

**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 Reciepts: \_\_\_\_\_  
 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**

Cash	_____
Accounts Receivable	_____
Less: Bad Debts	_____
Inventories	_____
Other Current Assets	_____
Loans to Partners	_____
Notes Receivable	_____
Other Investments	_____
Depreciable Assets	_____
Less: Accumulated Depr	_____
Depletable Assests	_____
Less: Accumulated Depl	_____
Land	_____
Intangible Assets	_____
Less: Accumulated Amort	_____
Other Assets	_____
<b>Total Assets</b>	=====

**Liabilities**

Accounts Payable	_____
Short-term Notes Payable	_____
Other Current Liabilities	_____
Non-recourse Loans	_____
Loans From Partners	_____
Long-term Notes Payable	_____
Other Liabilities	_____
<b>Total Liabilities</b>	=====
<b>Capital</b>	
Partners Capital Accounts	_____
<b>Total Capital</b>	=====
<b>Total Liabilities &amp; Capital</b>	=====