Assets (including assets not reported on Form 1099-B)

Provide all brokerage statements

Description of Property	Date Purchased	Date Sold	Sales Price	Cost

Installment Sale Income

Description of property

Date acquired Date sold

	2024	Prior Years
Selling price		
Mortgages assumed		
Cost of property sold		
Depreciation allowed		
Commissions and expense of sale		
Gross profit percentage		
Interest received		
Principal payments received		

Property was sold to a related party ☐

Auto Expense

Partnership Name: EIN:

Auto Expense

Name of activity vehicle is used for ____________________

Description of vehicle ____________________

Date vehicle was placed in service ____________

Yes	No	
☐	☐	Was this vehicle available for personal use during off-duty hours?
☐	☐	Was the vehicle used primarily by someone with more than 5% ownership or a related person?
☐	☐	Was another vehicle available for personal use?

Miles the vehicle was driven during 2024	2024 Amount	Miles the vehicle was driven in prior years	
Business		Business	
Commuting		Total	
Other			

Expenses	2024 Amount		2024 Amount
Garage rent		Repairs	
Gas		Tires	
Insurance		Tolls	
Licenses		Lease addback	
Oil		Other expenses	
Parking fees			
Rental fees			
Interest			
Property tax			

Asset Listing for 2024

Partnership Name: EIN:

Assets for:

Description of Property	Date Acquired	Cost / Basis	Date Disposed of	Sales Price	Expense of Sale