Partnership Tax Organizer

Use a separate organizer for each partnership

Partnership General Information										
Legal name of	of partnership				EIN					
Partnership address										
Partnership	nership Representative Title									
	Email Phone									
Check one:	Check one: General Partnership Limited Partnership Limited Liability Partnership (LLP)									
^	Principal business activity Date business started									
Principal pro	duct or service									
Yes No	1 2		· · ·	•	lize a profit?					
Yes No	1	1 1 7	1 P	ars?						
Accounting			ther (specify)							
	Does the partners		calendar year? (If	no, wha	t is the fiscal ye	ear?)				
-	Specific Question									
Yes No	Is there a written <i>partnership agreen</i>		eement? (<i>If this is</i>)	the first <u>t</u>	year of the part	nership's existen	ce, please prov	ide a ci	opy of the wr	itten
Yes No	Are all partners a	ctively participa	ting in the busine	ess?						
Yes No	Is any partner in		~ ~	· ·	rtnership, a tr	ust, an S corpor	ation, or an e	estate?		
Yes No	Is the partnership		<u> </u>							
Yes No	Did any foreign of indirectly 50% or					organization, in	dividual, or	estate	own directl	y or
Yes No	Did the partnersh of stock entitled t	nip own directly	20% or more, or c	wn dire	ectly or indired	ctly, 50% or mo	re of the total	votin	g power of a	all classes
Yes No	Did the partnersh of debt?	5	0	<u> </u>		ad the terms m	odified so as	to rec	luce princip	al amount
Yes No										
Yes No	Was there a distribution of property or a transfer (by sale or death) of a partnership interest during the tax year?									
Yes No	Does the partnership satisfy the following conditions?									
	• The partnership's total receipts for the tax year were less than \$250,000, and									
	The partnership's total assets at the end of the tax year were less than \$1 million. Did the partnership pay \$600 or more of nonemployee compensation to any individual?									
Yes No	If yes, include a c			yee con	pensation to	any individuals				
Principal Pa	artners Ownership									
	•	Tax ID number					Ownership	G	eneral or	U.S.
Name		(SSN or EIN)	Address				percentage	limit	ed partner*	citizen?
·										
*General par	tner. A general par	tner is a partner	who is personally	/ liable f	or partnership	p debts.				
	tner. A limited par		iability for partne	rship de	ebts is limited	to the amount of	of money or	other p	property cor	ntributed
or required to contribute to the partnership. Partners Other Transactions										
Partners Uti	ner Transactions	Commenter	TT1/1. :	Conital		Distributions	Deuture 1ee		T	11
Partner name		Guaranteed payments	Health insurance premiums paid	from pa	contributions artner	Distributions to partner	Partner loan the partners		Loans repaid partnership	
		1 5	, ,			1			1 1	
All Clients -	- Additional informat	tion and document	ts required		New Client	s – Additional in	formation and	l docun	nents require	d
					Date partnership formed					
of business hank accounts with onding each halance					<u> </u>	State partnership formed in				
	ership has employe			s,		pies of the part		ement	and any oth	ner
provide a c	opy of all Forms W-	-2, W-3, 940, 941,				organizational pies of deprecia		os for b	ook tax an	d AMT
	orms issued to worl		athallC		Provide co	pies of tax retui				
	ners live in a differe business may be s				returns (if	applicable).				

