PARTNERSHIP TAX ORGANIZER
FORM 1065
(EXPANDED VERSION)

ORGANIZATION NAME ______________________________

ADDRESS ______________________________

____

TELEPHONE # ______________________________

FAX # ______________________________

E-MAIL ADDRESS ______________________________

TAX YEAR ENDING ________________

FEDERAL ID # ________________

STATE ID # ________________

Enclosed is an organizer that I (we) provide to our tax clients to assist in gathering the information necessary to prepare the current year tax returns.

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

For your convenience, there is an engagement letter enclosed which explains the services I (we) will provide to the partnership. Please sign a copy of the engagement letter and return it in the enclosed envelope. Keep the other copy for your records.

The filing deadline for your partnership return is ________________ your completed tax organizer needs to be received no later than ________________. Any information received after that date may require an extension of time.

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

I (we) look forward to providing services to you. Should you have any questions regarding any items, please do not hesitate to contact me (us).

PARTNERSHIP TAX ORGANIZER (1065)
(EXPANDED VERSION)

Provide a general ledger, trial balance, depreciation schedules, balance sheet, and profit and loss statement by activity. Additional information will be needed as described below:

	YES	NO	N/A
100) GENERAL INFORMATION			
101) If this is the first year we will prepare your tax return(s), provide the following from your file or your prior accountant:	____	____	____
.1) Partnership agreement	____	____	____
.2) Tax returns for the prior three years	____	____	____
.3) Depreciation schedules	____	____	____
.4) Partner basis carryforward schedule	____	____	____
.5) Partner buy/sell agreement	____	____	____
.6) If the partnership elected a fiscal year-end, provide a schedule of Section 444 tax deposits and Form 8716.	____	____	____
.7) Section 704(b) capital account reconciliation	____	____	____
102) Has the partnership been notified of any changes to previous returns by any taxing authority? If yes, provide copies of all correspondence.	____	____	____
103) Have there been any amendments to the partnership agreement? If yes, provide copies of amendments since the last year.	____	____	____
104) Provide the following information for all partners:			
.1) Name	____	____	____
.2) Address	____	____	____
.3) Social Security/Taxpayer Identification Number	____	____	____
.4) General partner or limited partner	____	____	____
.5) Type of entity	____	____	____
.6) Domestic or foreign	____	____	____
.7) Profit sharing percentage	____	____	____
.8) Loss sharing percentage	____	____	____
.9) Percentage ownership	____	____	____
.10) Changes in partners' ownership interests after 10/22/86 (if not previously provided)	____	____	____
.11) Guaranteed payments paid	____	____	____
.12) Cash and/or property contributions and distributions	____	____	____
105) Which general partner or LLC member should be designated as the Tax Matters Partner, if applicable? ______________________________			
106) Has there been a change in ownership since last year? If yes, provide the following:	____	____	____
.1) Date of Transfer ____/_____/_____			
.2) Type of Transfer: (a) Sale (b) Gift (c) Inheritance			

	YES	NO	N/A
.3) Sale price or fair market value of partnership interest transferred. (Include FMV from estate return if transfer is due to death.)	____	____	____
.4) Copy of Form 8308, if applicable. (Report of a sale or exchange of certain partnership interest.)	____	____	____
107) Did any of the partners' taxable years change during the year? If yes, attach a schedule detailing the change.	____	____	____

108) List the names and telephone numbers of the partnership's advisors:

	Name & Address	Telephone #	Fax #	E-Mail Address
Attorney				
Banker				
Insurance				
Broker				

109) Describe the principal business activity of the partnership:

____

	YES	NO	N/A
.1) Did the partnership acquire or dispose of a business or business segment during this tax year? If yes, attach a copy of the contract or agreement.	____	____	____
.2) Did the partnership engage in any new activities during this tax year? If yes, attach a description of the new business.	____	____	____
.3) Did the partnership discontinue operations for this year?	____	____	____

110) Does the partnership have any of the following employee benefit plans? If yes, provide copies of plan documents.

