



# **Dave Canell**

## Tax Solutions

2025 Partnership Tax Organizer

## Organizer for Partnerships

<b>LLC/Partnership:</b> _____	<b>EIN</b>	<b>Name</b>
<b>Address:</b> _____	<b>Mailing Address</b>	<b>Suite #</b> _____ <b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____
<b>Contact Name:</b> _____		<b>Email:</b> _____
<b>Contact Phones:</b> _____		
<b>(Office)</b>	<b>Home</b>	<b>(Mobile)</b>
<b>Contact Mailing Address</b>		<b>Suite #</b> _____ <b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____

This Organizer is provided to help you gather and organize information relating to preparation of your corporate income tax returns. Please provide us with a copy of the corporation's tax returns for the last year filed if you are a first-time client of Dave Canell Tax Solutions LLC.

If you maintain your organization's books using a bookkeeping system such as QuickBooks, Quicken or Excel, you can provide us with a profit and loss statement and balance sheet rather than completing the income and expense and balance sheet sections of this organizer.

If you would like Dave Canell Tax Solutions LLC to prepare organizational income and expense reports for you, there will be an additional fee to do so. If you prefer this option, please provide the following documents:

- Business bank statements for all months of the year
- Credit card statements (for business-use credit cards)
- Receipts for cash purchases not shown on bank or credit card statements
- Checkbook register
  - Identify all checks by entering an expense category in the memo section
  - Identify a personal withdrawal of funds from your business account as "Partner Distribution"
  - Identify a deposit of personal funds to your business account as "Partner Contribution." If contributions and distributions were made for more than one Partner during the year, provide separate information for each Partner.

<b>Filing Information. Please answer "Yes" or "No" to ALL of the following questions.</b>		<b>Yes</b>	<b>No</b>
<b>Is this the Partnership's first year as a Partnership?</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>What state was Partnership formed in? _____</b>		<b>What is the state of residence? _____</b>	
<b>What date was the Partnership first authorized to do business in the resident state?</b>			
<b>Did the Partnership have a change of business name during the year?</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the Partnership make or revoke a corporate tax filing election during the year?</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Is there a change of address for the year?</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>What is the principal business activity of the Partnership?</b>			
<b>What accounting method does the Partnership use? Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (describe) _____</b>			
<b>Does the Partnership file under a calendar year? (If not, what is the fiscal year?)</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>How many Partners were there on the last day of the year?</b>			

### Partner/Member Information

<b>First Name–Last Name</b> <i>(Enter information for all Partner who owned shares at any time during the year)</i>	<b>Social Security Number</b>	<b>Partner Mailing Address</b> <b>Street Address</b> <b>City, State, Zip</b>	<b>% of shares owned at start of year</b>	<b>% of shares owned at end of year</b>	<b>Dates of share ownership change (if any)</b>

### Provide the following information for any person who was a partner or owner/member during the year.

<b>Partner or Member name</b>	<b>Guaranteed payments to the partner or member</b>	<b>Health insurance premiums paid for partner or member during the year</b>	<b>Capital contributions made by the partner or member during the year</b>	<b>Distributions made to the partner or member during the year</b>	<b>Partner loans to the Partnership during the year</b>	<b>Loans repaid by the Partnership the partner during the year</b>

## Business income from other states

Did the Partnership conduct business in more than one state? Yes  No

If yes, please apportion income by state.

State name _____	Income apportionment \$ _____	Payroll apportionment \$ _____
State name _____	Income apportionment \$ _____	Payroll apportionment \$ _____
State name _____	Income apportionment \$ _____	Payroll apportionment \$ _____
State name _____	Income apportionment \$ _____	Payroll apportionment \$ _____

## Income

What were the business gross receipts or sales for the year?	\$
What portion of receipts were reported on Form 1099-K?	\$
What portion of gross sales listed above was refunded or returned?	\$
What were the gross receipts from rental property owned by the Partnership \$ (Do not include rental income in gross receipts for the business activity)	
Did the Partnership have any other income from this business activity not included in gross receipts above? (If the Partnership had investment or capital gain income for the year, complete Interest/Dividend and/or Capital Gains Worksheets on Pages of this Organizer)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe any other income of the Partnership not included elsewhere in this Organizer.	

## Cost of Goods Sold (COGS)

Businesses such as restaurants, retail sellers and manufacturers generally must account for COGS. COGS include all costs associated with manufacturing a product or purchasing a product for resale.

Do you manufacture or produce a product for sale to customers? Yes  No

Do you operate a wholesale or retail business where you maintain an inventory of goods?

