



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 underreported. Accordingly, all Forms 1099, Schedules K-1 and other information returns reflecting amounts reported to the IRS should be submitted with this organizer.

An engagement letter explains the services that will be provided to the partnership. *(If sending a hard copy)* Please sign a copy of the enclosed engagement letter and return it in the enclosed envelope and maintain the other copy for your records. *(If sending an electronic copy)* You should have received a link to electronically sign and submit the engagement letter. Please electronically sign the agreement as soon as possible.

The original filing deadline for your partnership (Form 1065) return is **MARCH 15TH**. Your completed tax organizer needs to be received no later than **2 WEEKS PRIOR**. Any information received after that date may require an extension to be filed for this return.

Your return will be electronically filed unless otherwise requested or ineligible for e-file. The request to opt out of e-filing may require you to sign a form that will be filed with the taxing authority(ies).

If an extension of time to file is required, it must be filed by the due date to avoid any late-filing penalties.

We look forward to providing services to you. Should you have questions regarding any items, please do not hesitate to contact \_\_\_\_\_.

Email [admin@shcpasolutions.com](mailto:admin@shcpasolutions.com) Phone [240-459-3704](tel:240-459-3704)

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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 \_\_\_\_\_

Organization name \_\_\_\_\_ Telephone no. \_\_\_\_\_  
 Address \_\_\_\_\_ Fax no. \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Tax period \_\_\_\_\_ Federal ID no. \_\_\_\_\_ State ID no. \_\_\_\_\_

Provide a general ledger, trial balance, balance sheet and profit and loss statement by activity. Provide electronically in Microsoft Excel, if possible.

If you use QuickBooks or a similar accounting program, please provide a backup or accountant's copy of your file. If you need help providing a copy, contact our office. If the file is password protected, contact us for a secure method to communicate the password to us.

In addition, provide the below information.

<b>100) General information</b>	Yes/ Done	No/ N/A
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▶ 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 or LLC agreement, including any amendments	<input type="checkbox"/>	<input type="checkbox"/>
2. Tax returns for the prior three years	<input type="checkbox"/>	<input type="checkbox"/>
3. Depreciation schedules	<input type="checkbox"/>	<input type="checkbox"/>
4. Partner basis carryforward schedule (including both tax basis, Sec. 704(b) basis and state, if different)	<input type="checkbox"/>	<input type="checkbox"/>
5. Partner buy or sell agreement	<input type="checkbox"/>	<input type="checkbox"/>
6. If applicable, provide the election to have a tax year other than a calendar year (Form 8716) and a schedule of tax deposits.	<input type="checkbox"/>	<input type="checkbox"/>
7. Capital account reconciliation	<input type="checkbox"/>	<input type="checkbox"/>
8. Copies of any other tax elections made by the partnership	<input type="checkbox"/>	<input type="checkbox"/>
9. Copies of any tax accounting method changes (e.g., Forms 3115) filed in the prior five years	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the partnership/LLC engage in more than one trade or business activity, such as an additional service or rental activity? If yes, provide details.  _____	<input type="checkbox"/>	<input type="checkbox"/>
11. Permission to contact the predecessor preparer for this tax return If permission is granted, please provide the predecessor's contact information.  _____	<input type="checkbox"/>	<input type="checkbox"/>

Yes/  
Done      No/  
N/A

▶ 102) Has the partnership or LLC been notified of any changes to previous returns by any taxing authority?  
If yes, provide copies of all correspondence.  Yes/ Done       No/ N/A

▶ 103) Have there been any updates or amendments to the partnership or LLC agreement? If yes, provide  
copies of amendments since last year. Note: Careful consideration needs to be given to the recent  
partnership audit rules, such as who should be the partnership representative and how should  
adjustments proposed by the IRS be allocated. Please consult our office with questions.  Yes/ Done       No/ N/A

▶ 104) Provide the following information (for new partners/members and to the extent it has changed for  
current partners/members):

1. Name and address  Yes/ Done       No/ N/A

2. Social Security or taxpayer identification number  Yes/ Done       No/ N/A

3. Partner or member designation (general, limited or managing)  Yes/ Done       No/ N/A

4. Type of entity  Yes/ Done       No/ N/A

5. Domestic or foreign  Yes/ Done       No/ N/A

6. Profit sharing percentage  Yes/ Done       No/ N/A

7. Loss sharing percentage  Yes/ Done       No/ N/A

8. Describe any ownership relationship, if any, to other partnerships or corporations  Yes/ Done       No/ N/A

9. Cash or property contributions and distributions during the current year  Yes/ Done       No/ N/A

10. If the partner or member is a disregarded entity, provide the information above for items one  
through five for the applicable owner and income tax purposes.  Yes/ Done       No/ N/A

