

# Partnership Tax Organizer

Use a separate organizer for each partnership

## Partnership General Information

Legal name of partnership		EIN	-
Partnership address			
Partnership Representative		Title	
		Email	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	/ /
<input type="checkbox"/> Yes <input type="checkbox"/> No	Was the primary purpose of the partnership activity to realize a profit?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the partnership reported any losses in prior years?		
Accounting method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the partnership file under a calendar year? (If no, what is the fiscal year?)		

## Partnership Specific Questions

<input type="checkbox"/> Yes <input type="checkbox"/> 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.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are all partners actively participating in the business?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is any partner in the partnership a disregarded entity, a partnership, a trust, an S corporation, or an estate?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the partnership a partner in another partnership?
<input type="checkbox"/> Yes <input type="checkbox"/> 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?
<input type="checkbox"/> Yes <input type="checkbox"/> 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?
<input type="checkbox"/> Yes <input type="checkbox"/> 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?
<input type="checkbox"/> Yes <input type="checkbox"/> 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?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Was there a distribution of property or a transfer (by sale or death) of a partnership interest during the tax year?
<input type="checkbox"/> Yes <input type="checkbox"/> 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 \$250,000, and</li> <li>• The partnership's total assets at the end of the tax year were less than \$1 million.</li> </ul>
<input type="checkbox"/> Yes <input type="checkbox"/> 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	General or limited partner*	U.S. citizen?

\***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 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-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  |
| <ul style="list-style-type: none"> <li>• Provide copies of the partnership agreement and any other 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 returns (if applicable).</li> </ul> |



## 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)

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

## COVID-19 Related

<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the business receive a Paycheck Protection Program loan?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the business receive an Economic Injury Disaster Loan or Emergency Advance through the SBA?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the business delay payment of employer payroll taxes?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the business receive a payroll tax credit for sick leave paid to employees due to COVID-19?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the business receive a payroll tax credit for paid family leave paid to employees due to COVID-19?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the business receive a payroll tax credit for a business suspension or slowdown?

## 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

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.