

Partnership Organizer (Form 1065)

Partnership Name:
Partnership Address:

Year:
Federal EIN:

Client Contact:
Email Address:

Phone Number:

Please provide the following information to assist in the preparation of Form 1065 (U.S. Return of Partnership Income) for the above referenced tax year.

NEW CLIENTS

Provide the following information:

Done **N/A**

- | | | |
|--|---|---|
| <ol style="list-style-type: none"> 1. Copy of federal, state, and local tax returns for the prior three years, including any amended returns. 2. Copy of partnership agreement, certificate of limited partnership for a limited partnership, or operating agreement and articles of organization for an LLC, including any amendments. 3. Copy of tax provision from prior year with supporting documentation. 4. Detail of accounting for book-tax differences for property contributed in prior years. 5. Detail for inside and outside basis for partners. 6. Detail for a Section 754 election in effect. | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|--|---|---|

GENERAL INFORMATION

If there have been changes to the name or address of the partnership, provide the former and current information.

Schedule of Partners (attach additional schedule if needed)

#	Partner Name	Address	SSN or EIN	Individual or Type of Entity	Domestic or Foreign	GP or LP
1						
2						
3						
4						
5						

Indicate which partner is the Tax Matters Partners. _____

Schedule of Partners' Ownership at Beginning of Year (BOY) and End of Year (EOY) (attach additional schedule if needed)

#	Partner Name	BOY Profit %	EOY Profit %	BOY Loss %	EOY Loss %	BOY Capital %	EOY Capital %
1							
2							
3							
4							
5							

For each change in ownership, provide details including date of transfer, parties involved, and interests (identified as general or limited) acquired or sold. _____

Schedule of Partner Participation (attach additional schedule if needed)

#	Partner Name	Number of Hours Participated	Level of Participation (e.g. Investor, Management, Employee, etc.)	# of Years of Participation
1				
2				
3				
4				
5				

Schedule of Entities Owned (attach additional schedule if needed)

#	Name	Address	EIN	Foreign or Domestic	Type of Entity	Ownership %
1						
2						
3						
4						

Schedule of Activities Conducted (attach additional schedule if needed)

#	Name of Activity	Trade or Business (Yes or No)	Rental (Yes or No)	Date Started or Acquired	Grouped with Another Activity? (If Yes, Specify by #)
1					
2					
3					
4					
5					

Additional Information Needed

Please provide the following information:

	<u>Done</u>	<u>N/A</u>
1. Oral or written amendments to partnership agreement or operating agreement (for LLC).	_____	_____
2. Copy of notices from federal, state, or local taxing authorities with any changes noted.	_____	_____
3. Detail of reportable and listed transactions.	_____	_____
4. Copy of Form 3115 (Application for a Change in Accounting Method) if there has been a change in accounting method for the tax year. Also include copies of any Forms 3115 filed in the past three years.	_____	_____
5. Copy of Form 1128 (Application to Adopt, Change, or Retain a Tax Year) if the entity has elected to adopt, change, or retain its tax year.	_____	_____
6. Copy of Form 8716 (Election to Have a Tax Year Other Than a Required Tax Year) if the entity has elected under Section 444 to have a tax year other than a required tax year.	_____	_____
7. Copy of Form 970 (Application to use LIFO Inventory Method) if the LIFO inventory method was adopted for the tax year.	_____	_____
8. Copy of Form 8832 (Entity Classification Election) if the entity filed a check-the-box election during the year.	_____	_____
9. Copy of Form 8893 (Election of Partnership Level Tax Treatment) or election statement for partnership-level tax treatment in effect for the tax year.	_____	_____
10. Copy of W-2's filed and 1099's filed and received.	_____	_____

11. Copy of federal and state payroll reports.

Additional Questions

May the IRS discuss this return with the preparer?

_____ (Yes/No)

Is this partnership a publicly traded partnership?