▶ 105) Has there been a change in which a general partner, LLC member or third party should be designated as the  
partnership representative? If so, provide details. If eligible to elect out of the centralized partnership audit  
regime under the Bipartisan Budget Act of 2015 (BBA), also indicate if the partnership intends to elect out.  Yes/ Done       No/ N/A

Contact information for representative: \_\_\_\_\_

▶ 106) Has there been a change in ownership since last year? If yes, provide the following:  Yes/ Done       No/ N/A

1. Copy of purchase and sale agreement/other transfer documents  Yes/ Done       No/ N/A

2. Date(s) of transfer \_\_\_\_\_  Yes/ Done       No/ N/A

3. Sale price or fair market value (FMV) of partnership interest transferred (include FMV from estate  
return if transfer is due to death)  Yes/ Done       No/ N/A

4. Copy of the report of a sale or exchange of certain partnership interest (Form 8308), if applicable  Yes/ Done       No/ N/A

▶ 107) Did any of the partners' or members' taxable years change during the year? If yes, attach a schedule  
detailing the change.  Yes/ Done       No/ N/A

	Yes/ Done	No/ N/A
▶ 108) 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"/>
▶ 109) Did the partnership or LLC engage in any new activities during this tax year? If yes, attach a description of the new business as well as the location of the new activity.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 110) Did the partnership or LLC discontinue operations for this year?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 111) Does the partnership or LLC have any employee benefit plans? If yes, provide copies of the plan documents and any contribution amounts, if available. Also, be advised you may be required to file an annual report (Form 5500).	<input type="checkbox"/>	<input type="checkbox"/>
1. Are any of the partners or members receiving a Form W-2, <i>Wage and Tax Statement</i> , from the partnership or LLC?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 112) Did the partnership or LLC include taxable fringe/welfare benefits, such as health insurance, group life insurance, educational assistance, non-accountable expense allowances and personal use of company vehicles, in the compensation of partners/members? If yes, provide a schedule by partner/member of fringe benefits paid on behalf of each partner/member and indicate which accounts have been charged.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 113) Provide copies of all federal and state payroll tax reports filed including Forms W-2/W-3, 940 and 941.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 114) Did the partnership make any payments that would require it to issue Forms 1099?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did the partnership file all required Forms 1099?	<input type="checkbox"/>	<input type="checkbox"/>
Note: In general, Form 1099 will be required to be issued to each person to whom was paid at least \$600. There are other situations for which Form 1099 will be required.		
▶ 115) 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"/>
▶ 116) 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"/>
▶ 117) Provide schedules of interest and dividend income not included on Forms 1099.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 118) 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, provide details, including the location of the business.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 119) Was there a distribution of property or a transfer (for example, by sale or 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"/>
▶ 120) Has the partnership or LLC ever elected to "step up" the 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"/>
▶ 121) Did the partnership or LLC receive or sell, exchange, gift or otherwise dispose of a digital asset or a financial interest in a digital asset? If yes, provide details. A digital asset is any virtual currency of value that functions as a medium of exchange, a unit of account and/or a store of value. Cryptocurrency, such as Bitcoin, is an example of a digital asset.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 122) Did the partnership receive Paycheck Protection Program (PPP) funds related to the COVID-19 pandemic? If yes, provide details of the amount of funds received if the forgiveness has not been captured on a prior year tax return.	<input type="checkbox"/>	<input type="checkbox"/>

Yes/ No/  
Done N/A

- ▶ 123) 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 U.S. \$10,000 at any time during the year and you are engaging us to complete your Report of Foreign Bank and Financial Accounts (FBAR) on FinCEN Form 114, please complete the following:

Name and address of financial institution	Account type (bank/securities/ other)**	Account number	Maximum value during the year*	Currency and exchange rate used	Held separately (S) or jointly (J) or signature authority (SA)	Joint owner's name(s), address and U.S. taxpayer identification number (if any)

\* Please provide the highest value at any time during the year in the foreign currency

\*\* Treasury guidance presently (Form 114, *Report of Foreign Bank and Financial Accounts*) defines a foreign financial account as any bank, securities, securities derivatives or other financial instruments account. These accounts generally encompass any accounts in which the assets are held in a commingled fund and the account owner holds an equity interest in the fund (mutual fund). The term also means any savings, demand, checking, deposit, time deposit, debit card or credit card maintained with a financial institution or other person engaged in the business of a financial institution. A financial account also includes a commodity futures or options account, an insurance policy with cash surrender value (whole life) and an annuity policy with cash surrender value.