Partnership	Balance Sheet						
		ssets at year end			Partnership debts	and equity at year er	ıd
Bank account	t end of year balance	5	\$	Αссоι	ints payable at year end	1 5 5	\$
Accounts reco	eivable at end of year	•	\$	Payables less than one year			\$
Loans to part			\$	Payables more than one year			\$
A	nd loans held by parti	nership	\$		ecouse loans		\$
00	s, and securities	1	\$	Loans	from partners		\$
	t assets (include list)		\$	Partners capital accounts			\$
nventories			\$		1		
artnership	Income (include all F	orms 1099-K receive	ed)				
Gross receipts or sales			\$	Dividends income (include all 1099-DIV Forms)			\$
Returns and a	allowances		\$()	Capital gain/loss (include all 1099-B Forms)			\$
nterest incon	me (<i>include all 1099-I</i> N	IT Forms)	\$	Other income (loss) (<i>include a statement</i>)			\$
artnership	Cost of Goods Sold	(for manufacturers,	wholesalers, and bu	sinesse	s that make, buy, or sell goods	;)	
	beginning of the ye		\$	Materials and supplies			\$
urchases			\$	Inven	itory at the end of the year		\$
Cost of labor	[\$				
Partnership							
Advertising			\$	Mana	gement fees		\$
ad debts			\$	Meals – business			\$
ank charges			\$	Office supplies			\$
Business licenses			\$	Organization costs			\$
Commissions and fees			\$	Pension and profit sharing plans			\$
Contract labor			\$	Rent or lease – car, machinery, equipment			\$
Employee benefit programs			\$	Rent or lease – other business property			\$
Employee bealth care plans			\$		rs and maintenance	I may	\$
Entertainment			\$	Taxes – payroll			\$
Gifts			\$	Taxes – property			\$
Guaranteed payments to partners			\$	Taxes – sales			\$
Insurance (other than health insurance)			\$	Taxes – state			\$
Interest – mortgage			\$	Telephone			\$
Interest – oth			\$	Utilities			\$
nternet servi			\$	Wages			\$
Legal and professional services		\$	Other expense			\$	
~ *		for each vehicle)		I	1		
Car Expenses (use a separate form for each vehicle) Make/Model					Date car placed in service		
Yes No					I		
Yes No	Do you (or your spouse) have any other cars for personal use		l use?	Did you trade in your car this year? Yes N		No	
Yes No	Do you have evider				Cost of trade-in	Trade-in value	
Yes No Is your evidence written?					\$	\$	
Mileage				Actual Expenses			
Beginning of year odometer					Gas/oil	\$	
End of year odometer					Insurance	\$	
Business mileage					Parking fees/tolls	\$	
Commuting mileage					Registration/fees	\$	
Other mileage					Repairs	\$	
		tandard mileage r	ate or actual expens	ses to fi	gure the deductible costs of	operating your ca	r for husiness r

Generally, you can use either the standard mileage rate or actual expenses to figure the deductible costs of operating your car for business purposes. However, to use the standard mileage rate, it must be used in the first year the car is available for business. In later years, you can then choose between either the standard mileage rate method or actual expenses.

Equipment Purchases – Enter the following information for depreciable assets purchased that have a useful life greater than one year						
Asset	Date purchased	Cost	Date placed in service	New or used?		
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				

Equipment Sold or Disposed of During Year						
Asset	Date out of service	Date sold	Selling price/FMV	Trade-in?		
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
Partnership Business Credits (if answered Yes for any of the below, please provide a statement with details)						

Yes	No	Did the business pay expenses to make it accessible by individuals with disabilities?				
Yes	No	Did the business pay any FICA on employee wages for tips above minimum wage?				
Yes	No	Did the business own any residential rental buildings providing qualified low-income housing?				
Yes	No	Did the business incur any research and experimental expenditures during the tax year?				
Yes	No	Did the business have employer pension plan start-up costs?	Total number of employees			
Yes	No	Did the business pay health insurance premiums for employees?	Total number of employees			

Tax Return Preparation

We will prepare the partnership's tax return based on information provided. In the event the return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of the partnership's return do not include auditing, review, or any other verification or assurance.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If additional information is received after we begin working on the return, you will contact us immediately to ensure the completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review documentation.
- You must be able to provide written records of all items included on the return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before the tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of late returns.
- You should keep a copy of the tax return and any related tax documents. You may be assessed a fee if you request a copy in the future.

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities.

Taxpayer	Date
Privacy Policy	

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.