# **Partnership Tax Organizer**

(See next page for Organizer)



www.lazydogtaxservice.com

640 E Main St Hohenwald, TN 38462 Office (931)295-0276 Cell (931)295-6707 Fax (760)496-0865 lazydogtaxservice@gmail.com

## **Partnership Tax Organizer**

Use a separate organizer for each partnership

Partnership	General Informat	ion								
Legal name c	Legal name of partnership						EIN	_		
Partnership a	ddress						I			
Partnership Representative				Title						
1	1			Email	l		Phone	( )		
Check one:	General Partners	hip 🛛 Limited	Partnership 🛛 Li	imited ]	Liability Partn	ership (LLP)				
Principal bus	iness activity	*	*		2	▲ · · ·	Date bu	siness started	/ /	/
Principal pro	duct or service						Date bu	siness closed	/ /	/
□ Yes □ No	Was the primary	purpose of the p	artnership activity	y to rea	lize a profit?					
🗆 Yes 🗆 No	Has the partnersl	nip reported any	losses in prior yea	ars?						
Accounting r	nethod: 🗆 Cash 🛛	□Accrual □O	ther (specify)							
🗆 Yes 🗆 No	Does the partners	ship file under a	calendar year? (If	no, wha	t is the fiscal ye	ear?)				
Partnership	Specific Question	15								
□ Yes □ No	Is there a written <i>partnership agreen</i>		eement? (If this is t	he first	year of the part	nership's existen	ce, please prov	ide a copy of the wi	ritten	
🗆 Yes 🗆 No	Are all partners a	ctively participa	ting in the busines	ss?						
🗆 Yes 🗆 No			a disregarded enti		rtnership, a tr	ust, an S corpor	ation, or an e	estate?		
□ Yes □ No			other partnership?							
□ Yes □ No			oration, partnersh fit, loss, or capital			organization, in	dividual, or	estate own direct	y or	
□ Yes □ No			20% or more, or o reign or domestic o			ctly, 50% or mo	re of the total	voting power of	all clas	ses
□ Yes □ No	Did the partnersh of debt?	nip have any deb	ot that was cancelle	ed, was	forgiven, or h	nad the terms m	odified so as	to reduce princip	oal amo	ount
□ Yes □ 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?									
□ Yes □ No	Was there a distri	ibution of proper	rty or a transfer (b	y sale o	or death) of a p	oartnership inte	rest during tl	he tax year?		
□ Yes □ No	Does the partners	ship satisfy the f	ollowing condition	ns?	- î	-	0			
	<ul><li>The partnership</li><li>The partnership</li></ul>	o's total receipts o's total assets at	for the tax year we the end of the tax	ere less year w	than \$250,000 vere less than \$	), and \$1 million.				
□ Yes □ No	Did the partnersh If yes, include a c		nore of nonemploy 9-NEC for each.	yee con	npensation to	any individual?				
🗆 Yes 🗆 No	Did the partnersh	nip have a Paych	eck Protection Pro	ogram (	PPP) loan that	t was forgiven i	n 2023?			
🗆 Yes 🗖 No			did the corporation otherwise dispose						operty o	or
Principal Pa	rtners Ownership	o Information								
Name	•	Tax ID number (SSN or EIN)	Address				Ownership percentage	General or limited partner*	U.S citize	
Limited par	t <b>ner.</b> A general par t <b>ner.</b> A limited par o contribute to the	tner's personal l	who is personally iability for partner	liable f	for partnershij ebts is limited	p debts. to the amount o	of money or o	other property co	 ntribut	ed
Partners Oth	er Transactions									
		Health insurance premiums paid			Distributions to partner			repaid by rship to partner		
All Clients -	Additional informat	tion and document	ts reauired		New Client	s – Additional in	formation and	documents require	ed	
	income/financial				Date partner			in the second second	-	
balance she	et, depreciation sch	nedule per books	, and cash reconcil		· · · · ·	rship formed in				
of business bank accounts with ending cash balance. • If the partnership has employees or paid independent contractors,				5,	• Provide copies of the partnership agreement and any other supporting organizational documents.					

provide a copy of all Forms W-2, W-3, 940, 941, 1096, 1099-NEC, 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.

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 assets at year e	nd		Partnership de	bts and equity at ye	ar end
Bank account	end of year balance	\$	Αссоι	ints payable at year end		\$
Accounts recei	vable at end of year	\$	Payab	yables less than one year		\$
Inventories		\$	Payab	Payables more than one year		\$
Loans to partn	ers	\$		ecouse loans		\$
Mortgages and	l loans held by partnership	\$	Loans	from partners		\$
Stocks, bonds,	and securities	\$	Partn	ers' capital accounts		\$
Other current	assets (include list)	\$				
Partnership lı	ncome (include all Forms 1099-K, l	Forms 1099-MISC, a	and Forms 1099-	NEC received)		
Gross receipts	or sales	\$	Divid	Dividend income (include all 1099-DIV Forms)		
Returns and al	lowances	\$ (	) Capit	al gain/loss ( <i>include all 1</i>	099-B Forms)	\$
Interest incom	e (include all 1099-INT Forms)	\$	Other	income (loss) (include a	statement)	\$
Partnership C	ost of Goods Sold (for manufact	urers, wholesalers	s, and businesse	s that make, buy, or sell go	ods)	
Inventory at b	beginning of the year	\$	Mate	rials and supplies		\$
Purchases		\$		itory at the end of the y	ear	\$
Cost of labor		\$				
Partnership E	xpenses		I			
Advertising		\$	Meals	– business		\$
Bad debts		\$	Office	Office supplies		\$
Bank charges		\$		Organization costs		\$
Business licenses		\$		Pension and profit sharing plans		\$
Commissions and fees		\$		Rent or lease – car, machinery, equipment		\$
Contract labor		\$		or lease – other business		\$
Employee benefit programs		\$		rs and maintenance	1 1 2	\$
Employee health care plans		\$	Taxes	– payroll		\$
Entertainment (not deductible)		\$	Taxes	- property		\$
Gifts		\$	Taxes	– sales		\$
Guaranteed payments to partners		\$	Taxes	Taxes – state		\$
Insurance (othe	er than health insurance)	\$	Telep	Telephone		\$
Interest – mort	gage	\$	Utilities		\$	
Interest – othe	r	\$	Wages		\$	
Internet servic	e	\$	Other	Other expense		\$
Legal and prof	essional services	\$	Other	Other expense		\$
Car Expenses	(use a separate form for each veh	icle)				
Make/Model				Date car placed in serv	rice / /	
⊒Yes ⊒No	Car available for personal use d	uring off-duty ho	ours?			
	Do you (or your spouse) have a	ny other cars for	personal use?	Did you trade in your	car this year? 🗅 Y	es 🗆 No
□Yes □No	Do you have evidence?			Cost of trade-in Trade-in value		
⊐Yes □No	Is your evidence written?			\$	\$	
I	Mileage			Actual Expenses		
Beginning of y	ear odometer			Gas/oil	\$	
End of year od				Insurance	\$	
Business milea				Parking fees/tolls	\$	
Commuting m				Registration/fees	\$	
Other mileage				Repairs	\$	

purposes. However, to use the standard mileage rate, it must be used in the first year 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)

🗆 Yes 🗖 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			

□ Yes □ No | Did the partnership purchase and place in service any electric vehicles or energy efficient commercial building property?

State Estimated or Pass-Through 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.

Privoov Poliov			
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 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.