- ▶ 124) Does an individual own (directly, indirectly or constructively) at least 80% of the capital or profits interest in the partnership or LLC and does the partnership or LLC have at least 50% of its gross income from passive income (dividends, interest, etc.)?

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, complete the following schedule (only include assets not previously listed above for FinCEN 114 reporting).

Description of asset	Identifying number	Date asset acquired or disposed of during the year	Maximum value of asset during the tax year	Currency/ exchange rate	If asset is stock of a foreign entity, provide name, type and mailing address	If asset is not a stock of a foreign entity, provide name of issuer, type and mailing address

	Yes/ Done	No/ N/A
▶ 125) 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"/>
▶ 126) Does the partnership or LLC do business or have activity in more than one state? If yes, list the states. _____	<input type="checkbox"/>	<input type="checkbox"/>
1. Provide copies of supporting schedules reflecting the property, rents, payroll and sales by state.	<input type="checkbox"/>	<input type="checkbox"/>
2. Provide a schedule of state income tax withholding for non-resident partners or members.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 127) Does the partnership or LLC file sales or use tax returns in any state?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 128) Does the partnership or LLC have any unpaid use tax?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 129) Did the partnership or LLC receive any cash payments (excluding checks) of more than \$10,000 in the current year in one transaction or two or more related transactions? If yes, was Form 8300, <i>Report of Cash Payments over \$10,000 Received in Trade or Business</i> , filed?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 130) Is this a final return?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 131) Has the partnership or LLC evaluated any changes in any accounting methods during the year?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 132) Did the partnership or LLC defer the deposit and payment of its share of Social Security tax for any quarter in 2020 (per the CARES Act)? If so, provide copies of the payroll tax returns and information on the payment of the deferred taxes (due 50% in 2021 and 50% in 2022).	<input type="checkbox"/>	<input type="checkbox"/>
▶ 133) Does the partnership or LLC have a capitalization policy in place? What is the dollar threshold? _____	<input type="checkbox"/>	<input type="checkbox"/>
1. Does the partnership or LLC want to apply the de minimis capitalization safe-harbor threshold of \$2,500 for certain taxpayers as noted in IRS Notice 2015-82?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 134) Did the partnership or LLC incur any new loans, refinance any existing loans, or were any loan terms changed during the year? If yes, provide the closing statement, terms, guarantor information, Forms 1098, if applicable, and any year-end loan balance details (including escrow balances).	<input type="checkbox"/>	<input type="checkbox"/>
▶ 135) 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 not previously provided.	<input type="checkbox"/>	<input type="checkbox"/>

<b>200) Income</b>	Yes/ Done	No/ N/A
▶ 201) 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"/>
▶ 202) Did the partnership or LLC acquire any Sec. 1202 "qualified small business stock?" If yes, provide details. _____	<input type="checkbox"/>	<input type="checkbox"/>
▶ 203) Did the partnership or LLC reinvest any capital gain proceeds within 180 days of the sale into a qualified opportunity fund? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 204) 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"/>

	Yes/ Done	No/ N/A
▶ 205) 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:	<input type="checkbox"/>	<input type="checkbox"/>
– Description of asset purchased or sold (Provide Closing Disclosure for real estate.)		– Details on whether the property was contributed by a partner or member
– Date acquired/sold		– Original cost or basis
– Sales price or purchase price		– Depreciation claimed in prior years
– For purchased property, whether acquired from a related person or entity		– Selling expenses
▶ 206) 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-year contract balances. If available, provide an amortization schedule.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 207) Were there any sales or exchanges during the year between the partnership or LLC and a partner or member or other related party? If yes, provide a detailed listing.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 208) 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"/>
▶ 209) Did the partnership or LLC have any foreign sales? If yes, provide sales by country and amounts.	<input type="checkbox"/>	<input type="checkbox"/>

