

**Partnership Tax Organizer** 

Use a separate organizer for each business

		General Informat								
Legal name of partnership					EIN					
Partner	rship a	ddress								
Partner	rship F	Representative			Title					
Partnership Representative					Email	Phone				
Check	one:	General Partners	hip Limited	Partnership L	imited Liability Pa	rtnership (LLP)				
		iness activity	1	r		1 ()	Date bu	isines	started	
		duct or service								
Yes	No	Was the primary	purpose of the	partnership activit	y to realize a profit	?				
Yes	No	Has the partners	hip reported any	y losses in prior ye	ears?					
Accour	nting n	nethod: Cash	Accrual C	Other (specify)						
Yes	No		ship file under a	calendar year? (If	no, what is the fisca	l year?)				
Partne	rship	Specific Question	ns							
Yes	No		partnership agi	reement? (If this is	the first year of the p	artnership's existen	ce, please prov	vide a c	opy of the wr	itten
Yes	No	Are all partners a	actively participa	ating in the busine	ess?					
Yes	No	Is any partner in	the partnership	a disregarded ent	ity, a partnership, a	trust, an S corpo	ration, or an	estate	)	
Yes	No	Is the partnership	o a partner in an	other partnership	?					
Yes	No	Did any foreign or domestic corporation, partnership, trust, tax-exempt organization, individual, or estate own directly or indirectly 50% or more of the profit, loss, or capital of the partnership?								
Yes	No	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 corporation?								
Yes	No	Did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce principal amount of debt?								
Yes	No	At any time during the year, did the partnership have an interest in, or signature authority over a financial account in a foreign country?								
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	• The partnership	o's total receipts	following condition for the tax year we take the tax year we take the end of the tax	ns? ere less than \$250,0 c year were less tha	000, and n \$1 million.				
Yes	No	Did the partnersl	nip pay \$600 or		yee compensation		?			
Princi	pal Pa	rtners Ownershij	Information							
			Tax ID number				Ownership		eneral or	U.S.
Name			(SSN or EIN) Address				percentage l	limi	ted partner*	citizen?
Limite	ed par	t <b>ner.</b> A limited par	tner's personal		y liable for partners rship debts is limit		of money or	other	property cor	ntributed
		o contribute to the	e partnership.							
Partne	rs Oth	er Transactions	I		I		1		I	
Partner name			Guaranteed payments	Health insurance premiums paid	Capital contribution from partner	ns Distributions to partner	1			
				-						
All CI:	a m4 =	A.I.I.			N OI	- A	• •			
All Ull	eiits –	Additional information	uon ana documen	us required	New Cite	ents — Additional in	ntormation and	a docu	ments require	а

- Provide the income/financial statements for the year (per books), balance sheet, depreciation schedule per books, and cash reconciliation of business bank accounts with ending cash balance.
- If the partnership has employees or paid independent contractors, provide a copy of all Forms W-2, W-3, 940, 941, 1096, 1099-MISC, and any other forms issued to workers.
- If any partners live in a different state or outside the U.S., provide details. The business may be subject to withholding requirements.

Date partnership formed

State partnership formed in

- Provide copies of the partnership agreement and any other supporting organizational documents.
- Provide copies of depreciation schedules for book, tax, and AMT.
- Provide copies of tax returns for last two years, including state returns (if applicable).

	Partnership assets at year en	d		Partnership deb	ts and equity at year	end
Bank account	end of year balance	\$	Accou	ınts payable at year end		\$
Accounts rece	rivable at end of year	\$	Payal	oles less than one year	\$	
Loans to partners		\$	Payab	rables more than one year		\$
Mortgages an	d loans held by partnership	\$	Nonre	ecouse loans		\$
Stocks, bonds	, and securities	\$	Loans	ns from partners		\$
Other current	assets (include list)	\$	Partn	Partners capital accounts		
Inventories		\$				
Partnership	ncome (include all Forms 1099-K re	ceived)				
Gross receipts	or sales	\$	Divid	Dividends income (include all 1099-DIV Forms)		
Returns and a	llowances	\$(	) Capit	Capital gain/loss (include all 1099-B Forms)		
Interest incon	ne (include all 1099-INT Forms)	\$		Other income (loss) (include a statement)		
Partnership (	Cost of Goods Sold (for manufactu	rers, wholesalers,	and businesse	es that make, buy, or sell god	ods)	<u>'</u>
	beginning of the year	\$		rials and supplies	,	\$
Purchases	0 0 7	\$		ntory at the end of the ye	ear	\$
Cost of labor		\$	111.61			7
Partnership	xpenses	] <del>-</del>				
Advertising		\$	Mana	gement fees		\$
Bad debts		\$		Meals – business		
Bank charges		\$		Office supplies		
Business licer	ses	\$		Organization costs		
Commissions		\$		Pension and profit sharing plans		
Contract labo	r	\$		Rent or lease – car, machinery, equipment		
Emplovee ber	nefit programs	\$		Rent or lease – other business property		
	alth care plans	\$		Repairs and maintenance		
Entertainmen	*	\$	•	Taxes – payroll		
Gifts		\$		Taxes – property		
Guaranteed p	ayments to partners	\$		Taxes – sales		
	eer than health insurance)	\$	Taxes – state			\$
Interest – moi	rtgage	\$	Telep	Telephone		
Interest – othe	0 0	\$		Utilities		
Internet servi	ce	\$	Wage	Wages		
Legal and pro	fessional services	\$		Other expense		
Car Expense	S (use a separate form for each vehic	ele)	<u>'</u>	-		
Make/Model				Date car placed in servi	ce	
Yes No	Car available for personal use du	ring off-duty ho	urs?	•		
Yes No	Do you (or your spouse) have an			Did you trade in your c	ar this year? Yes	No
Yes No	Do you have evidence?			Cost of trade-in Trade-in va		
Yes No				\$ \$		
	Mileage			+	Actual Expenses	
Beginning of	year odometer			Gas/oil	\$	
End of year o				Insurance	\$	
Business mile				Parking fees/tolls	\$	
Commuting r				Registration/fees	\$	
Other mileage				Repairs \$		

poses. However, to use the standard mileage rate, it must be used in the first 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?	
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			

Equipn	Equipment Sold or Disposed of During Year					
Asset			Date out of service	Date sold	Selling price/FMV	Trade-in?
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
Partne	rship	Business Credits (if answered Yes for any of the below, plea	ase provide a statem	ent 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				

## **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.

Total number of employees

## **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.

No Did the business pay health insurance premiums for employees?

- 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.