



Dear client(s),

Once again tax season is here. As the year, has gone by Haven Truck & Fleet Accounting hopes that the year was good to you and yours. Once again, Haven Truck & Fleet Accounting is here to provide top notch services to our clients and help with all their tax, accounting, benefits and so much more needs and wants. We just want to thank you all again for choosing Haven Truck & Fleet Accounting as your service provider.

We do thank you for taking time out to fill out and sign our tax packet so that we can best suit your needs. Please if you have any questions call us right away, do not wait until the end of tax season to ask important questions that may affect the outcome of your taxes. Once this is completed you can submit the tax packet and any information you need to send to us by one of the following ways:

- Fax: 866-679-0064
- Email: [info@haventruck.com](mailto:info@haventruck.com)
- Mail: PO Box 431, Wausau, WI. 54402
- Physical address: 1803 Stewart Ave Ste. A, Wausau, WI. 54401

Also, feel free to contact us about benefit packages. Yes, that's right benefits. We can offer specialized benefits to those in the transportation industry. Don't hesitate and schedule your appointment time now to see what benefits we can help you get and how they can help improve your life!

We look forward to many years servicing you and yours.

An authorized IRS E-File Provider



1803 Stewart Ave Ste. A  
PO Box 431  
Wausau, WI. 54402  
P)715-524-1333 Ext. 101  
F) 866-679-0064



## 1065 Partnership General Information

Employer ID Number			
Legal Name of Entity			
In Care, Of			
DBA (Doing Business As)			
Address, Suite#			
City			
State, Zip, County			
Contact Phone Numbers			
Corporation Resident State			
State Where Articles of Incorporation are filed?			

Principal business activity	
Principle product of service	
Business start date	

Mark applicable boxes:	
Initial return	<input type="checkbox"/>
Final return	<input type="checkbox"/>
Amended return	<input type="checkbox"/>
Address change	<input type="checkbox"/>
Name change	<input type="checkbox"/>
Technical termination	<input type="checkbox"/>

Accounting year	Please mark one
Calendar year	<input type="checkbox"/>
Fiscal year beginning	<input type="checkbox"/>
Fiscal year ending	<input type="checkbox"/>
52-53-week year	<input type="checkbox"/>

Accounting method	Please Mark One
Cash	<input type="checkbox"/>
Accrual	<input type="checkbox"/>
Other	<input type="checkbox"/>

Principle contact	
Name	
Email address	
Work number	
Cell number	
Fax Number	



**Partner Information**

**Partner Number 1:**

Name	
ID Number	
Care of/FBO/DBA	
Address	
City, State, Zip	
Contact Number	
New Partner	
Final K1	
Amended K1	
<b><u>Type of Partner</u></b>	<b><u>Please mark the area that pertains to the partner</u></b>
General or LLC member-manager	
Limited or another LLC member	
Domestic partner	
Foreign partner	
Other	
Number of Shares you own	

**Partner Number 2:**

Name	
ID Number	
Care of/FBO/DBA	
Address	
City, State, Zip	
Contact Number	
New Partner	
Final K1	
Amended K1	
<b><u>Type of Partner</u></b>	<b><u>Please mark the area that pertains to the partner</u></b>
General or LLC member-manager	
Limited or another LLC member	
Domestic partner	
Foreign partner	
Other	
Number of Shares you own	



**Partner Number 3:**

Name	
ID Number	
Care of/FBO/DBA	
Address	
City, State, Zip	
Contact Number	
New Partner	
Final K1	
Amended K1	
<b><u>Type of Partner</u></b>	<b><u>Please mark the area that pertains to the partner</u></b>
General or LLC member-manager	
Limited or another LLC member	
Domestic partner	
Foreign partner	
Other	
Number of Shares you own	

