**Tax Organizer for**

**Partnership Returns**

**1065 Returns**

**Use this Organizer for LPs or LLCs (Taxed as Partnerships)**

|  |  |
| --- | --- |
| Partnership & LLC Tax Organizer | 2011 |

**IMPORTANT**

We will be unable to complete your tax return until we have received all necessary pages of the organizer including the client statement, payment information & partnership information pages.

## BOSS Business Services Tax Department

3225 McLeod Drive, Suite 100

Las Vegas, Nevada, 89121

Toll Free: 888-969-2677

Local: 702-214-1100

Fax: 702-664-0547

E-Mail: taxdept@bossoffice.com

**INSTRUCTIONS**

* Please attach a copy of your previous year tax return if not prepared by BOSS.
* Complete the sections pertaining to your tax reporting requirements.
* Please check the organizer to make sure you are furnishing all the information needed to complete your return correctly and accurately.
* Use the last page of the organizer to write down questions you may have & we will address them during the preparation of the tax return.
* Please print out a Balance Sheet and a Profit & Loss Statement from your accounting program using cash basis.
* Please provide 1099-B Statements for all trading accounts.
* Please provide Gain/Loss Activity Reports in Excel format.
* Provide all HUD-1 and Closing Statement from Real Estate Activities

**IMPORTANT**

We will be unable to complete your tax return until we have received all necessary pages of the organizer including the client statement and payment information.

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**CLIENT STATEMENT**

Tax returns are prepared in the order received. Tax Organizers are due in our offices 30 days prior to the return deadline in order for Boss to guarantee the timeliness of the return. In the event a Tax Organizer is received within the 30 day period prior to the tax deadline, Client will pay an expedite fee of $150.00 to ensure timely completion and if received in the final 2 weeks before the deadline, Client will pay $250.00 to ensure timely completion. If unable to complete by deadline, Boss will request an extension on Client’s behalf if that option is available.

The scope of work in connection with the preparation of your (“the Client”) federal and state income tax returns is intended to be in compliance with the requirements issued by the various taxing authorities. Because tax laws are not always clear, honest differences of opinions may arise between our interpretation of laws and that of the various taxing authorities. We will assist you in resolving these differences in your favor whenever possible.

Client and/or your duly appointed representative agree not to hold BOSS Business Services liable for interpretations made with regard to any of the information supplied by Client and used in the preparation of the tax returns. Unless compelled to do so by law, BOSS Business Services does not disclose any irregularities or provide statements with regard to the validity of the information supplied by Client to any taxing authority.

All tax returns are subject to review and acceptance by the various taxing authorities. In the event of an examination or other taxing authority contact, Boss Business Services can respond or represent your position to the taxing authority; however, there is a fee for this service. You may appeal any adjustments proposed by a taxing authority.

**Please review any completed tax returns carefully.** As preparers, we have a responsibility both to the various taxing authorities with whom we file tax returns as well as to our clients. Any client will remain liable for the contents of tax returns prepared by BOSS Business Services with data provided by said client.

**All tax return preparation fees for a tax return must be paid before the tax return can be electronically processed.** Once payment is received and the proper forms are signed to electronically file the tax return, i.e. Form 8879, we will file the tax return.

**I/We acknowledge this statement by signature/signatures and dates below.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Name on Credit Card**

**Credit Card Number Expiration Date Code**

By signing, you are authorizing Boss to send you an invoice electronically (via email) and to charge the credit card provided above five (5) days after the invoice has been submitted to you.

