



PARTNERSHIP TAX ORGANIZER

This organizer is designed to assist you in gathering the information necessary to prepare the current year's tax return. Please complete it in full and provide details and documentation as requested.

The Internal Revenue Service ("IRS") matches information returns with amounts reported on income tax returns. A negligence penalty may be assessed where income is unreported. Accordingly, all Forms 1099, Schedules K-1 and other information returns reflecting amounts reported to the IRS should be submitted with this organizer.

Before any work can begin, a signed engagement letter must be received by Silva Tax Group. If one has not been included with this organizer, please reach out to Tony Silva at tony@silva.tax to request an electronic copy of your engagement letter.

The original filing deadline for your partnership (Form 1065) return is **March 15, 2020**. Your completed tax organizer needs to be received no later than **February 22, 2020**. Any information received after this date may require an extension to be filed for this return.

If an extension of time is required, any tax that may be due must be paid with the extension. Any taxes not paid by the filing deadline may be subject to late-payment penalties and interest when those taxes are actually paid.

We look forward to providing services to you. Should you have any questions regarding any items, please do not hesitate to contact **Tony Silva, JD, MBA, EA**.

Email: tony@silva.tax Phone: (619) 363-7420

In particular, if you are uncertain of the appropriate response for any of the requested items, please consult the contact above.

Certification:

The undersigned certifies, to the best of his or her knowledge, that the information documented in and provided with this organizer is complete and accurate.

Certified by: _____

Title: _____ Date: _____



Organization Name _____

Address _____

Telephone _____ Fax _____

Contact Person _____ Contact Email _____

Corporate Website _____

Tax Period _____ Federal ID # _____ State ID # _____

Provide a general ledger, trial balance, depreciation schedules, balance sheet, and profit & loss statement by activity. In addition, please provide the following information:

A. General Information	Yes/ Done	No	N/A
1. If this is the first year we will prepare your tax return(s), provide the following from your files or from your prior accountant:			
a. Partnership or LLC agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Tax returns for the prior three years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Depreciation schedules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Partner basis carryforward schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Partner buy or sell agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. If the partnership or LLC elected a fiscal year-end, provide a schedule of Sec. 444 tax deposits and Form 8716.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sec. 704(b) capital account reconciliation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Copies of any other tax elections made by the partnership.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Permission to contact predecessor preparer. Provide contact information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the partnership been notified of any changes to previous returns by a taxing authority? If yes, provide copies of all correspondence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have there been any amendments to the partnership or LLC agreement? If yes, provide copies of amendments since the last year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the partnership agreement been updated for the recent partnership audit regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Provide a schedule with the following information for each partner or member (including new partners):			
a. Name and address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Social security or taxpayer identification number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Partner or member designation (general, limited, managing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Type of entity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Domestic or foreign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Profit sharing percentage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Yes/ Done	No	N/A
g. Loss sharing percentage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Percentage ownership relationship, if any, to other partnerships or corporations: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Changes in partners' or members' ownership interests after Oct. 22, 1986 (if not previously provided): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Guaranteed payments paid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Cash or property contributions and distributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Which general partner, LLC member, or third party should be designated as the partnership representative? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact information: _____			
7. Has there been a change in ownership since last year? If yes, provide a schedule with the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Date of transfer: _____			
b. Type of transfer:			
i. Sale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Gift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Inheritance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sale price or fair market value (FMV) of partnership interest transferred (include FMV from estate return if transfer is due to death).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Copy of Form 8308, if applicable (report of a sale or exchange of certain partnership interest).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did any of the partners' or members' taxable years change during the year? If yes, attach a schedule detailing the change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Did the partnership or LLC acquire or dispose of a business or business segment during this tax year? If yes, attach a copy of the contract or agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did the partnership or LLC engage in any new activities during this tax year? If yes, attach a description of the new business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Did the partnership or LLC discontinue operations for this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the partnership or LLC have any of the following employee benefit plans? If yes, provide copies of the plan documents.			
a. Qualified retirement plan(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. If yes, please be advised that you may be required to file Form 5500.			
2. Number of plans: _____			
3. Are contribution amounts available? If yes, please provide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Simplified Employee Pension (SEP) or Savings Incentive Match Plan (SIMPLE)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. If yes, please be advised that you may be required to file Form 5500.			