**Partner Number 4:**

Name	
ID Number	
Care of/FBO/DBA	
Address	
City, State, Zip	
Contact Number	
New Partner	
Final K1	
Amended K1	
<b><u>Type of Partner</u></b>	<b><u>Please mark the area that pertains to the partner</u></b>
General or LLC member-manager	
Limited or another LLC member	
Domestic partner	
Foreign partner	
Other	
Number of Shares you own	

**(If this company has more than 4 partners please include the information on another copy)**



**Partner Ownership Change:**

<b>Date of ownership change</b>	
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Partners name	Partners SS#	Change in Profit %	Change in Loss %	Change in Capital %

**Is this company a holding company; please check one:**

Yes	
No	

**If you marked yes, please complete the following, and include all company K1's with your tax packet:**

**Company #1:**

Partnership EIN		Tax Shelter Registration #	
Partnership Name			
Address			
City, State, Zip			
Select from any of the following that may apply (if none apply please leave blank)			
The activity was disposed of during taxable year			
This is a publicity traded partnership			
This partner is a limited partner			
Foreign partnership			

**Company #2:**

Partnership EIN		Tax Shelter Registration #	
Partnership Name			
Address			
City, State, Zip			
Select from any of the following that may apply (if none apply please leave blank)			
The activity was disposed of during taxable year			
This is a publicity traded partnership			
This partner is a limited partner			
Foreign partnership			



**Company #3:**

Partnership EIN		Tax Shelter Registration #	
Partnership Name			
Address			
City, State, Zip			
Select from any of the following that may apply (if none apply please leave blank)			
The activity was disposed of during taxable year			
This is a publicity traded partnership			
This partner is a limited partner			
Foreign partnership			

**If the holding company has more than three partnerships, please print off extra pages to complete list**

**Income and Common Items:**

**Please only include information if it pertains to this company:**

Gross receipts or sales	
Returns and allowances	
Other Income	
Interest income on receivables	
Recoveries of bad debts deducted in earlier years	
Section 481 adjustments	
State tax refund (cash basis)	
Taxable income from insurance proceeds	
Other Income	
Other Income	
Other Income	
Other Income	
Other Income	

**Publicly Traded Partnership Electing 3.5% Tax (Please mark one):**

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



**Cost of Goods Sold:**

Not all companies will use or are required to use the "Cost of Goods Sold" method. If you are unsure if your company should or has been using this method. Please contact us before you complete this section.

**Please only state dollar amounts in the space available below:**

Inventory at beginning of year	
Purchase less cost of items withdrawn for personal use	
Cost of labor	
Additional section 263A costs	
Other cost	
Inventory at the end of year	

**Methods used for valuing inventory:**

There are two different ways of valuing your inventory FIFO "First in First Out" (Which is the most common way and LIFO "Last in First Out". If you are unsure if this pertains to your company or if you should be using any of the following information, please contact us.

**Please only mark one sections A, and only mark sections B, C & D if they pertain to your company**

A) Cost	<input type="checkbox"/>	Lower of cost or market	<input type="checkbox"/>	Other	<input type="checkbox"/>
B) Write down of subnormal goods	<input type="checkbox"/>		<input type="checkbox"/>		
C) LIFO (Last in first out) was adopted this tax year	<input type="checkbox"/>				
D) If LIFO was used, Enter amount of closing at end of year	<input type="checkbox"/>		<input type="checkbox"/>		
E) Do the rules of section 263A apply to this partnership?	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
F) Was there any change in determining inventories'?	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain:					







