Partnership Tax Organizer

(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 Partnership Representative Title Email Phone (Check one: ☐ General Partnership ☐ Limited Partnership ☐ 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 □ 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, 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 At any time during the year, did the partnership have an interest in, or signature authority over a financial account in a foreign ☐ Yes ☐ No 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? • 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. Did the partnership pay \$600 or more of nonemployee compensation to any individual? ☐ Yes ☐ No If yes, include a copy of Form 1099-NEC for each. Did the partnership have a Paycheck Protection Program (PPP) loan that was forgiven in 2022? **Principal Partners Ownership Information** Tax ID number Ownership General or U.S. Address Name (SSN or EIN) percentage limited partner' 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** Guaranteed Health insurance Capital contributions Distributions Partner loans to Loans repaid by Partner name vauments premiums paid from partner to partner the partnership partnership to partner All Clients – Additional information and documents required New Clients - Additional information and documents required • Provide the income/financial statements for the year (per books), Date partnership formed balance sheet, depreciation schedule per books, and cash reconciliation State partnership formed in of business bank accounts with ending cash balance. • Provide copies of the partnership agreement and any other If the partnership has employees or paid independent contractors, supporting organizational documents. provide a copy of all Forms W-2, W-3, 940, 941, 1096, 1099-NEC, • Provide copies of depreciation schedules for book, tax, and AMT. 1099-MISC, and any other forms issued to workers. • Provide copies of tax returns for last two years, including state • If any partners live in a different state or outside the U.S., provide returns (if applicable). details. The business may be subject to withholding requirements.

Partnership Balance	Sheet								
Partnership assets at year end				Partnership debts 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			\$	
Inventories			\$	Payabl	oles more than one year			\$	
Loans to partners			\$	Nonre	recouse loans			\$	
Mortgages and loans held by partnership			\$	Loans	ans from partners			\$	
Stocks, bonds, and securities			\$	Partne	rtners' capital accounts			\$	
Other current assets (in	clude lisi	' ;)	\$						
Partnership Income (i	nclude a	II Forms 1099-K, Forms	1099-MISC, and Forn	ns 1099-N	IEC receiv	ed)			
Gross receipts or sales			\$	Divide	dend income (include all 1099-DIV Forms)			\$	
Returns and allowances			\$(Capital	al gain/loss (include all 1099-B Forms)			\$	
Interest income (include	all 1099	-INT Forms)	\$	Other i	er income (loss) (include a statement)			\$	
Partnership Cost of G	oods So	ld (for manufacturers,	wholesalers, and bu	ısinesses	that make	e, buy, or sell goods,			
Inventory at beginnin			\$		ials and s			\$	
Purchases	<u> </u>	,	\$	+	11			\$	
Cost of labor			\$			J			
Partnership Expenses	3								
Advertising	<u> </u>		\$	Meals	for busine	ess in restaurants ((100% deduct.)	\$	
Bad debts			\$		ls – other business meals (50% deduct.)			\$	
Bank charges			\$		ce supplies			\$	
Business licenses			\$		ization co	sts		\$	
Commissions and fees			\$		nsion and profit sharing plans			\$	
Contract labor			\$		Rent or lease – car, machinery, equipment			\$	
Employee benefit programs			\$	1	Rent or lease – other business property			\$	
Employee health care plans			\$	+	Repairs and maintenance			\$	
*Entertainment			\$	<u> </u>	Taxes – payroll \$			\$	
Gifts			\$	-	Taxes – property \$				
Guaranteed payments to partners			\$	Taxes – sales \$					
Insurance (other than health insurance)			\$	Taxes – state \$					
Interest – mortgage			\$	Teleph	elephone \$				
Interest – other			\$	Utilities \$					
Internet service			\$	Wages	Wages \$				
Legal and professional services			\$	Other expense \$			\$		
*Entertainment is no lo	nger de	ductible for taxes.							
Car Expenses (use a se	parate fo	orm for each vehicle)							
Make/Model					Date car placed in service / /				
☐ Yes ☐ No Car avail	able for	ble for personal use during off-duty hours?							
☐ Yes ☐ No Do you (ou (or your spouse) have any other cars for personal use?			al use?	Did you trade in your car this year? ☐ Yes □			l No)
☐ Yes ☐ No Do you have evidence?						rade-in	Trade-in value		
☐ Yes ☐ No Is your evidence written?				\$		\$			
Mileage				Actual Exp		tual Expenses	ıl Expenses		
Beginning of year odometer				Gas/oil		\$			
End of year odometer				Insurance		\$			
Business mileage Jan. – June		July – Dec.		Parking fees/tolls		\$			
Commuting mileage					tion/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.									
Equipment Purchases	– Enter	the following informati	on for depreciable a						
Asset				Date pi	urchased	Cost	Date placed in ser	vice	New or used?

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?	
		\$			
		\$			
		\$			
		\$			
		\$			
		S			

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	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

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.