
Partnership Tax Organizer

(See next page for Organizer)



CS Accounting

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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"> • The partnership's total receipts for the tax year were less than \$250,000. • The partnership's total assets at the end of the tax year were less than \$1 million.
<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