

Legacy Tax Solutions LLC

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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 (715)355-4446.

Sincerely,

Carl Van Setters
Legacy Tax Solutions LLC

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	
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- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did the partnership have a change of address during the tax year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the partnership have a change of name during the tax year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the partnership have a change of responsible party during the tax year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the partnership a publicly traded partnership? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the partnership have any debt that was cancelled, forgiven, or had terms modified so as to reduce the principal amount of debt? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transactions? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the partnership elect an optional basis adjustment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the partnership required to adjust the basis of assets because of substantial built-in loss or substantial basis reduction? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the partnership distribute any property received in a like-kind exchange or contributed to another entity during the current or prior tax year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the partnership have any foreign partners? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the partnership make any payments during the tax year that would require it to file Forms 1099? |
| | | Yes No |
| | <input type="checkbox"/> | <input type="checkbox"/> If "Yes," did or will the partnership file all required Forms 1099? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the partnership a specified domestic entity required to file Form 8938? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the partnership a section 721(c) partnership? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the partnership have an election in effect for any real property trade or business or any farming business during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the partnership certify as a Qualified Opportunity Fund (QOF)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any transfers, at any time during the tax year, between the partnership and its partners subject to disclosure requirements? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was the partnership owned more than 50%, directly or indirectly, by a foreign corporation? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the partnership pay excise tax on the repurchase of corporate stock? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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?

<input type="checkbox"/> Domestic general partnership	<input type="checkbox"/> Domestic limited partnership
<input type="checkbox"/> Domestic LLC	<input type="checkbox"/> Domestic limited liability partnership
<input type="checkbox"/> Foreign partnership	<input type="checkbox"/> 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		Use This Account for	
			Checking	Savings	Deposit	Withdrawal

Rental Real Estate

Partnership Name: _____

EIN: _____

General Property Information

Select the property type

Single family residence
 Land

Multi-family residence
 Royalties

Vacation
 Self-rental

Commercial
 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)

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
Business	_____
Commuting	_____
Other	_____

Miles the vehicle was driven in prior years	
Business	_____
Total	_____

Expenses	2024 Amount
Garage rent	_____
Gas	_____
Insurance	_____
Licenses	_____
Oil	_____
Parking fees	_____
Rental fees	_____
Interest	_____
Property tax	_____

	2024 Amount
Repairs	_____
Tires	_____
Tolls	_____
Lease addback	_____
Other expenses	_____

