



## Partnership/LLC Tax Organizer

### New Client Basic Information - NEW CLIENT ONLY

Entity Name	<input style="width: 95%;" type="text"/>	Phone	<input style="width: 95%;" type="text"/>
		Fax	<input style="width: 95%;" type="text"/>
		Email	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>	City	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	State	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	Zip	<input style="width: 95%;" type="text"/>
If same check box	<input type="checkbox"/>		
Owners Name	<input style="width: 95%;" type="text"/>	Phone	<input style="width: 95%;" type="text"/>
		Fax	<input style="width: 95%;" type="text"/>
		Email	<input style="width: 95%;" type="text"/>
Owners Address	<input style="width: 95%;" type="text"/>	City	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	State	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	Zip	<input style="width: 95%;" type="text"/>

### Items Needed

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> FIRST YEAR ONLY - 3 previous returns if applicable.</li> <li><input type="checkbox"/> FIRST YEAR ONLY - Depreciation schedules. We need federal &amp; state depreciation schedules</li> <li><input type="checkbox"/> FIRST YEAR ONLY - Share holder basic information<br/>If newly formed, name address, social security number of all owners</li> <li><input type="checkbox"/> Copies of any IRS Notices or correspondence</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> FIRST YEAR ONLY - Copy of S-election if we did not do it.</li> <li><input type="checkbox"/> FIRST YEAR ONLY - Copy of s-election confirmation</li> <li><input type="checkbox"/> Copies of any IRS or state notices received in the recent year.</li> <li><input type="checkbox"/> PAYROLL REPORTS - copies of quarterly and year end payroll reports</li> <li><input type="checkbox"/> If you have miscellaneous income or expense please provide detail</li> <li><input type="checkbox"/> Please provide detail of Meals &amp; entertainment expense.</li> </ul> |
|--|---|

### Questions

- |  |   |
|--|---|
| <p><b>Ownership</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Have there been any changes in ownership? If yes provide detailed Description of ownership changes including owners adrees and SS#</li> <li><input type="checkbox"/> Did you acquire an interest in a partnership, or other business entity?</li> </ul> <p><b>Income &amp; expenses</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Did your corporation buy or sell any publicly traded securities</li> </ul> <p><b>Business Activity</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Do you have more than one busines activity in your corporation<br/>If yes provide a written description and provide separate input for each Business Activity.</li> <li><input type="checkbox"/> Do you condcut activity in more than one state?</li> </ul> | <p><b>Partnership Documents</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Do you have a corporate book</li> <li><input type="checkbox"/> Have you updated your minutes in the last 12 months?</li> </ul> <p><b>Benefit Plans</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Does the corporation have a qualified retirement plan?</li> <li><input type="checkbox"/> Are these plans being professionally administred?</li> <li><input type="checkbox"/> Health Insurance, life insurance or other benefits paid for 2% or greater owner? If yes provide detail.</li> <li><input type="checkbox"/> Do you have a company owned vehicle. If yes provide info below</li> </ul> |
|--|---|



## Partnership/LLC Tax Organizer

### Income & Expense

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

<input type="checkbox"/> Gross Receipts			
<input type="checkbox"/> Less returns to clients (cash basis is usually \$0)			
<b>Expenses</b>			
<input type="checkbox"/> Compensation of Officers		<input type="checkbox"/> Dues & Subscriptions	
_____		Insurance	
_____		Commissions paid	
_____		Postage & Mailing	
<input type="checkbox"/> Other wages (does not include non-wages)		Rents - non real estate/non equipment	
Repairs		Outside services	
Bad debts (cash basis is usually \$0)		Parking	
Rents - office or real estate		Cleaning	
Rents - equipment		Printing	
Taxes - Income tax federal	See Section Below	Supplies	
Taxes - Income tax State	See Section Below	Security	
Taxes - Payroll submittal fed and state		Travel	
Taxes - Property taxes		Meals & Entertainment	
Taxes - EDD		Utilities	
Taxes - Other		Miscellaneous	
Taxes - Other		Payments to credit card companies	Include With Exp
Interest expense - non- real estate interest		Other Expenses Using Your description	
Advertising			
Pension plan contributions - for prior year			
Pension plan contributions - for current year			
Employee benefit plans - Life Ins. Employees			
Employee benefit plans - Life Ins. Owners			
Employee benefits - Health Ins Employees			
Employee benefits - Health Ins Owners			
Employee benefits Other			
Employee benefits Other			
Accounting Legal & Professional			
Bank Charges			
Automobile Expenses - see detail below	See Section Below		
<b>Other Income Items</b>		<b>Other Deductions</b>	
<input type="checkbox"/> Interest Income		<input type="checkbox"/> Charitable Deductions	
<input type="checkbox"/> Dividend Income		_____	
<input type="checkbox"/> Royalties		_____	
<input type="checkbox"/> Other Income			
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### Partnership/LLC Tax Organizer

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## Partnership/LLC Tax 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 aquired by the corporation

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



## Partnership/LLC Tax Organizer

### Cash Given To Or Taken From Your Business

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