

# 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
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? If yes, provide details.	
Accounting method: Cash Accrual 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, partnership, trust, S corporation, or 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	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 2025?
Yes	No	At any time during this tax year, did the corporation (a) receive a digital asset (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

## 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%		

\*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 the partner contributed, or is 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, any state tax filing reports, 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).

Partnership Balance Sheet				
Partnership assets at year end		Partnership debts and equity at year end		
Bank account end of year balance	\$	Accounts payable at year end	\$	
Accounts receivable at end of year	\$	Payables less than one year	\$	
Inventories	\$	Payables more than one year	\$	
Loans to partners	\$	Nonrecourse loans	\$	
Mortgages and loans held by partnership	\$	Loans from partners	\$	
Stocks, bonds, and securities	\$	Partners' capital accounts	\$	
Other current assets (include list)	\$			
<b>Partnership Income (include all Forms 1099-K, Forms 1099-MISC, and Forms 1099-NEC received)</b>				
Gross receipts or sales	\$	Dividend income (include all Forms 1099-DIV)	\$	
Returns and allowances	\$ ( )	Capital gain/loss (include all Forms 1099-B)	\$	
Interest income (include all Forms 1099-INT)	\$	Other income/loss (include a statement)	\$	
<b>Partnership Cost of Goods Sold (for manufacturers, wholesalers, and businesses that make, buy, or sell goods)</b>				
Inventory at beginning of the year	\$	Materials and supplies	\$	
Purchases	\$	Inventory at the end of the year	\$	
Cost of labor	\$			
<b>Partnership Expenses</b>				
Advertising	\$	Meals – business	\$	
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 (not deductible)	\$	Taxes – property	\$	
Gifts	\$	Taxes – sales	\$	
Guaranteed payments to partners	\$	Taxes – state	\$	
Insurance (other than health insurance)	\$	Telephone	\$	
Interest – mortgage	\$	Utilities	\$	
Interest – other	\$	Wages	\$	
Internet service	\$	Other expense	\$	
Legal and professional services	\$	Other expense	\$	
<b>Car Expenses (use a separate form for each vehicle)</b>				
Make/Model		Date car placed in service     /     /		
Yes	No	Car available for personal use during off-duty hours?		
Yes	No	Do you (or your 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	\$	
Generally, you can use either the standard mileage rate or actual expenses to calculate 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.				
<b>Equipment Purchases – Enter the following information for depreciable assets purchased that have a useful life greater than one year</b>				
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 you answered Yes for any of the questions 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 taxes 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 after 2021?		
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	
Yes	No	Did the partnership purchase and place in service any electric vehicles or energy efficient commercial building property?		

State Estimated or Pass-Through Entity (PTE) Tax Payments — Tax Year 2025					
State	Amount	Date Paid	State	Amount	Date Paid
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	

## 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 may be required for preparation of returns.
- Keep a copy of the tax return and any related tax documents. You may be assessed a fee if you request a duplicate 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 express written 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.