**Check here if you would like a quote for the preparation fees based on the information provided in this Organizer before work is commenced.**

**THIS PAGE MUST BE SIGNED AND RETURNED**

**FAX: 702-664-0547 or EMAIL:** **TAXDEPT@BOSSOFFICE.COM**

**FAX COVER PAGE**

**Attention: BOSS Tax Department**

**TO: BOSS TAX DEPARTMENT - 702-664-0547**

 **Attention:**

**FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

THIS FAX INCLUDES THE FOLLOWING (CHECK ALL THAT APPLY):

* + ⁬ Client Statement
* ⁬ Organizer for (Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* ⁬ Supporting Documentation
* ⁬ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXTENSION REQUEST**

**Partnership Tax Returns must be filed on or before April 17, 2012.**

**If you are unable to provide us with the necessary information to complete the return timely, you can file Form 7004 Application for an Extension of Time to File, and request an automatic five-month extension (for Partnerships). Any taxes owed for the year, however, must be paid or interest and penalties may apply.**

**We can file the extension for you. Here is what you need to do:**

CONTACT BOSS BUSINESS SERVICES BY WRITING AT LEAST ONE WEEK BEFORE THE DUE DATE OF THE TAX RETURN AND REQUEST THAT BOSS FILE THE EXTENSION ON YOUR BEHALF. PLEASE EMAIL ALL REQUESTS TO TAXDEPT@BOSSOFFICE.COM

**Please provide a copy of the prior year Partnership Tax Return, if not prepared by BOSS Business Services.**

**If you are a first time filer, please provide copies of any documents in your possession concerning your EIN including the following: Form SS-4; Acceptance Letter from the IRS with the EIN Assigned; Invoice from the Formation of the Entity.**

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**Partnership or LLC Information:**

(Complete All Fields)

Name of Partnership or LLC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address of Partnership or LLC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signing Officer Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person to Contact about this Return**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your Partnership or LLC have a non-standard year-end (Yes) Enter year-end date \_\_\_/\_\_\_/\_\_\_\_. Check if this is your initial return  Check if this is your final return 

State of Charter Certificate \_\_\_\_\_\_ State ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Tax ID Number \_\_\_\_\_\_\_\_\_\_\_\_

What date was the Partnership or LLC formed? *(Found on the Charter Certificate)* \_\_\_/\_\_\_/\_\_\_\_\_.

What is the principal Business? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What is the main product or service? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: ­

**Address where to mail completed return:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Information:**

Accounting Method: ( ) Cash ( ) Accrual ( ) Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Specify*

 At any time during the year, did the Entity have an interest in, or signature authority over a financial

 account in a foreign country? ( ) Yes ( ) No

ARE ALL PARTNERS/MEMBERS ACTIVELY PARTICIPATING IN THIS BUSINESS ( ) Yes ( ) No

Do you have a Corporation that owns an interest in this entity? ( ) Yes ( ) No

**If yes, please list name of Corporation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Is the Partnership publicly traded? ( ) Yes ( ) No

**Ownership Information**

\*\*Please fill in all information – If individual use Social Security; if entity use EIN number

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Partner/Member | Address | Percentage of Ownership | SSN or EIN\*\*required | General or Limited Partner? | US Citizen? |
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**Attach Additional Pages if Necessary**

**BALANCE SHEET**

**Assets**

Cash in Bank on Last Day of Business Year **(must have an amount)** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trade notes and Accounts Receivable $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inventories $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Current Assets (attach stmt) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Investments (attach stmt) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Buildings and Other Depreciable Assets $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Less accumulated Depreciation $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Land $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intangible Assets $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Less Accumulated Amortization $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Assets $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Liabilities and Capital**

Accounts Payable $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mortgages and Notes Payable in Less Than 1 Year $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other current liabilities (attach stmt) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All Nonrecourse Loans $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mortgages, Notes Payable in 1 Year or More $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Liabilities (Attach Statement) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partners’ Capital Accounts $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Liabilities and Capital $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INCOME:**

**IN LIEU OF THIS PAGE, THE PROFIT & LOSS STATEMENT AND BALANCE SHEET FOR THE PARTNERSHIP YEAR-END MAY BE ATTACHED.**

Business Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interest Received (E*nclose all 1099-INT Forms).* $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dividends Received (E*nclose all 1099-DIV Forms).* $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXPENSES:**

(Business only, do not include Rental or Personal Expenses here)

