## 2023 Partnership Tax Organizer

Use a separate organizer for each partnership



Partnershi	p General Informa	tion								
Legal name	of partnership						EIN			
Partnership	address						I			
Partnership	Representative			Title						
		Email	l		Phone					
Check one:	General Partners	hip Limited	Partnership 🗌 Li	imited I	Liability Partne	ership (LLP)				
Principal bu	isiness activity					Date bu	isiness	s started		
Principal pr	oduct or service						Date bu	isiness	s closed	
Yes No	Was the primary	purpose of the p	oartnership activit	ty to rea	lize a profit?					
Yes No	Has the partners	hip reported any	v losses in prior ye	ears?						
Accounting	method: Cash	Accrual Ot	ther (specify)							
	Does the partner	ship file under a	calendar year? (If	f no, wha	it is the fiscal ye	ear?)				
Partnershi	p Specific Questio	ns								
Yes No		partnership agr	eement? (If this is	the first	year of the parti	ıership's existen	ce, please prov	ide a c	opy of the wri	tten
Yes No	Are all partners a	actively participa	ting in the busine	ss?						-
Yes No	Is any partner in	the partnership	a disregarded ent	ity, a pa	rtnership, a tr	ust, an S corpoi	ation, or an e	estate?	)	
Yes No	Is the partnershi	p a partner in an	other partnership?	?						
Yes No										
Yes No										
Yes No	Did the partnersl of debt?	hip have any deb	ot that was cancell	ed, was	forgiven, or h	ad the terms m	odified so as	to red	luce principa	al amount
Yes No	At any time duri country?	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 distr	ribution of prope	erty or a transfer (b	oy sale o	or death) of a p	artnership inte	rest during tl	ne tax	year?	
Yes No	• The partnership's total receipts for the tax year were less than \$250,000, and									
Yes No	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?     If yes, include a copy of Form 1099-NEC for each.									
Yes No										
Yes No	At any time duri	ng this tax year,	did the corporatic otherwise dispos	on (a) re	ceive a digital	asset (as a rewa	ard, award, o			perty or
Principal P	artners Ownershij	<u> </u>	*		<u> </u>				,	
Name		Tax ID number (SSN or EIN)	Address				Ownership percentage		General or ted partner*	U.S. citizen?
							0.00%			
							0.00%			
Limited pa	<b>rtner.</b> A general par <b>rtner.</b> A limited par l to contribute to the	tner's personal l					of money or c	other p	property con	tributed
Partners Of	ther Transactions									
Partner name		Guaranteed payments	Health insurance premiums paid	/		Distributions to partner			Loans repair partnership	
		1	İ	1						
All Clients	– Additional informat	ion and document	ts reauired		New Clients	s — Additional in	formation and	docur	ments reauire	d
• Provide tl	ne income/financial neet, depreciation sch	statements for th	he year (per books	s), liation	Date partner	rship formed				
of busines • If the part provide a 1099-MIS • If any par	ss bank accounts wi nership has employe copy of all Forms V C, and any other for tners live in a differe te business may be s	th ending cash b ees or paid indep V-2, W-3, 940, 94 rms issued to wo ent state or outsic	alance. endent contractor: 1, 1096, 1099-NEC orkers. le the U.S., provide	s, E,	<ul> <li>Provide co supporting</li> <li>Provide co</li> <li>Provide co</li> </ul>	rship formed ir ppies of the part g organizationa pies of deprecia ppies of tax retu applicable).	nership agre Il documents ation schedul	es for	book, tax, an	nd AMT.

•	If any partners live in a different state or outside the U.S., provide
	details. The business may be subject to withholding requirements.

Partnership Balance Sheet					
Partnership assets at year	end			s and equity at year e	end
Bank account end of year balance	\$	Accou	unts payable at year end		\$
Accounts receivable at end of year	\$	,	oles less than one year		\$
Inventories	\$	Payał	oles more than one year		\$
Loans to partners	\$	Nonr	ecouse loans		\$
Mortgages and loans held by partnership	\$	Loans	s from partners		\$
Stocks, bonds, and securities	\$	Partn	ers' capital accounts		\$
Other current assets (include list)	\$				
Partnership Income (include all Forms 1099-K,	Forms 1099-MISC, an	nd Forms 1099-l	NEC received)		
Gross receipts or sales	\$	Divid	Dividend income (include all 1099-DIV Forms)		\$
Returns and allowances	\$ (	) Capit	al gain/loss (include all 109	9-B Forms)	\$
Interest income (include all 1099-INT Forms)	\$	Other	Other income (loss) ( <i>include a statement</i> )		
Partnership Cost of Goods Sold (for manufa	cturers, wholesalers,	and businesses	s that make, buy, or sell good	ls)	
Inventory at beginning of the year	\$	Mate	rials and supplies		\$
Purchases	\$		ntory at the end of the yea	ar	\$
Cost of labor	\$		J		
Partnership Expenses		1			
Advertising	\$	Meals	s – 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	\$				\$
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 vel			- r		т 
Make/Model	noicy		Date car placed in servic	e	
	during off-duty boy	urs?			
	ar available for personal use during off-duty hours? o you (or your spouse) have any other cars for personal use?		Did you trade in your car this year? _ Yes _ No		
YesNo Do you have evidence?	any outer cars tor p	cisonal use:	Cost of trade-in	Trade-in value	-
_ Yes _ No Is your evidence written?			\$	\$	
<u></u>				→ 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 m					

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 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 an	y of the below, plea	se provide a stateme	ent with details)				
_Yes _No	Did the partnership	pay expenses to n	nake it accessible b	y individuals with	disabilities?				
_Yes _No	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	own any residenti	ial rental buildings	s providing qualifie	ed low-income ho	ousing?			
_Yes _No	Did the partnership	incur any research	n and experimenta	l expenditures dur	ing the tax year?				
Yes No Did the partnership have employer pension plan start-u Yes No Did the partnership pay health insurance premiums for			p costs?	Total number of employees					
Yes No	_ No Did the partnership pay health insurance premiums for			employees?	Total number of employees				
Yes No									
State Estima	ated or Pass-Throug	h Entity (PTE) Tax	Payments — Tax	Year 2023					
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						
Driveen Delien								

## **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.