	Yes/ Done	No	N/A
2. Are contribution amounts available? If yes, please provide.			
c. Cafeteria plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. If yes, please be advised that you may be required to file Form 5500.			
2. Are contribution amounts available? If yes, please provide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Non-qualified deferred compensation plan(s) or agreement(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. If yes, has the "one-time only" filing with the Department of Labor been completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are there any other benefit plans not described above? Is yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did the partnership or LLC include taxable fringe/welfare benefits such as health insurance, group life insurance, education assistance, non-accountable expense allowances, and personal use of company vehicles in compensation on employees' Forms W-2 and, if applicable, subject such amounts to payroll taxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Provide a schedule by partner/member of fringe benefits paid on behalf of each partner, such as medical, life insurance, disability, and housing. Indicate which accounts have been charged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Provide copies of all federal and state payroll tax reports filed including W-2, W-3, 940, and 941.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did the partnership make any payments that would require it to issue Forms 1099?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, did the partnership/LLC file all required Forms 1099?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Provide copies of Forms 1099, 1096, 1042, 8804, 8805, 5471, 8865, 8858, 8886, and 5500 that have been filed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Provide copies of Forms 1099, 1099-B, 5471, 8865, 8858, 8886, and Schedules K-1 that have been received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Provide schedules of interest and dividend income not included on Forms 1099.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Did the partnership or LLC have loans with partners/members or other related parties during the tax year? If yes, attach a schedule indicating the amount of the loan, date of transaction, interest rate, and payments. Also, attach a copy of the note if note previously provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Does the partnership or LLC own an interest in any other entity including but not limited to a partnership, C corporation, LLC, S corporation, trust, or disregarded entity? If yes, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Was there a distribution of property or a transfer (for example, sale by death) of a partnership or LLC interest during this tax year? If marketable securities were distributed, provide the date of distribution and fair market value at distribution date(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the partnership or LLC ever elected a "step up" basis of any assets in connection with the death of a partner/member or a change in ownership (Sec. 754 election)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Yes/ Done	No	N/A
21. Did the partnership or LLC engage in either a purchase or sale transaction involving cryptocurrency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Did the partnership or LLC, at any time during the tax year, have an interest in, or signature authority over, a foreign bank or securities account? If the aggregate value of all the accounts exceeded USD \$10,000 at any time during the year, please provide the following information:			
a. Name and address of the financial institution.			
b. Account type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Account number			
d. Maximum value during the year			
e. Currency and exchange rate used			
f. Held separately (S) or jointly (J) or signature authority (SA)			
g. Joint owner's name(s), address, and U.S. taxpayer identification number			
23. Does an individual own (directly, indirectly, or constructively) at least 80% of the capital or profits interest in the partnership and does the partnership have at least 50% of its gross income from passive income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, does the partnership or LLC have an interest in specified foreign financial assets valued at more than \$50,000 on the last day of the tax year, or more than \$75,000 at any time during the tax year? If yes, please provide the following information: (a) description of asset; (b) identifying number; (c) date asset was acquired or disposed of during the tax year; (d) maximum value of asset during the tax year; (e) currency/exchange rate; (f) if asset is stock of a foreign entity, provide name, type, and mailing address; and, (g) if asset is not a stock of a foreign entity, provide name of issuer, type, and mailing address.			
24. Was the partnership or LLC the grantor of, or transferor to, a foreign trust during the tax year? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Does the partnership or LLC do business in more than one state? If yes, list states _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Provide copies of supporting schedules reflecting the property, rents, payroll, and sales by state.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Provide a schedule of state income tax withholding for non-resident partners or members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Does the partnership or LLC file use tax returns in any state?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Does the partnership or LLC have any unpaid use tax as of this time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Do you want Silva Tax Group to handle the distribution of the partner/member Schedule K-1s (additional fees apply)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Do you want an electronic copy of the returns (additional fees apply is mailed)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Is this a final return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Do you agree to have this return filed electronically?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Yes/ Done	No	N/A
32. Did the partnership or LLC change any accounting methods during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, has Form 3115 been filed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Income			
