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# Partnership Tax Organizer

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*(See next page for Organizer)*

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# Partnership Tax Organizer

Use a separate organizer for each partnership

## Partnership General Information

Legal name of partnership	EIN#	-
Partnership address		
Tax Matters Individual	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		
<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.</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 to any individual? If yes, include a copy of Form 1099-MISC 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-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).

**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 a statement)	\$

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

Inventory at beginning of the year	\$	Materials and supplies	\$
Purchases	\$	Inventory at the end of the year	\$
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 (other than health insurance)	\$	Telephone	\$
Interest – mortgage	\$	Utilities	\$
Interest – other	\$	Wages	\$
Internet service	\$	Other expense	\$
Legal and professional services	\$	Other expense	\$

**Car Expenses (use a separate form for each vehicle)**

Make/Model	Date car placed in service / /		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Car available for personal use during off-duty hours?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you (or your spouse) have any other cars for personal use?	Did you trade in your car this year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have evidence?	Cost of trade-in	Trade-in value
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your evidence written?	\$	\$
<i>Mileage</i>		<i>Actual Expenses</i>	
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 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)**

<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

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## Tax Return Preparation

We will prepare your tax return based on information you provide. In the event your 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 your return do not include auditing, review, or any other verification or assurance.

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## Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your 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 your documentation.
- You must be able to provide written records of all items included on your 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 your 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 your 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.

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*Tax Matters Individual*

*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.

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