

Organizer for Partnerships

LLC/Partnership: _____
EIN Name Date Formed

Address: _____
Mailing Address Suite # City State Zip Code

Contact Name: _____ Email: _____

Contact Phones: _____
(Office) Home (Mobile)

Contact Mailing Address Suite # City State Zip Code

This Organizer is provided to help you gather and organize information relating to preparation of your business 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 and have not done so yet.

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 our accounting staff to prepare organizational income and expense reports for you, there will be an additional fee to do so. If you prefer this option, please reach out to us at tax@reederpcpagroup.com ASAP.

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

Partner/Member Information

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

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

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

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 No

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	\$ _____	Rent (office, leasehold, storage) <i>(1099-MISC to unincorporated payees required)</i>	\$ _____
Bank fees and charges	\$ _____	Rent or lease <i>(vehicles, machinery, and equipment)</i>	\$ _____
Cell phone (100% of cost) \$ _____ (x Business use _____%) =	\$ _____	Repairs and maintenance	\$ _____
Commissions and fees	\$ _____	Software (Use Asset Depreciation worksheet)	\$ _____
Computers, equipment, furniture <i>(Use the Asset Depreciation worksheet at the bottom of the next page)</i>	\$ _____	Supplies and small tools	\$ _____
Contract labor <i>(You must issue a 1099-MISC to any unincorporated entity to whom you paid \$600 or more for the year)</i>	\$ _____	Taxes - Local & business licenses	\$ _____
Dues and Subscriptions	\$ _____	Taxes - Payroll (941, 940 & State)	\$ _____
		Taxes - State	\$ _____

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, 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 (<i>Model and year of vehicle</i>)	
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 (<i>not including commute miles</i>)	
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 <input type="checkbox"/> No <input type="checkbox"/>
Does the Partnership maintain a written policy prohibiting all use except commuting? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the Partnership treat all use of vehicles by employee as personal use? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the Partnership provide more than five vehicles to employees and keep records? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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

Please provide the following balance sheet information for your partnership, 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/we affirm that the information contained in this tax organizer, submitted to Reeder CPA Group for tax return preparation, is true, correct, and complete to the best of my/our knowledge. I/we understand that I/we retain complete responsibility for the returns file on our behalf with the IRS or state and local tax authorities. I/we agree to pay all preparation costs and any other associated fees.

_____ Signature	_____ Print Name	_____ Title	_____ Date
_____ Signature	_____ Print Name	_____ Title	_____ Date