



## LLC/Partnership Tax Preparation Organizer

### Questions

#### Ownership

- na Have their been any changes in ownership? If yes provide detailed Description of ownership changes including owners adrees and SS#
- na Did you acquire an interest in a partnership, or other business entity?

#### Income & expenses

- Did your corporation buy or sell any publicly traded securities

#### Business Activity

- na Do you have more than one busines activity in your corporation  
If yes provide a written description and provide separate input for each Business Activity.
- Do you condcut activity in more than one state?

#### Corporate Documents

- Do you have an LLC corporate book
- Have you updated your LLC minutes in the last 12 months?

#### Benefit Plans

- Does the LLC have a qualified retirement plan?
- Are these plans being professionally administred?
- Health Insurance, life insurance or other benefits paid for 2% or greater owner? If yes provide detail.
- Do you have a company owned vehicle. If yes provide info below

### Income & Expense

Note: Totals Should include credit card charges if you wish to deduct them

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## LLC/Partnership Tax Preparation Organizer

### Purchase or sale of business assets

#### Purchase of depreciable assets & non-depreciable assets

Description of asset purchased	Purchase Date	Cost	Debt incurred	Monthly Pmt

#### Sale of Assets, Stocks, Securities, or Other Assets

Description of Asset	Purchase Date	Cost	Sale Date	Sales Price	Depreciation Taken

### New Debts

#### Detail of new debts acquired by the corporation

Lender	Officer ?	Loan Date	Loan Amount	Term Of Loan	Interest Rate	Monthly Payment



## LLC/Partnership Tax Preparation Organizer

### Cash Given To Or Taken From Your Company

Do Not Include Wages Paid To Shareholders

**Outgoing Distributions or Loans to you the owner**

Description/Persons name	Officer	Date	Amount	Notes

**Incoming loans/contributions from you the owner**

Description/Persons name	Officer	Date	Amount	Notes

### Tax Payments

**Federal estimated tax payments made**

**State tax payments made**

Description	Date	Amount

Description	Date(required)	Amount