



Partnership Tax Organizer

New Clients:

- Provide copies of the partnership agreement and any other supporting organizational documents.
- Provide copies of Depreciation Schedules for book, Tax and AMT, and copies of Tax Returns for last two years, including State Returns.

Partnership General Information:

Legal Name of Partnership:		EIN#:	
Address:			
New Clients	Date Partnership Formed:	State Partnership formed in:	
Tax Matters Individual:		Phone:	Title:
Circle One	General Partnership	Limited Partnership	Limited Liability Partnership (LLP)
Principal Business Activity:			Date Business Started:
Principal Product or Service:			
Yes	No	Was the Primary Purpose of the Partnership's Activity to Realize a Profit?	
Yes	No	Has the Partnership reported any losses in prior years?	
Yes	No	Does the Corporation file under a Calendar Year? <i>(If no, what is the fiscal year?)</i>	
Accounting Method: Cash Accrual Other <i>(specify)</i>			

Partnership Specific Questions

Yes	No	Is there a written partnership agreement? <i>(If this is the first year of the partnership's existence, please provide a copy of the written partnership agreement.)</i>
Yes	No	Are all partners actively participating in the business?
Yes	No	Is any partner in the partnership a disregarded entity, a partnership, a trust, an S corporation, or an estate?
Yes	No	Is the partnership a partner in another 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	Does the Partnership satisfy the following conditions? <ul style="list-style-type: none"> • The Partnership's total receipts for the tax year were less than \$250,000. • The Partnership's total assets at the end of the year were less than \$1 million.
Yes	No	Did the partnership pay \$600 or more to any individual? If yes, include a copy of Form 1099-MISC for each

Principal Partners Ownership Information:

Name/Title	Tax ID # (SSN or EIN)	Address	Ownership Percentage	General or Limited Partner*	U.S Citizen?
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

General Partner: A general partner is a partner who is personally liable for partnership debts.

Limited Partner: A limited partner's personal liability for partnership debts is limited to the amount of money or other property contributed or required to contribute to the partnership.

Partners Other Transactions

Partner Name	Guaranteed Payments	Health Insurance Premiums Paid	Capital Contributions from Partner	Distributions to Partner	Partner Loans to the Partnership	Loans Repaid by Partnership to Partner

Partnership Income (Include all Forms 1099-K Received)

Gross Receipts or Sales	\$	Dividends Income (Include all 1099-DIV Forms)	\$
Returns and Allowances	\$	Capital Gain/Loss (Include all 1099-B Forms)	\$
Interest Income (Include all 1099-INT Forms)	\$	Other Income (loss) (Include statement)	\$

Partnership Cost of Goods Sold (for manufacturers, wholesalers, and businesses that make, buy, or sell goods)

Inventory at Beginning of the Year	\$	Inventory at the End of the Year	\$
Purchases	\$	Materials and Supplies	\$
Cost of Labor	\$		

Partnership Expenses

Advertising	\$	Management Fees	\$
Bad Debts	\$	Office Supplies	\$
Bank Charges	\$	Organization Costs	\$
Business Licenses	\$	Pension and Profit Sharing Plans	\$
Commissions and Fees	\$	Rent or Lease- car, machinery, equipment	\$
Contract Labor	\$	Rent or Lease-other business property	\$
Employee Benefit Programs	\$	Repairs and Maintenance	\$
Employee Health Care Plans	\$	Taxes- Payroll	\$
Entertainment and Business Meals	\$	Taxes- Property	\$
Gifts	\$	Taxes- Sales	\$
Guaranteed payments to partners	\$	Taxes- State	\$
Insurance (<i>other than health</i>)	\$	Telephone	\$
Interest- Mortgage	\$	Utilities	\$
Interest- Other	\$	Wages	\$
Internet Service	\$	Other	\$
Legal and professional services	\$	Other	\$

Car Expenses- Use a separate form for each vehicle

Make/Model:		Date Car Placed in Service:	
Yes No	Car Available for personal use during off-duty hours?		
Yes No	Do you (or spouse) have any other cars for personal use?		Did you trade in your car this year? Yes No
Yes No	Do you have evidence?	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	\$

*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 building 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 #	

All Clients

- Provide the income/ Financial Statements for the year (per books), Balance Sheet, Depreciation Schedule per books, and Cash Reconciliation of all Business Bank Accounts with Ending Cash Balances.
- If the Partnership has employees or paid independent contractors, provide copies 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 United States, provide details. The business may be subject to withholding requirements.