

2024 Tax Organizer for Partnerships Business Information

Partnership Information

Partnership's legal name		EIN	
Doing business as name			
In care of name			
Street address, city, state, and ZIP			
Email			
Phone number		Cell number	
Fax number		Date business started	

Yes No

- ☐ ☐ Does the partnership file under a calendar year?
 If "No," what is the begin date? _____ End date? _____
- ☐ ☐ Did the partnership conduct business activities in any state other than the resident state?
 If "Yes," what states? _____
- ☐ ☐ Is this the partnership's final year in business?
 What accounting method does the partnership use?
 ☐ Cash ☐ Accrual Other (describe) _____
- What is the partnership's principal business activity? _____
- What product or service does the partnership produce? _____
- Number of partners at any given time during the year? _____
- What type of entity is the partnership filing as?
 ☐ Domestic general partnership ☐ Domestic limited partnership
 ☐ Domestic LLC ☐ Domestic limited liability partnership
 ☐ Foreign partnership ☐ Other (describe) _____

Partnership Representative or Designated Individual (if the representative is an entity)

Representative name			
Street address, city, state, and ZIP			
Phone number		Email	

Estimates

	Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2023	_____	_____	_____	_____
First quarter	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____

Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use This Account for	
			Checking	Savings	Deposit	Withdrawal

Questionnaire

Partnership Name: _____

EIN: _____

Questionnaire

I wish to receive my tax return in the following format(charges are donated to the National Multiple Sclerosis Society):

Portal: _____ Paper(\$5.00): _____ Memory Stick(supplied by you): _____

Please Note: Request for copies of tax returns for 3rd party use will be posted to the portal for you to download and provide to the 3rd party - we will no longer provide your information directly to a 3rd party.

Yes No

- ☐ ☐ ☐ Do you give Davis-Smith Accounting Associates permission to send invoices & statements via email?
☐ ☐ ☐ Did you make any payments (\$600.00 or more) that would require you to file form(s) 1099?

Yes No

- ☐ ☐ ☐ Did you or will you file ALL required form(s) 1099?
☐ ☐ ☐ Did you have employees?
 If yes, please answer the following questions. If no, please move to the next section.

Yes No

- ☐ ☐ ☐ Did the business provide health insurance to the employees?
☐ ☐ ☐ Did you offer ANY type of benefits to your employees(health/dental/vision/life/etc.)?
☐ ☐ ☐ Did you receive the Employee Retention Credit?
 If yes, amount of credit: _____
 Please provide copies of all paperwork related to the credit.
☐ ☐ ☐ Did you purchase a new or used electric vehicle?
 a. Please provide copies of all paperwork related to the credit.
☐ ☐ ☐ Have you or will you file the beneficial owners report with FINCEN?
☐ ☐ ☐ Did you have any transactions in any form of crypto-currency(Bitcoin, Ethereum, Coinbase)?
☐ ☐ ☐ Did you have any income from an on-line business(E-bay Etsy, Facebook Marketplace) or income from Uber, Airbnb, or DoorDash?
☐ ☐ ☐ Did you have a foreign bank account or have an interest in a foreign trust?
 Please note: Penalties for failure to report foreign source income or ownership of foreign accounts start at \$10,000.00 per violation.

IF YOU OWN RENTAL PROPERTY:

Yes No

- ☐ ☐ ☐ On a regular basis(at least bi-weekly) & continuously throughout the year, do you consult with advisors, property managers, or personally visit the property(s)?
☐ ☐ ☐ Is the activity conducted with a profit motive?
☐ ☐ ☐ Do you spend several hours regularly or bi-weekly dealing with the advisors, managers, or personally with tenants, repair or maintenance companies or on-site issues?
☐ ☐ ☐ Do you maintain written calendar time records to prove the regular, substantial, continuous activity?

OTHER INFORMATION

Yes No

- ☐ ☐ ☐ If eligible, in the event of an audit, do you opt out of audit assessments being applied and paid at the partnership level (highest individual tax rate, 37%)

Partnership Representative

Name: _____
 Date of Birth: _____ SSN: _____
 Address: _____

Signature: _____ Date: _____

Partner Information

Partnership Name: _____

EIN: _____

[illegible]