	YES	NO	N/A
.1) Qualified retirement plan(s)?	____	____	____
If yes, are we to prepare Form 5500?	____	____	____
Number of plans ___________________			
Are we to compute the contribution?	____	____	____
.2) SEP or SIMPLE plan?	____	____	____
If yes, are we to compute the contribution(s)?	____	____	____
.3) Cafeteria plan?	____	____	____
If yes, are we to prepare Form 5500?	____	____	____
.4) Non-qualified deferred compensation plan(s) or agreement(s)?	____	____	____
If yes, has the "one time only" filing with the Department of Labor been done?	____	____	____
.5) Other benefit plans not described above?	____	____	____

		YES	NO	N/A
111)	Did the partnership include taxable fringe/welfare benefits such as health insurance, group life insurance, educational assistance, expense allowances and personal use of company vehicles in compensation on employees' Forms W-2 and, if applicable, subject such amounts to payroll taxes?	____	____	____
112)	Provide a schedule, by partner, of fringe benefits paid on behalf of each partner such as medical, life insurance, disability and housing. Indicate which accounts have been charged.	____	____	____
113)	Copies of all federal and state payroll tax reports filed.	____	____	____
114)	Provide copies of Forms 1099/1096, 1042, 8804, 8805, 5471, 5472, 8865, 8858, 8886, and 5500 that have been filed.	____	____	____
115)	Provide copies of Forms 1099, 5471, 5472, 8865, 8858, 8886, and Schedules K-1 that have been received.	____	____	____
116)	Provide schedules of interest and dividend income not included on 1099s.	____	____	____
117)	Did the partnership have loans with partners and/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 not previously provided.	____	____	____
118)	Has the address on the prior year changed? If so, provide new address.	____	____	____
119)	Is the partnership a partner in another partnership? If yes, provide a copy of other partnership tax return(s).	____	____	____
120)	Does the partnership own a disregarded entity? If so, provide details.	____	____	____
121)	Circle method of accounting for tax purposes: Cash Accrual Other (Describe) ________________			
122)	Did the partnership establish any new general ledger accounts during the tax year? If yes, attach a list with a brief explanation of each account.	____	____	____
123)	Did the partnership post any entries to the partnership capital accounts during the year? If yes, provide detail of the activity.	____	____	____
124)	Was there a distribution of property or a transfer (for example, by sale or death) of a partnership interest during this tax year? If marketable securities were distributed, provide the date of distribution and fair market value at distribution dates(s).	____	____	____
125)	Has the partnership ever elected to "step up" the basis of any assets in connection with the death of a partner or a change in ownership? (Section 754 election)	____	____	____
126)	Did the partnership, at any time during the tax year, have an interest in a foreign bank account?	____	____	____

	YES	NO	N/A
127) Was the partnership the grantor of, or transferor to, a foreign trust during the tax year?	____	____	____
128) Does the partnership do business in more than one state? If yes, list the states.	____	____	____
.1) Provide copies of supporting schedules reflecting the property, rents, payroll, and sales by state.	____	____	____
.2) Provide a schedule showing any amounts for which there are known timing or treatment differences between federal and applicable state reporting.	____	____	____
.3) Provide schedule of state income tax withholding for non-resident partners.	____	____	____
129) How many additional copies of the return do you need? ____________			
130) Is this a final return?	____	____	____
131) Can the Internal Revenue Service discuss questions about this return with the preparer? Yes ____ No ____			
200) INCOME			
201) Does the partnership engage in more than one trade or business activity? If yes, provide a list and note those started or acquired after 10/22/86.	____	____	____
202) Does the partnership engage in any rental real estate activity? If yes, provide a list and note those started or acquired after 10/22/86.	____	____	____
203) Did the partnership receive interest and dividend income from the following sources? If yes, provide details.	____	____	____

- U.S. agencies
- U.S. government
- Tax-exempt by state
- Tax exempt-private activity

	YES	NO	N/A
204) Did the partnership sell any stocks, bonds or securities during the year? If yes, furnish Form(s) 1099B and complete the following:	____	____	____

Description of Securities Sold	Dates Acquired	Cost or Basis Plus Selling Expenses	(Trade Date) Date Sold	Total Sales Price

YES NO N/A

205) Did the partnership own any securities that became worthless during the year? If yes, provide details. ____ ____ ____

206) Did the partnership acquire any "Qualified Small Business Stock"? ____ ____ ____

207) Did the partnership own any mutual funds? If yes, provide year-end statement(s). ____ ____ ____

208) During the tax year, did the partnership sell or dispose of any assets used in the business? If yes, provide a schedule listing: ____ ____ ____

- Description of asset sold (Form HUD-1 for real estate)
- Date sold
- Sales price
- Selling expenses
- Date acquired
- Original cost or basis
- Depreciation claimed in prior years

209) Provide detail of all items greater than $__________ in the miscellaneous income account. ____ ____ ____

Description	Amount

210) Did the partnership 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 year contract balances. If available, provide amortization schedule. ____ ____ ____

211) Were there any sales or exchanges during the year between the partnership and a partner or other related party? If yes, provide a detailed listing. ____ ____ ____

212) Did the partnership engage in any bartering activity during the year? If yes, provide a schedule of all such activities. ____ ____ ____

213) Did the partnership have any foreign sales? If yes, provide sales by country and amount. ____ ____ ____