_____ (Yes/No)

FINANCIAL INFORMATION

Please provide the following information:

Done

N/A

1. General ledger.

2. Detailed trial balance with account numbers.

3. Balance sheet and income statement.

4. Audited financial statements, if available.

5. Support for tax credits to be claimed.

INCOME AND DEDUCTIONS

Please provide the following information:

1. K-1s received.

2. Schedule of LIFO calculations.

3. Schedule of UNICAP calculations.

4. Schedule of interest and dividends not reported on 1099s.

5. Detail of fringe benefits provided to or paid on behalf of the partners, including amounts treated as guaranteed payments.

6. Detail for other income and other deductions.

7. Detail for tax-exempt interest and other tax-exempt income.

8. Depreciation schedules for book, tax, AMT, ACE, and state purposes, including a roll forward of fixed asset additions and deletions and a calculation of current year expense.

9. For additions, provide description, date of acquisition, purchase price, and trade-in allowances.

10. For disposals, provide calculation of book, tax, AMT, ACE, and state gain (loss), including description, date of acquisition, date of disposition, sales proceeds, cost, accumulated depreciation, and trade-in allowances.

11. Detail for the following expenses:

a. Political contributions

b. Lobbying expenses

c. Gifts

d. Penalties

e. Fines

f. Meals and entertainment

g. Club dues

Domestic Production Activities Deduction

Please provide supporting documentation and calculations for the following information.

What is the amount of domestic production gross receipts? _____

What is the amount of qualified production activities income? _____

What is the amount of qualified W-2 wages? _____

If you have any flow-through amounts for the domestic production activities deduction from Schedule K-1, include those amounts here. _____

Charitable Contributions (attach additional schedule if needed)

Donee	Date of Contribution	Cash or Property	Amount of Cash or FMV of Property	Appraisal Attached?	Supporting Documentation Attached?

Partnership-Owned Vehicles (attach additional schedule if needed)

Vehicle	Individual Using Vehicle	Date Placed in Service	Business Miles	Commuting Miles	Other Personal Miles

ASSETS, LIABILITIES, AND CAPITAL

Was there a change in the method of determining quantities, cost, or valuations between opening and closing inventory? If so, provide details. _____

Was there a writedown of "subnormal" goods? ____ (Yes/No)

Do the capitalization rules under IRC Sec. 263A apply to the partnership? ____ (Yes/No)

Were there any changes to debt in the current year? If so, indicate amount of new debt acquired, amount of debt paid off, or changes in debt terms. _____

Please provide the following information:

Done **N/A**

- | | | |
|---|-------|-------|
| 1. Detail of prepaid expenses and accrued expenses, include date of payment for accrued expenses paid after year-end. | _____ | _____ |
| 2. Detail of loans to/from owners and/or related parties. | _____ | _____ |
| 3. Detail of any other related party transactions. | _____ | _____ |
| 4. Roll forward of partners' capital accounts, including contributions and distributions. | _____ | _____ |

Capital Contributions (attach additional schedule if needed)

#	Partner Name	Date of Contribution	Cash, Property, or Services	Book Basis	Tax Basis	Prior Depreciation (if any)
1						
2						
3						
4						

For contributions of services, provide details of the services provided.

Capital Distributions (attach additional schedule if needed)

#	Partner Name	Date of Distribution	Cash or Property	FMV	Tax Basis	Property Previously Contributed?	If Yes, Date of Contribution
1							
2							
3							
4							
5							

FOREIGN INFORMATION

Provide the following information:

Done **N/A**

1. Detail of foreign income and foreign taxes paid or accrued.

2. Detail of foreign bank or trust accounts.

STATE INFORMATION

Provide the following information:

1. List of states in which the partnership has activity.

2. Schedule of receipts, payroll, and property listed by state.

3. Schedule of estimated tax payments made for any state or local returns.

CLIENT SIGNATURE

By:

Date:

Title: