

Partner/Member Information

First & Last Name. (Please provide information for all partners/members who owned any shares during the current year)	Social Security Number	Complete mailing address Street address City, State, Zip	No. of shares owned at beginning of year	No. of shares owned at year end	Date of share ownership changed (if applicable)

Please provide the following information if any of the following activities accord to any of the partners/members during the current year.

Name of Partner/Members	Guaranteed payments made to Partners or Members	Health Ins. premiums paid for Partners or Members	Capital contributions made by Partners or Members	Distributions made to Partners or Members	Loans to Partnership or LLC from the Partners or Members	Loans repaid by Partnership or LLC to the Partners or Members

Business Income		
Gross receipts or sales for the business for the current year	\$	
Did you receive any 1099-K's	Yes	No
If yes was this income included in the total gross receipts/sales listed above	Yes	No
Did you provide us a copy of all 1099-K's you received	Yes	No
What portion of gross receipts/sales listed above was refunded/returned	\$	
Did the Partnership/LLC have any rental income for the year	Yes	No
If yes, what was the gross receipts from rental property income	\$	
Did the Partnership/LLC have any other income not included in the gross receipts above? (i.e. Investment or Capital Gain income)	Yes	No
Any other income not included on this organizer? Please describe:		

Business Deductions/Expenses
(Only complete this section if
you do not track electronically)

Accounting	\$	Parking and Tolls	\$
Advertising/ Promotional		Postage/Shipping/Delivery	
Auto (see auto worksheet pg.7)		Education and Professional Training	
Bank Fees/Charges		Rent: office, leasehold, storage (must issue 1099-Misc to unincorporated entity)	
Commission and Fees		Rent/Lease: vehicles, machinery or equipment	
Computer, Equipment & Furniture (see Asset Depreciation worksheet on pg.5)		Repair and Maintenance	
Contract Labor (must issue 1099-Misc if over \$600 to any unincorporated entity)		Software (see Asset Depreciation worksheet on pg.5)	
Subscriptions and Dues		Supplies and Small Tools (no equipment purchases. See asset Depreciation worksheet on pg.)	
Employee Benefit Programs		Taxes: Payroll Taxes (Federal & State)	
Health Insurance -Employee		Taxes: Property Taxes	
Health Insurance- Partner/Member		Taxes: Other	
Other Insurance		Telephone Expenses	
Interest Expense-Business Credit Cards		Travel (see meal & entertainment worksheet on pg.6)	
Interest Expense-Business Loans		Utilities (do not include office in home)	
Interest Expense-Business Mortgages		Wages/Salaries (please provide requested payroll reports pg.1)	
Laundry/Cleaning/Janitorial		Other Business Expenses not listed above	
Legal and Professional Fees			
Licenses and Permits			
Meals & Entertainment (see meal & entertainment worksheet on pg.)			
Merchant Card Fees			
Office Expenses (non-depreciable items)			

Cost of Goods Sold (COGS)

Cost of goods sold is the accumulated total of all costs used to create a product or service, which has been sold.

Do you manufacture or produce a product for sale?	Yes	No
Do you operate a wholesale or retail business where you maintain an inventory of goods?	Yes	No
Opening inventory on the first day of the year?	\$	
Cost of purchases products (less cost of items used for personal use)?	\$	
Cost of Labor related to sale or production of goods held for sell?	\$	
Materials and Supplies used in manufacturing or sales production?	\$	
Other costs of goods not listed above (attach detailed list)	\$	
Closing inventory on the last day of the year?	\$	

Depreciable Asset Worksheet

For reporting purchases and dispositions of all capital assets you used or disposed of during the current business year.

Please provide the following information for each item purchased or sold.

Assets purchased during the current business year

Description of Assets Purchased	Purchase Date	Purchase Cost

Assets sold/disposed of during the current business year

Description of Assets Sold/Disposed	Sale/Disposal Date	Sale Price

Travel Expense Worksheet

Please list your total travel expense for the current tax year.

Expenses	Amount
Airfare:	\$
Transportation: Bus, Train, Taxi, Rental Car	
Entertainment:	
Meal (Actual Receipts not Per Diem see below):	
Hotel & Lodging:	
Parking & Tolls:	
Other:	
Other:	
Other:	

Per Diem Travel Expenses

Important information to know about Per Diem for Meals:

- Per Diem rates are based on a full 24 hour day of travel. Therefore the first and last day of any business trip will have to be prorated and not counted as a full day.
- The Partnership/LLC can use the Per Diem rate to reimburse actual cost of meals and lodging to any partner/member that travels for business. Only for meals can the Partnership/LLC reimburse the partner/member a daily per diem amount instead of actual cost.
- For non-partner/members the Partnership/LLC can choose between actual cost of Meal & Lodging or a daily Per Diem rate for Meals & Lodging.
- The daily Per Diem rates vary from city, state and country. In order to calculate these amounts please provide as much detail as possible on each employee that traveled for business during the current year.
- A Partnership/LLC may choose per trip to take either Per Diem or actual cost. But both cannot be taken per trip.
- If a partial travel day was taken the Partnership/LLC may choose to reimburse actual cost or by using a partial Per Diem rate.

City/Town & State	County (not Country)	Dates ___ to ___	Total Days

Business Use Vehicle Expenses

Important information to know about business vehicle expenses:

- If the partner/member or employee uses their own personal vehicle to conduct business.
 - The Partnership/LLC can reimburse using the actual operating expenses or the allowable standard mileage rate.
 - A written log **must** be maintained and provided to the Partnership/LLC
 - The Partnership/LLC must maintain written records of all expenses incurred and amounts paid to each partner/member and employee.
- If the Partnership/LLC owns the vehicle the Partnership/LLC can claim actual operating expenses incurred.
 - The Partnership/LLC will need to provide proof of business use of vehicle in the form of a mileage log or other written proof of the current calendar year showing that the vehicle is 100% business use.

Vehicle Description (Make, Model and Year):

Date vehicle was placed into service:

Purchase price of vehicle: \$

Current your only mileage

Total miles for current year	
Business miles included in total	
Average daily roundtrip commuting miles	
Commuting miles included in total	
Other miles	
Beginning of year odometer reading	
End of year odometer reading	

Please provide the following information for each vehicle that is used by a 5% or more owner of the Partnership/LLC. Please answer all questions below by circling Yes or No.

Was this vehicle available for personal use during off-duty hours?	Yes	No
Was this vehicle used primarily by more than a 5% owner?	Yes	No
Was another vehicle available for personal use?	Yes	No
If this is not the first year for the Partnership/LLC was the standard mileage rate used last year?	Yes	No

Please provide the following information if the Partnership/LLC provided vehicles for use to employees. Please answer all questions below by circling Yes or No.

Does the Partnership/LLC prohibit employee personal use of vehicles?	Yes	No
Does the Partnership/LLC prohibit employee personal use of vehicles, except for commuting?	Yes	No
Does the Partnership/LLC treat all use of vehicle as personal use?	Yes	No
Does the Partnership/LLC provide more than five vehicles?	Yes	No
Does the Partnership/LLC have written record of all vehicles policies?	Yes	No

Vehicle Expense paid out by Partnership/LLC (do not include mileage reimbursement)

Gas		\$
Insurance		
Licenses		
Oil		
Parking & Tolls		
Registration Fees		
Repairs		
Other:		
Other:		
Other:		

Mileage Reimbursement to partner/member/employees

Total mileage reimbursement paid to partner/members and/or employees for the year \$