

# **Partnership Tax Organizer**

(See next page for Organizer)

# Partnership Tax Organizer

*Use a separate organizer for each partnership* 

Partnership	General Informat	ion									
Legal name of partnership					EIN –						
Partnership a	ddress										
Partnership F	rtnership Representative Title										
				Email			Phone	(	)		
Check one:	General Partners	hip 🛛 Limited	Partnership 🛛 L	imited I	Liability Partn	ership (LLP)	·				
Principal bus	iness activity				Date bu	siness	started	/	/		
Principal pro	duct or service						Date bu	siness	closed	/	/
🗆 Yes 🗅 No	No Was the primary purpose of the partnership activity to realize a profit?										
🗆 Yes 🗖 No											
Accounting n	nethod: 🗆 Cash 🛛	Accrual O	ther ( <i>specify</i> )								
🗆 Yes 🗖 No	Does the partners	ship file under a	calendar year? (If	<sup>:</sup> no, wha	t is the fiscal ye	ear?)					
Partnership	Specific Question	ıs									
□ Yes □ No	Is there a written <i>partnership agreen</i>		eement? (If this is	the first g	year of the part	nership's existen	ce, please prov	ide a c	opy of the u	vritter	n
□ Yes □ No	Are all partners a	ctively participa	ting in the busine	ess?							
🗆 Yes 🗅 No	Is any partner in	the partnership	a disregarded ent	ity, a pai	rtnership, a tr	ust, an S corpor	ation, or an e	estate?			
🗆 Yes 🗅 No	Is the partnership	o a partner in and	other partnership	?							
🗆 Yes 🗅 No	Did any foreign of indirectly 50% or					organization, ir	idividual, or	estate	own direc	tly or	r
□ Yes □ No	<ul> <li>indirectly 50% or more of the profit, loss, or capital of the partnership?</li> <li>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?</li> </ul>										
🛾 Yes 🖾 No	Did the partnersh of debt?	nip have any deb	ot that was cancell	ed, was	forgiven, or h	nad the terms m	odified so as	to rec	luce princ	pal a	mount
□ Yes □ No											
□ Yes □ No	Was there a distri	bution of proper	rty or a transfer (b	ov sale o	r death) of a r	partnership inte	rest during t	ne tax	vear?		
□ Yes □ No					r deddi) er d p	ununenenip inte	reor daning a		jear		
_ 100 _ 110	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.										
□ Yes □ No Did the partnership pay \$600 or more of nonemployee compensation to any individual? If yes, include a copy of Form 1099-NEC for each.											
Principal Partners Ownership Information											
Name		Tax ID number (SSN or EIN)	Address				Ownership percentage		eneral or ed partner*		U.S. tizen?
										—	
										+	
										+	
										-	
*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 Oth	er Transactions										
		Guaranteed	Health insurance		contributions	Distributions	Partner loan		Loans rep		
Partner name p		payments	premiums paid	from pa	artner	to partner	the partners	ship	partnersh		
	Additional informat		-			s – Additional in	formation and	l docur	nents requi	red	
Provide the income/financial statements for the year (per books),     Date partnership formed											
balance sheet, depreciation schedule per books, and cash reconciliation of business bank accounts with ending cash balance.				liation	State partnership formed in						
				s,	Provide copies of the partnership agreement and any other						
• If the partnership has employees or paid independent contractors, provide a copy of all Forms W-2, W-3, 940, 941, 1096, 1099-NEC, 1099-MISC, and any other forms issued to workers.				,	<ul> <li>supporting organizational documents.</li> <li>Provide copies of depreciation schedules for book, tax, and AMT.</li> <li>Provide copies of tax returns for last two years, including state</li> </ul>						
• If any partn	ers live in a differe	nt state or outsid	e the U.S., provide			pies of tax retu: applicable).	ins for last tv	vo yea	15, includi	ng sta	ale
details. The	details. The business may be subject to withholding requirements.										

