

Strategic Tax & Accounting, LLC
Partnership (multiple member LLC) Tax Organizer

Preparation Method: Mail In _____ Drop Off _____ Waiting _____

Tax Year: _____

If you are a new client, please Attach prior year partnership tax return (Form 1065)

Legal Name of Entity: _____ Employer ID _____

Address: _____ Suite: _____
City: _____ State: _____ Zip: _____ Phone: _____

Principal Industry: _____ Principal Product/Service: _____
Business Start/Organization Date: _____ State In Which Organized: _____
State Withholding Number: _____

States in which you do business: _____

Other Information

Choose (Check) One:

Domestic General Partnership	_____	Domestic Limited Partnership	_____
Domestic LLC	_____	Domestic Limited Liability partnership	_____
Foreign Partnership	_____	Other	_____

Did you purchase equipment, tools, machinery or other items with a useful life of over 1 year
for use in the business? Yes _____ No _____

If yes:

Items:	Date Purchased:	Cost:
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

Partner Information:

Partner 1

Social Security # _____
First Name _____
Middle Initial _____
Last Name _____
Address _____
City _____ State _____
Zip _____
Phone _____
Percentage Of Profit _____
Percentage Of Loss _____
Percentage of Capital _____
Any Guaranteed Payments? _____

Partner 2

Social Security # _____
First Name _____
Middle Initial _____
Last Name _____
Address _____
City _____ State _____
Zip _____
Phone _____
Percentage Of Profit _____
Percentage Of Loss _____
Percentage of Capital _____
Any Guaranteed Payments? _____

Partner 3

Social Security # _____
First Name _____
Middle Initial _____
Last Name _____
Address _____
City _____ State _____
Zip _____
Phone _____
Percentage Of Profit _____
Percentage Of Loss _____
Percentage of Capital _____
Any Guaranteed Payments? _____

Partner 4

Social Security # _____
First Name _____
Middle Initial _____
Last Name _____
Address _____
City _____ State _____
Zip _____
Phone _____
Percentage Of Profit _____
Percentage Of Loss _____
Percentage of Capital _____
Any Guaranteed Payments? _____

Which Partner Is the Tax Matters Partner (will sign the tax return)? _____

If you use bookkeeping software or a bookkeeper, attach a Profit & Loss Report and Balance Sheet

OR

Fill out the below information

OR

If you have a bank account and credit card out of which you do all business transactions, you may attach 12 months statements and check copies for those accounts. Additional compilation fee will be added to the cost of completing the tax return.

Income

Gross Receipts: _____
 Less Returns: _____
 Interest Income: _____
 Dividends: _____
 Investment Sale: _____

Cost of Good Sold

Do you manufacture and/or sell goods? If so: _____
 Beginning Inventory (January 1): _____
 Purchased Inventory (less personal use) _____
 Cost of Labor: _____
 Ending Inventory (December 31): _____

Deductions

Accounting	_____	Insurance	_____	Salary/Wages	_____
Advertising	_____	P&C	_____	Sales Expense	_____
Automobile	_____	Liability	_____	Security	_____
Bad Debts	_____	Workes Comp	_____	Software	_____
Bank Charges	_____	Other	_____	Supplies & Materials	_____
Cell Phone	_____	Janitorial	_____	Website	_____
Commissions	_____	Cleaning	_____	Taxes	_____
Computer	_____	Legal & Prof	_____	City	_____
Consultants	_____	Marketing	_____	Franchise	_____
Collection costs	_____	Meals & Ent	_____	Property	_____
Delivery	_____	Meeting/Seminar	_____	Personal Property	_____
Discounts given	_____	Office Exp	_____	Licenses	_____
Dues	_____	Parking & Tolls	_____	Telephone	_____
Ed & Training	_____	Payroll Process	_____	Tools	_____
Empoyee Benefits	_____	Permits/Licenses	_____	Travel	_____
Freight	_____	Postage/Shipping	_____	Uniforms	_____
Fuel	_____	Printing	_____	Utilities	_____
Gifts	_____	Recruiting	_____	Waste Removal	_____
Health Ins	_____	Repairs & Maint	_____	Other	_____
Ind. Contractors	_____	Rent	_____		_____
Interest	_____	Building	_____		_____
Internet	_____	Equipment	_____		_____

Balance Sheet

Assets	Beginning	End	Liabilities	Beginning	End
Cash	_____	_____	Accounts Payable	_____	_____
Accounts Receivable	_____	_____	Short-term Notes Payable	_____	_____
Inventories	_____	_____	Other Current Liabilities	_____	_____
Other Current Assets	_____	_____	Loans From Shareholders	_____	_____
Inventory	_____	_____	Long-term Notes Payable	_____	_____
Loans to Shareholders	_____	_____	Other Liabilities	_____	_____
Notes Receivable	_____	_____	Total Liabilities	=====	=====
Other Investments	_____	_____	Equity		
Depreciable Assets	_____	_____	Capital Stock	_____	_____
Less: Accumulated Depr	_____	_____	Paid-in Capital	_____	_____
Depletable Assests	_____	_____	Retained Earnings	_____	_____
Less: Accumulated Depl	_____	_____	Adjustment to S/H equity	_____	_____
Land	_____	_____	Total Equity	=====	=====
Intangible Assets	_____	_____	Total Liabilities & Capital	=====	=====
Less: Accumulated Amort	_____	_____			
Other Assets	_____	_____			
Total Assets	=====	=====			