YES NO N/A

300) DEDUCTIONS

301) Were there any payments to partners during the year for services or for the use of capital determined without regard to income? If yes, provide the details below: ____ ____ ____

Partner	Description	Amount

302) Do the uniform capitalization rules under Section 263A related to items such as inventory and construction apply? If yes, 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. ____ ____ ____

303) Provide details for calculating the domestic activities deduction. ____ ____ ____

304) List all charitable contributions made during the tax year by organization, date and amount. ____ ____ ____

NOTE: You need to have written acknowledgment from any charity to which individual donations of $250 or more were made during the year. For tax years beginning after August 17, 2006, you must have receipts or bank records for all cash contributions. ____ ____ ____

305) Did the partnership make political contributions during the tax year? ____ ____ ____

.1) If yes, enter the amount. $_________

.2) If yes, identify the accounts to which the contributions were posted.
____

306) Did you incur any expenses to influence legislation (lobbying)? If yes, provide a schedule of "lobbying expenses" and indicate to which accounts these expenses were posted. ______________________________ ____ ____ ____

YES NO N/A

307) Did the partnership pay life insurance premiums for any partner(s)? If yes, provide the following for each policy: ____ ____ ____

- Face amount
- Insured
- Policy owner
- Beneficiary
- Type of policy
- Premium paid
- Cash surrender value at year end
- Loan balance at year end
- Interest paid on policy loan
- Loans to pay premiums

To which general ledger accounts have the payments been posted?

____

____

308) Did the partnership pay any penalties/fines during the tax year? If yes, list amount(s) and indicate the reason for the penalty/fine. ____ ____ ____

Description	Amount

309) Did the partnership acquire any assets during the tax year? If yes, provide a schedule of assets purchased including the date placed in service, and a copy of the purchase invoice. Include any trade-in information. (Form HUD-1 for real estate) ____ ____ ____

310) Did any partners contribute any assets to the partnership during the year? If yes, provide a schedule of such assets received including date placed in service and partner's basis in such assets and fair market value of such asset. ____ ____ ____

311) Does the partnership 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.): ____ ____ ____

- Vehicle description
- Date placed in service
- Business miles
- Commuting miles
- Other personal miles
- Total miles
- Average daily round trip commuting distance

.1) Does the partnership have evidence to support the claimed business use? If yes, is the evidence written? ____ ____ ____

.2) Were the vehicles available for personal use during off-duty hours? ____ ____ ____

		YES	NO	N/A
.3)	Were the vehicles used primarily by a more than 5% owner or related person?	____	____	____
.4)	Is another vehicle available for personal use?	____	____	____
.5)	Provide a copy of the lease for any leased vehicles. If not available, provide the following:	____	____	____

- Date of lease
- Fair market value at inception
- Term of lease
- Lease payments

312) Regarding partnership policy for vehicles:

		YES	NO	N/A
.1)	Does the partnership maintain a written policy that prohibits all personal use of vehicles, <u>including</u> commuting, by employees?	____	____	____
.2)	Does the partnership maintain a written policy that prohibits personal use of vehicles, <u>excluding</u> commuting, by employees?	____	____	____
.3)	Does the partnership treat all use of vehicles by employees as personal use?	____	____	____
.4)	Does the partnership provide more than five vehicles to employees and retain the information received from employees concerning the use of vehicles?	____	____	____
.5)	Does the partnership require or maintain copies of vehicle logs?	____	____	____

313) Are computers, cellular phones or other property used for personal purposes? If yes, complete the following: ____ ____ ____

Description	Date Placed in Service	Business Use %	Cost or Basis

		YES	NO	N/A
.1)	Does the partnership have evidence to support the business use claimed?	____	____	____
.2)	If yes, is the evidence written?	____	____	____
314)	Did the partnership have any meal or entertainment expenses? If yes, provide details.	____	____	____
315)	Did the partnership pay any social or entertainment club dues? If yes, provide details.	____	____	____

PARTNERSHIP TAX ORGANIZER (1065)
(EXPANDED VERSION)

YES NO N/A

316) List all items in the miscellaneous expense account greater than $________. ____ ____ ____

Description	Amount

317) Will all compensation-related accruals (including vacation pay) be paid within 2½ months of year-end? If no, provide details of unpaid amounts. ____ ____ ____

318) Provide copies of certification for employees of target groups and associated wages paid that qualify for the Work Opportunities Credit. ____ ____ ____

319) Provide the following information for all items of interest expense:

Payee	Purpose Of Loan	Recourse/ Non-Recourse	Year End Principal Balance	Interest Expense

320) Were there any accruals of interest, compensation, guaranteed payments, or other expenses to partners at year-end? If yes, provide detail. ____ ____ ____