Partnership assets at year en	d		Partnership deb	ts and equity at year	end
Bank account end of year balance	\$	Accou	nts payable at year end		\$
Accounts receivable at end of year	\$	Payabl	les less than one year		\$
Loans to partners	\$	Payabl	les more than one year		\$
Mortgages and loans held by partnership	\$	Nonre	couse loans		\$
Stocks, bonds, and securities	\$	Loans	from partners		\$
Other current assets (include list)	\$	Partne	rs capital accounts		\$
Inventories	\$				
Partnership Income (include all Forms 1099-K red	ceived)				
Gross receipts or sales	\$	Divide	ends income ( <i>include all 1</i>	099-DIV Forms)	\$
Returns and allowances	\$( )	) Capita	l gain/loss ( <i>include all</i> 10	99-B Forms)	\$
nterest income (include all 1099-INT Forms)	\$	Other	income (loss) ( <i>include a si</i>	tatement)	\$
Partnership Cost of Goods Sold (for manufacture	rers, wholesalers, and b	nusinesses	s that make, buy, or sell goo	ods)	
nventory at beginning of the year	\$	Mater	ials and supplies		\$
Purchases	\$	_	tory at the end of the ye	ear	\$
Cost of labor	\$				
Partnership Expenses					
Advertising	\$	Manag	gement fees		\$
Bad debts	\$		– business		\$
Bank charges	\$	Office	supplies		\$
Business licenses	\$		Organization costs		\$
Commissions and fees	\$	Pensio	Pension and profit sharing plans		\$
Contract labor	\$	Rent or lease – car, machinery, equipment		\$	
Employee benefit programs	\$	Rent o	Rent or lease – other business property		\$
Employee health care plans	\$	Repair	s and maintenance		\$
Entertainment	\$	Taxes -	- payroll		\$
Gifts	\$	Taxes -	Taxes – property		\$
Guaranteed payments to partners	\$	Taxes -	Taxes – sales		\$
Insurance (other than health insurance)	\$	Taxes -	Taxes – state		\$
nterest – mortgage	\$	Teleph	Telephone		\$
Interest – other	\$	Utilitie	Utilities		\$
Internet service	\$	Wages	Wages		\$
Legal and professional services	\$	Other	Other expense		\$
*Entertainment is no longer deductible for taxes	б.				
Car Expenses (use a separate form for each vehic	le)				
Make/Model			Date car placed in service / /		
❑Yes ❑No Car available for personal use du	ring off-duty hours?				
❑ Yes ❑ No Do you (or your spouse) have an	y other cars for person	nal use?	use? Did you trade in your car this year? 🗆 Yes		🗆 No
❑Yes ❑No Do you have evidence?			Cost of trade-in	Trade-in value	<u>.</u>
❑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	\$	

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)

rathership business creatis (in answered tes for any of the below, prease 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				
COVID-19 Related						
🗆 Yes 🗆 No	Did the business receive a Paycheck Protection Program loan?					
□ Yes □ No □ Yes □ No		Advance through the SBA?				
	Did the business receive a Paycheck Protection Program loan?	Advance through the SBA?				
□ Yes □ No	Did the business receive a Paycheck Protection Program loan? Did the business receive an Economic Injury Disaster Loan or Emergency					
□ Yes □ No □ Yes □ No	Did the business receive a Paycheck Protection Program loan? Did the business receive an Economic Injury Disaster Loan or Emergency Did the business delay payment of employer payroll taxes?	ees due to COVID-19?				
□ Yes □ No □ Yes □ No □ Yes □ No	Did the business receive a Paycheck Protection Program loan? Did the business receive an Economic Injury Disaster Loan or Emergency Did the business delay payment of employer payroll taxes? Did the business receive a payroll tax credit for sick leave paid to employer	eres due to COVID-19? employees due to COVID-19?				

### **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 Title Date	Privacy Policy			
	Taxpayer	Title	Date	

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.