Yes  No

What was the opening cost of inventory on the first day of the year? \$

What was the cost of purchases of product (less cost of items withdrawn for personal use)? \$

Cost of labor related to sale or production of goods held for sale \$

Materials and supplies used in manufacture or sales production \$

Other costs of goods not listed above (list on separate detail worksheet) \$

Closing inventory at end of year \$

Business Expenses		Business Expenses	
Advertising	\$	Professional education & training	\$
Auto (Complete auto worksheet)		Rent (office, leasehold, storage) (1099-MISC to unincorporated payees required)	\$
Bank fees and charges	\$	Rent or lease (vehicles, machinery, and equipment)	\$
Cell phone (100% of cost) \$ _____ (x Business use _____ %) =	\$	Repairs and maintenance	\$
Commissions and fees	\$	Software (Enter on Asset depreciation worksheet)	
Computers, equipment, furniture (Complete the Asset Depreciation Worksheet)		Supplies and small tools (Do not include equipment purchases - use Asset Depreciation Worksheet)	\$
Contract labor (You must issue a 1099-MISC to any unincorporated entity to whom you paid \$600 or more for the year)	\$	Taxes - Local & business licenses	\$
Dues and Subscriptions	\$	Taxes - Payroll (941, 940 & State)	\$
		Taxes - State	\$

<b>Employee benefit programs</b>	\$	<b>Annual Partnership fees</b>	\$
<b>Health Insurance (employee)</b>	\$	<b>Telephone expense (Do not include cost of main home phone line)</b>	\$
<b>Health Insurance (partner/member)</b>	\$		
<b>Insurance (other than health)</b>	\$		
<b>Internet service</b>	\$	<b>Travel (Complete Travel Expense Worksheet)</b>	
<b>Interest – Mortgage (business)</b>	\$	<b>Utilities (Do not include home office)</b>	\$
<b>Interest – Business credit cards</b>	\$	<b>Wages (W-2s issued to employees)</b>	\$
<b>Interest – Business loans/credit line</b>	\$		
<b>Laundry/cleaning/janitorial</b>	\$	<b>Other Expenses</b>	
<b>Legal and professional services</b>	\$		\$
<b>Local (in-town) meals</b> (Enter travel meal expense)	\$		\$
<b>Entertainment</b>	\$		\$
<b>Merchant credit card fees</b>	\$		\$
<b>Office expense</b> (Do not include equipment purchases – see <a href="#">Asset Depreciation Worksheet</a> below)	\$		\$
<b>Parking &amp; tolls</b>	\$		\$
<b>Postage &amp; shipping</b>	\$		\$

### Asset Depreciation Worksheet

You must report the purchase and disposition of all assets you used in your business.  For each asset bought or sold, provide the following information:

Assets purchased during the year			Assets sold or disposed of during the year		
Description	Date Bought	Cost	Description	Disposition date	Sales price

## Travel Expense Worksheet

### Meal Per Diem (Important facts)

- For each day a partner traveled away from home for business outside the metro area, the Partnership may claim the actual cost of partner's lodging and meals. For meals only, the Partnership may reimburse the Partner a daily per diem amount instead of actual costs.
- For each day a non-owner employee of the Partnership traveled away from home for business outside the metro area, the Partnership may choose between claiming the actual cost of employee meals and lodging; or it can reimburse the employee a daily per diem amount for meals and/or lodging.
- The daily per diem amount varies depending on the city and country the employee traveled to. To calculate the per diem amount the Partnership is entitled to reimburse, provide a detailing of each city the employee traveled to for business during the year and the number of days in each city.
- The Partnership can alternate between actual expenses and the per diem method for each business trip; however it may not use both per diem and actual for the same business trip.
- The Partnership may reimburse a partial per diem if an employee or partner/member traveled outside metro area for less than a full day.

City visited (for per diem)	# of days in city	City visited (for per diem)	# of days in city

Travel Expenses		Travel Expenses	
Airfare	\$	Lodging	\$
Bus, train, taxi	\$	Parking & tolls	\$
Entertainment	\$	Other travel (describe below)	
Meals - actual receipts <i>(Do not include cost of meals where you are claiming the daily per diem rate)</i>	\$		\$
			\$
			\$

### Information relating to deductions and credits the Partnership may qualify for.

Answer "Yes" or "No" and provide information as applicable.