**Business Expenses:**

**All entries must be in a numerical form:**

Accounting		Meetings	
Advertising		Miscellaneous	
Auto/Truck Expense		Office expense	
Bad debts		Outside services/contractors	
Bank charges		Parking fees and tolls	
Cash short/over		Payroll process expenses	
Cell phone(s)		Permits and fees	
Clean fuel deductions		Postage/shipping	
Commissions		Printing	
Computer		Recruiting	
Consulting		Rents	
Credit and collection costs		Repairs and maintenance	
Delivery		Retirement plans	
Depreciation claimed elsewhere on return		Salaries and wages (not including partners)	
Dues and subscriptions		Sales	
Education and training		Security	
Employee benefit programs		Software	
Equipment rental/lease		Supplies	
Freight		Telephone/internet	
Fuel		Tools	
Guaranteed payments to partners		Travel	
Partners health insurance		Uniforms	
Independent contractor		Utilities	
Janitorial		Waste removal	
Laundry and cleaning		Other	
Legal and professional		Other	
Marketing		Other	
Meals/entertainment 50%		Other	
Meals/entertainment 75%		Other	
**Meals/entertainment 100%		Refer gallons purchased (this is gallons only)	

\*\*Meals at 100% also include all meals and beverages bought by the company for the employees benefits also known as (welfare).



**Please List interest on all open loans here:**

**This DOES NOT INCLUDE any asset listed on the depreciation schedule:**

Interest	
Interest	
Interest	
Interest	
Interest	
Interest	
Total	

**Please list all insurance here, totals are fine:**

Insurance (Enter total if not using detail below)	
Building and equipment	
Liability	
Other insurance	
Workers' compensation	

**Taxes and Licenses:**

City income taxes	
City franchise tax	
Local property taxes	
Intangible property taxes	
Payroll taxes (state and federal total please)	
Foreign taxes paid	
IFTA-HUT taxes	
Other Miscellaneous taxes	
Licenses	



**Installment Sale Income:**

Final year of instalment sale	Yes		No	
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Description of property				
Date acquired				
Date sold				
Was the property sold to a related party after 5-14-1980?		Yes		No
If "Yes" to line3, was the property a marketable security?				
		Current Years	Prior Years	
Selling Price or % Rate		Interest		
Mortgages assumed		Principle		
Cost of property sold		Force total gain		
Depreciation allowed		Forced ordinary		
Commissions & Exp. of sale		Force capital gain		
Depreciation to recapture				

**Related party Sale Income:**

ID Number		Is this number an EIN	Yes		No	
Name						
Address						
City						
State, Zip						
Did the related party dispose of the asset during the year?		Yes		No		
If Yes, was the second disposition more than two years after the first disposition?						
Date						
Was the first disposition a sale of stock to the issuing company						
Did the second disposition occur after the death of the original seller or purchaser?						
Can the IRS be convinced of NO Tax Avoidance purpose?						
If Yes, explain:						
Selling price of property sold by related party						

**If Installment income happened to said company more than once during the tax year, please complete print and complete another form.**



**Capital Gain and Losses:**

Totals for all short-term transaction reported on form 1099-B for which basis was reported to the IRS, in which you have no adjustments	Proceeds (sales price)	Cost (Or other)

Totals for all long-term transaction reported on form 1099-B for which basis was reported to the IRS, in which you have no adjustments	Proceeds (sales price)	Cost (Or other)

	Gain or Loss	28%
Capital gain distributions - long-term		

**Sales and Other Dispositions of Capital Assets:**

Property type						
State						
Basis reported to the IRS						
Basis not reported to the IRS						
Transaction not reported on form 1099-B						
Description of property						
Date acquired		Date Sold/Disposed		Type of gain/loss	Short-term	
					Long-term	
Federal Tax withheld						
State name						
State ID number						
State tax withheld						

**If more than one Sale or Disposition of Capital Asset transpired; please complete this form.**



Dear client(s),

Once again Haven Truck & Fleet Accounting would like to thank you for your business. Please as a token of our appreciation, please do not forget we offer referrals for all new clients you send our way. Once the client has either signed up for annual services or paid for individual services, we will send you the referral fee.

Once again, the methods you can submit the tax packet and the information we need to complete your tax return(s), is listed below. Lastly please contact us if you have any questions.

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Anthony E Havelka-Chibici

*Anthony E. Havelka-Chibici*

Founder Partner and Co-Owner  
Haven Truck & Fleet Accounting

Bill Stadler

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