	Pa	artnerships Tax O	rganizer		
Partnership Name:					
EIN #		Date Incorporated :			
What is the principal busines	s activity of the F	Partnership?			
Mailing Address:					
Contact Dhone #		omoil:			
Contact Mailing Address		•			
		Partner Informa	ntion		
First Name-Last Name (Enter information for all partners who owned shares at any time during the year)	Social Security Number	Partner Mailing address	% owned at start of year	%owned at the end of the year	Date of ownership changes (if any)
Income					
What were the gros	ss receipts or s	ales for the year?			
What portion of gros	s sales listed abo	ove was refunded or returned?			
		ost of Goods Sold	•		
asssocia		ecturing a product or entory on the first o		duct for resa	ale.
Durchagae		-			
Materials and supplies used in m		inventory for resale?			•
Cost of labor related to sale or p					
Other costs of goods not liste separate detail worksheet)	_				
		Closing inventory	at end of year?		•

	Business Expenses	
	Rent (office, leasehold, storage)	Advertising:
	Rent or lease (Equip or Vehicles)	Continuing Education:
	Credit Card Processing Fees:	Business Bank Fees:
	Business Insurance:	Business Licenses & Permits
	What % of business use?:	Cell Phone expenses (100% of cost)
	Fax Service:	Internet connection
	Utilities	Travel expenses:
	Postage/PO Box: _	Field Related Dues & Subscriptions:
	Office Supplies:	Meals:
	Taxes - Payroll (941, 940 & State)	Total Employee Wages
(1099-MISC to unicorporated payees required)		(W2's issued to Employees)

Sales of stock, real estate or other property

Please attach copies of year-end brokerage statements relating to stock sales. If real estate was sold during the year, provide copies of closing papers.

For NEW clients: Please upload or attach last years Partnership tax return and any important info.