	Yes	No	Details
Did the Partnership purchase a plug-in electric vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the Partnership pay wages to any employees who were members of a targeted group?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the Partnership initiate a new 401K plan during the year?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the Partnership pay for disabled access equipment or improvements during the year?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the Partnership provide for or reimburse employees for Childcare expenses during the year?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the Partnership make energy-efficiency improvements?	<input type="checkbox"/>	<input type="checkbox"/>	

Did the Partnership manufacture or build a product inside the United States? If so, the following additional information will be needed to complete the Partnership's return:	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>• Gross receipts from sales of domestically produced product</li> <li>• Cost of domestically produced goods</li> <li>• Expenses, deductions or losses directly allocable to the domestic product</li> <li>• Wages paid for the year</li> </ul>			

### Business Use of Automobile Reporting Requirements

The IRS closely scrutinizes business-use of automobiles. Documentation must be kept proving business use of Partnership-owned or Partner-owned vehicles.

- If a partner or an employee used his or her automobile for active conduct of Partnership business:
  - The Partnership can provide reimbursement for actual operational expenses of the vehicle or it can reimburse using an allowable standard mileage rate.
  - A written log or other record must be maintained and submitted to the Partnership.
  - For each partner or employee for whom the Partnership paid auto-expense reimbursements during the year, the Partnership should maintain a written record of the expenses incurred and the reimbursements paid.
- The Partnership may claim actual operational expenses incurred for vehicles that are owned by the Partnership. Proof of business use in the form of a mileage log or a written calendar must be maintained unless it can be shown the vehicle was 100% business use.
  - If the business provided a vehicle for employee use, complete Section B below.
- For any vehicle that was used by a 5% or more owner of the business, additional information must be reported to IRS. Complete Section A shown below.

### Section A

Provide the following information for each vehicle used by a 5% or more owner of the business

Purchase price of vehicle	\$
Description (Model and year of vehicle)	
Date vehicle was first used in your business	
For this tax year only, enter the number of miles your vehicle was used for:	
Business miles (not including commute miles)	
Commuting miles	
All other personal-use miles	
Interest paid on auto loan used to purchase this vehicle	\$
Was the vehicle available for personal use? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the vehicle used primarily by a 5% or more owner of the Partnership/LLC? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is another personal-use auto available? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the standard mileage rate used last year? Yes <input type="checkbox"/> No <input type="checkbox"/>	

### Section B

Additional Questions for Partnerships Providing Vehicles for Use by Employees

Does the Partnership maintain a written policy prohibiting all personal use of company vehicles?

Yes  No

Does the Partnership maintain a written policy prohibiting all use except commuting? Yes  No

Does the Partnership treat all use of vehicles by employee as personal use? Yes  No

Does the Partnership provide more than five vehicles to employees and keep records? Yes  No

### Automobile Expenses

Mileage reimbursement amount paid to partners and employees for the year \$\_\_\_\_\_

**(Use this section to report actual expenses (not mileage) paid by the Partnership)**

Garage rent	\$	Repairs	\$
Gas	\$	Tires	\$
Insurance	\$	Tolls	\$
Licenses	\$	Registration fees	\$
Oil	\$	Other expenses (list):	\$
Parking fees	\$		\$
Lease payments	\$		\$

**Interest and Dividend Income Worksheet**

- Please attach copies of all interest and dividend statements the Partnership received for the year.
- If the partnership received interest payments under a seller financed mortgage, we will need the name, address and SSN or EIN of the party making payments.
- For each payer of interest or dividends, enter the total interest or dividend amount received.

Name of bank or other payer	Interest Received	Name of Partnership or other payer	Dividends Received
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Does the Partnership have ownership or control over a foreign financial account or trust? Yes  No

If yes, provide the name(s) of the foreign country and maximum account values for the year \$\_\_\_\_\_

**Sale of stock, real estate or other property**

- Please attach copies of year-end brokerage statements relating to stock sales
- If real estate was sold during the year, provide copies of closing papers

Description of property sold	Date purchased	Purchase Price	Date Sold	Sales Price
				\$
				\$
				\$
				\$

**Partnership Balance Sheet**

If the Partnership gross receipts and/or assets at the end of the year were greater than \$250,000 the following information must be provided to the IRS. Even if the Partnership is not required to provide this information, we request you provide it if possible.

Assets at year end		Debts & Equity at year-end	
Bank account end of year balance	\$	Accounts payable at year end	\$
Accounts receivable at end of year	\$	Payables less than 1 year	\$
Mortgages/notes receivable	\$	Mortgages/notes payable -1 year or more	\$
Loans to Partners	\$	Partner's capital accounts	\$
Other current assets (describe)	\$	Loans from Partners	\$

I affirm that the information contained in this tax organizer, submitted to Tax Pros LLC for preparing tax returns, is true, correct, and complete to the best of my knowledge. I further affirm that I have documentation/receipts to support this information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date