1. Does the partnership or LLC engage in more than one trade or business activity? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the partnership or LLC engage in a service activity? If yes, describe the activity: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the partnership or LLC engage in any rental real estate activity? If yes, attach details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the partnership or LLC own any securities that became worthless or loans that became uncollectible during the year? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the partnership or LLC acquire any "qualified small business stock"? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the partnership or LLC engage in farming activities? If yes, provide details, including a schedule with the amount and description of any income and expenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. During the tax year, did the partnership or LLC acquire, sell, or dispose of any assets used in the business? If yes, provide a schedule listing: (a) description of asset sold (closing disclosure for real estate); (b) date sold or purchased; (c) sales price or purchase price; (d) selling expenses; (e) date acquired; (f) original cost or basis; and, (g) depreciation claimed in prior years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did the partnership or LLC have any sales during the year that qualify for the installment method of reporting? If yes, provide a copy of the agreement, a schedule of payments received, and the beginning-of-the-year contract balances. If available, provide an amortization schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Were there any sales or exchanges during the year between the partnership/member and a partner or member or other related party? If yes, provide a detailed listing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did the partnership or LLC engage in any bartering activity during the year? If yes, provide a schedule of all such activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did the partnership or LLC have any foreign sales? If yes, provide sales by country and amounts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Deductions and Credits			
1. Were there any payments to partners/members during the year for services or for use of capital determined without regard to income? If yes, provide a description and the amounts involved for each partner/member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Yes/ Done	No	N/A
2. Provide copies of all schedules reflecting the calculation of the amount of general and administrative expenses required to be capitalized in ending inventory or associated with self-constructed assets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. For all cash charitable contributions made during the tax year, you need to have written acknowledgement from any charity to which individual donations of \$250 or more were made. You must have receipts or bank records for all cash contributions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Did the partnership or LLC make any non-cash contributions, such as inventory or property? If yes, provide details by account posted. Provide an appraisal and donee confirmation if over \$5,000.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did the partnership or LLC make political contributions during this tax year? If yes, provide details by account posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the partnership incur any expenses to influence legislation (lobbying)? If yes, provide a schedule of lobbying expenses and indicate to which accounts these expenses were posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the partnership or LLC pay any penalties or fines during the tax year? If yes, list amount(s) and indicate the reason for the penalty, fine, or other expense and which accounts these expenses were posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did the partnership or LLC pay or incur any expenses, including settlements, other payouts, or attorney fees, related to a sexual abuse or sexual harassment claim if the payments are subject to a nondisclosure agreement? If yes, provide amounts and indicate to which accounts these expenses were posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Did any partners or members contribute any assets to the partnership or LLC during the year? If yes, provide a schedule of such assets received including date placed in service and partner's or member's basis and fair market value in such assets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the partnership or LLC own or lease any vehicles? If yes, provide the following information for each vehicle (note: certain exceptions may apply for taxpayers with more than five vehicles): (a) vehicle description; (b) date placed in service; (c) business miles; (d) commuting miles; (e) other personal miles; (f) total miles; and, (g) average daily round trip commuting distance.			
a. Does the partnership or LLC have evidence to support the claimed business use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Were the vehicles available for personal use during off-duty hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Were the vehicles used primarily by a more than five-percent owner or related person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is another vehicle available for personal use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide a copy of the lease for any leased vehicles. If not available, provide the following: (1) Date of lease; (2) Fair market value at inception; (3) Term of the lease; and, (4) Lease payments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Yes/ Done	No	N/A
9. Regarding the partnership/LLC's policy for vehicles:			
a. Does the partnership or LLC maintain a written policy that prohibits all personal use of vehicles, including commuting, by employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the partnership or LLC maintain a written policy that prohibits personal use of vehicles, excluding commuting, by employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Does the partnership or LLC treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Does the partnership or LLC provide more than five vehicles to employees and retain the information received from employees concerning the use of the vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Does the partnership or LLC require or maintain copies of vehicle logs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did the partnership or LLC have any meals and/or entertainment expenses? If yes, provide details by account posted, including separate information for business meals and entertainment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did the partnership or LLC provide any qualified transportation fringe benefits to employees? If yes, provide the amount and indicate to which accounts these expenses were posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Did the partnership or LLC pay any social or entertainment club dues? If yes, provide details by account posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Will all compensation-related accruals (including vacation pay) be paid within two and one-half months of year end? If no, provide details of unpaid amounts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Provide copies of certification for employees of target groups and associated wages paid qualifying for the work opportunity tax credit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Provide details of health insurance premiums paid for employees, including a copy of Form 1094-C, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Did the partnership or LLC provide paid medical or family leave to employees pursuant to a written policy? If yes, provide a copy of the policy and, for each applicable employee, the amount of wages paid, the employee's normal hourly wage rate, and the number of hours of leave for which the employee was paid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>