

# Partnership Tax Organizer

Use a separate organizer for each partnership

## Partnership General Information

Legal name of partnership		EIN
Partnership address		
Partnership Representative		Title
		Phone
Check one: <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership (LLP)		
Principal business activity		Date business started
Principal product or service		Date business closed
Yes	No	Was the primary purpose of the partnership activity to realize a profit?
Yes	No	Has the partnership reported any losses in prior years?
Accounting method: Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		
Yes	No	Does the partnership file under a calendar year? (If no, what is the fiscal year?)

## Partnership Specific Questions

Yes	No	Is there a written partnership agreement? (If this is the first year of the partnership's existence, please provide a copy of the written partnership agreement.)
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"> <li>The partnership's total receipts for the tax year were less than \$50,000, and</li> <li>The partnership's total assets at the end of the tax year were less than \$1 million.</li> </ul>
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.
Yes	No	Did the partnership have a Paycheck Protection Program (PPP) loan that was forgiven in 2022?

## Principal Partners Ownership Information

Name	Tax ID number (SSN or EIN)	Address	Ownership percentage	General or limited partner*	U.S. citizen?
			0.00%		
			0.00%		
			0.00%		
			0.00%		
			0.00%		

\* **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

### All Clients – Additional information and documents required

- Provide the income/financial statement for the year (p/e book), balance sheet, depreciation schedule, p/e books, and cost reconciliation of business bank accounts and ending cash balance.
- If the partnership has employee- 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.
- If any partners live in a different state or outside the U.S., provide details. The business may be subject to withholding requirements.

### New Clients – Additional information and documents required

- 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).



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