PLEASE COMPLETE ONLY IF THE PARTNERSHIP BALANCE SHEET AND PROFIT AND LOSS STATEMENTS ARE **NOT ATTACHED.**

**Organization Costs** **(Amount spent to form the Partnership or LLC)** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Initial Year Return Only)**

1. Bank Charges $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Office Supplies (Including Printing & Copies) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Business Licenses $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Legal and Professional Services $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Management Fees $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Guaranteed Payments to Partners $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Others $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SALES OF STOCKS, BONDS, MUTUAL FUNDS AND OTHER SECURITIES**

Please include t**he entire form** **1099-B** **furnished from your Brokers along with a Gain/Loss Activity Report in Excel format.** If the broker statements include the COST of the securities sold during the year and or you are sending printouts showing the cost of the securities sold, you do not need to complete this section.

Description: Date Date Sales Original

No. Of shares sold & name Acq’d Sold Price Cost Basis

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1. **TOTAL OPTIONS PURCHASED IN 2011 $**
2. **TOTAL OPTIONS PURCHASED IN 2011 THAT**

**ARE STILL OPEN AT THE END OF YEAR $**

1. **TOTAL OPTIONS SOLD IN 2011 $**
2. **LIST ANY OPEN OPTION TRANSACTIONS AT YEAR END ON LAST PAGE.**

**SALE OF REAL ESTATE**

Enclose copies of Form(s) **1099-S & CLOSING STATEMENTS HUD-1’S FOR ALL PURCHASES, SALES, AND REFINANCINGS.**

Description Date Acq’d Date Sold Sales Price Cost Basis Rental Investment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_/\_\_/\_\_\_\_ \_\_/\_\_/\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_

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**If the sold properties have been depreciated as prior rentals please provide all depreciation schedules**.

**RENTAL “REAL ESTATE” PROPERTY AND ROYALTY INCOME:**

**ATTACH HUD-1’S FOR ALL PROPERTY PURCHASES & REFINANCINGS IN 2011**

Description of Property & Complete Property Address (ex: Single family, Duplex, Condo, or Commercial)

Property ID (A) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property ID (B) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property ID (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property ID (D) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Income**: **(A) (B) (C) (D)**

Date Property became Available for Rent \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Rents received (*total for year)* \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Royalties received \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

**Expenses: (A) (B) (C) (D)**

Auto (Used for Rental Properties) \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Advertising and Promotion \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Cleaning and Maintenance \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Commissions \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Insurance \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Legal and Professional Fees \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Mortgage Interest \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Management Fees \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Points Purchase/Refinancing \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Repairs (over $250, itemized below) \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Real Estate Taxes \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Utilities \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Meals/Entertainment \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Other Expenses (List on Last Page) \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

**ASSETS FOR DEPRECIATION:**

**Rental Asset Worksheet**: *Complete for all rental assets purchased. List any repairs, furnishings and appliances greater than $250*

Property ID Date Purchased Asset Price If Sold, Date Sale Price

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**Note:** If you converted personal property items for rental use, under the heading ‘date purchased,’ please indicate the date when the asset was first used for the rental and under the heading ‘price,’ indicate fair market value of asset on the date of first rental use.

**LIKE KIND EXCHANGE**

**Was the exchange done within Related Parties (person or entity) \_\_Yes \_\_No**

**Please include:**

FOR PROPERTIES GIVEN UP:

 Purchase Closing Statements (HUD-1)

If acquired by an exchange, include Form 8824- (on tax return year the property was acquired)

Sale Closing Statements (HUD-1)

Depreciation Statement (on Previous Year Tax Return)

 FOR PROPERTIES RECEIVED:

 Purchase Closing Statements (HUD-1) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Value of other properties Received: (List) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cash received $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exchange Cost $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Accommodator Statement

 Itemize any other costs incurred. (List Below)

 Description Amount

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**ADDITIONAL INFORMATION OR COMMENTS:**

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