**300) Deductions and credits**

	Yes/ Done	No/ N/A
▶ 301) Were there any payments to partners/members during the year for services or for the 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"/>
▶ 302) 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"/>
▶ 303) Is there a written acknowledgment for any charitable contribution made of \$250 or more? Note that receipts or bank records must be provided as documentation for all cash contributions.	<input type="checkbox"/>	<input type="checkbox"/>
1. 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"/>
2. Did the partnership or LLC make any contributions during the tax year to college institutions for the right to purchase tickets or seats at athletic events? If yes, provide details and note that these contributions are no longer deductible.	<input type="checkbox"/>	<input type="checkbox"/>
3. 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"/>
▶ 304) Did the partnership or LLC 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"/>
▶ 305) Did the partnership or LLC pay any penalties or fines during the tax year? If yes, list amounts and indicate the reason for the penalty, fine or other expense and which accounts these expenses were	<input type="checkbox"/>	<input type="checkbox"/>

posted.



	Yes/ Done	No/ N/A
▶ 306) 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? (Note: This question is being asked due to a new provision enacted that prohibits a deduction for these types of payments.) If yes, provide amounts and indicate to which accounts these expenses were posted.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 307) Did the partnership or LLC purchase life insurance on any employee after Aug. 17, 2006, in which the company is the beneficiary? If yes, have employees been notified? Please provide a copy of the report of employer-owned life insurance contracts (Form 8925).	<input type="checkbox"/>	<input type="checkbox"/>
▶ 308) Did any partner or member contribute any assets to the partnership or LLC during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, provide a schedule of such assets received including the date placed in service and the partner's or member's basis and fair market value in such assets.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 309) 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):	<input type="checkbox"/>	<input type="checkbox"/>
– Vehicle description		– Other personal miles
– Date placed in service		– Total miles
– Business miles		– Average daily round trip commuting distance
– Commuting miles		
1. Does the partnership or LLC have evidence to support the claimed business use?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>
2. Were the vehicles available for personal use during off-duty hours?	<input type="checkbox"/>	<input type="checkbox"/>
3. Were the vehicles used primarily by a more than five-percent owner or related person?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is another vehicle available for personal use?	<input type="checkbox"/>	<input type="checkbox"/>
5. Provide a copy of the lease for any new leased vehicles. If not available, provide the following: date of lease, term of lease, fair market value at inception and lease payments.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 310) Regarding the partnership's policy for vehicles:		
1. Does the partnership or LLC maintain a written policy that prohibits all personal use of vehicles, <u>including</u> commuting, by employees?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the partnership or LLC maintain a written policy that prohibits personal use of vehicles, <u>excluding</u> commuting, by employees?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the partnership or LLC treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the partnership or LLC provide more than five vehicles to employees and retain the information received from employees concerning the use of vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the partnership or LLC require or maintain copies of vehicle logs?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 311) Did the partnership or LLC have any meals or entertainment expenses? If yes, provide details by account, including separate information for business meals and entertainment. Note that meals provided by a restaurant are 100% deductible and that activities considered to be entertainment are generally not deductible.	<input type="checkbox"/>	<input type="checkbox"/>

	Yes/ Done	No/ N/A
▶ 312) 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"/>
▶ 313) 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"/>
▶ 314) Will all compensation-related accruals (including vacation pay) be paid within 2½ months of year end? If no, provide details (including whether any provisions exist that may change whether the bonus will be paid to the employee) of unpaid amounts.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 315) Provide copies of certification for employees of targeted groups and associated wages paid that qualify for the work opportunity tax credit.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 316) Provide details of health insurance premiums paid for employees including a copy of Form 1094-C, <i>Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns</i> , if applicable.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 317) Did the partnership or LLC provide paid medical and family leave to employees pursuant to a written policy at a rate of at least 50% of the wages normally paid? 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"/>
▶ 318) Did the partnership or LLC participate in any research and development (R&D) activities or perform an R&D tax credit study? If so, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 319) Did the partnership or LLC have any property, operations or books and records in a non-COVID-related presidentially declared disaster area during the year? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 320) Did the partnership or LLC participate in a cost segregation study this year? If so, provide the report.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 321) Did the partnership or LLC pay any elective passthrough entity tax in any state during the year?	<input type="checkbox"/>	<input type="checkbox"/>

Comments/explanations

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