



Enclosed is an organizer that Moskowitz LLP provides to our tax clients to assist in gathering the information necessary to prepare your corporate tax returns.

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.

Your Partnership and LLC income tax returns are due on March 15th, 2018 . In order to meet this filing deadline, your completed tax organizer needs to be received no later than February 10th, 2018. 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 Erin Humbles at (415)394-7200 or ehumbles@moskowitzllp.com .



PARTNERSHIP/LLC TAX ORGANIZER (FORM 1065)

Organization name _____ Telephone # _____
 Address _____ Fax # _____
 Email address _____
 Date of birth _____
 Tax period _____ Federal ID # _____ State ID # _____

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:

100) GENERAL INFORMATION	YES	NO	N/A
▶ 101) If this is the first year we will prepare your tax return(s), provide the following from your file or your prior accountant:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1) Partnership or LLC agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Tax returns for the prior three years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Depreciation schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Partner basis carryforward schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Partner buy or sell agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) If the partnership or LLC elected a fiscal year-end, provide a schedule of § 444 tax deposits and Form 8716	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) § 704(b) capital account reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▶ 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▶ 103) 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"/>

PARTNERSHIP/LLC TAX ORGANIZER

(FORM 1065)

100) GENERAL INFORMATION	YES	NO	N/A
<hr style="border-top: 1px dotted #000;"/>			
▶ 104) Provide the following information for each partner or member:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1) Name and address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Social Security or Taxpayer Identification Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Partner or member designation (general, limited, managing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Type of entity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Domestic or foreign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Profit sharing percentage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Loss sharing percentage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Percentage ownership relationship, if any, to other partnerships or corporations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Changes in partner or members' ownership interests after Oct. 22, 1986 (if not previously provided)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Guaranteed payments paid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Cash or property contributions and distributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>			
▶ 105) Which general partner or LLC member should be designated as the Tax Matters Partner, if applicable? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>			
▶ 106) Has there been a change in ownership since last year? If yes, provide the following:			
1) Date of Transfer _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Type of Transfer:			
(a) Sale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Gift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Inheritance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) 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"/>
4) 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"/>

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(FORM 1065)

100) GENERAL INFORMATION	YES	NO	N/A
<hr style="border-top: 1px dotted #000;"/>			
▶ 107) For any new partners provide the information requested in question #104 for each new partner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>			
▶ 108) Did any of the partner 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"/>
<hr style="border-top: 1px dotted #000;"/>			
▶ 109) Does the partnership or LLC have any of the following employee benefit plans? If yes, provide copies of plan documents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1) Qualified retirement plan(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are we to prepare Form 5500?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of plans _____			
Are we to compute the contribution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Simplified Employee Pension (SEP) or Savings Incentive Match Plan for Employees (SIMPLE) plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are we to compute the contribution(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Cafeteria plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are we to prepare Form 5500?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Non-qualified deferred compensation plan(s) or agreement(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, has the "one time only" filing with the Department of Labor been done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Other benefit plans not described above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARTNERSHIP/LLC TAX ORGANIZER

(FORM 1065)

100) GENERAL INFORMATION	YES	NO	N/A
<hr style="border-top: 1px dotted #000;"/>			
▶ 110) Did you have employees? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1) Provide copies of all Federal and State payroll reports including Forms W-2/W-3, 940 & 941.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you have a Health Reimbursement Arrangement or otherwise reimburse your employees for medical expenses or health insurance premiums?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Do you have less than 50 full-time equivalent employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Do you pay an average wage of less than \$50,000?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Do you pay at least half of the employee's health insurance premiums?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Provide a copy of Form 1094-C, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>			
▶ 111) Did the partnership/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 compensation on employees' Forms W-2 and, if applicable, subject such amounts to payroll taxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>			
▶ 112) 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"/>
<hr style="border-top: 1px dotted #000;"/>			
▶ 113) Did the partnership make any payments that would require it to issue 1099s?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did the partnership file all required 1099s?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>			
▶ 114) Provide copies of Forms 1099 or 1096, 1042, 8804, 8805, 5471, 8865, 8858, 8886, and 5500 that have been filed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>			
▶ 115) Provide copies of Forms 1099, 1099B, 5471, 8865, 8858, 8886, and Schedules K 1 that have been received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>			
▶ 116) Provide schedules of interest and dividend income not included on 1099s.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>			
▶ 117) 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"/>	<input type="checkbox"/>

PARTNERSHIP/LLC TAX ORGANIZER

(FORM 1065)

100) GENERAL INFORMATION	YES	NO	N/A
<hr style="border-top: 1px dotted #000;"/>			
▶ 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>			
▶ 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 dates(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>			
▶ 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>			
▶ 121) 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 yes provide details including the highest balance during the year in any foreign account(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>			
▶ 122) 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"/>
<hr style="border-top: 1px dotted #000;"/>			
▶ 123) Does the partnership or LLC do business in more than one state? If yes, list the states.	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
2) Provide schedule of state income tax withholding for non-resident partners or members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>			
▶ 124) How many additional paper copies of the return do you need? _____			
<hr style="border-top: 1px dotted #000;"/>			
▶ 125) Do you want an electronic copy of returns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>			
▶ 126) Is this a final return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARTNERSHIP/LLC TAX ORGANIZER

(FORM 1065)

200) INCOME	YES	NO	N/A
▶ 201) 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"/>
▶ 202) Does the partnership or LLC engage in any rental real estate activity? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▶ 203) 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"/>
▶ 204) Did the partnership or LLC acquire any "Qualified Small Business Stock"? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▶ 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"/>	<input type="checkbox"/>
▪ Description of asset sold (Form HUD-1 for real estate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Date sold or purchased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Sales price – purchase price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Selling expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Date acquired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Original cost or basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Depreciation claimed in prior years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▶ 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 amortization schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▶ 207) 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"/>
▶ 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"/>	<input type="checkbox"/>
▶ 209) Did the partnership or LLC have any foreign sales? If yes, provide sales by country and amount.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARTNERSHIP/LLC TAX ORGANIZER

(FORM 1065)

300) DEDUCTIONS

YES 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 the details below:

PARTNER/MEMBER	DESCRIPTION	AMOUNT

▶ 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.

▶ 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. You must have receipts or bank records for all cash contributions.

1) Did the partnership or LLC make a contribution of inventory or property? If yes, provide details by account posted. Provide appraisal and donee confirmation if over \$5,000.

2) Did the partnership or LLC make political contributions during this tax year? If yes, provide details by account posted.

▶ 305) 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.

▶ 306) Did the partnership pay life insurance premiums for any partner or member(s)?

To which general ledger accounts have the payments been posted? _____

PARTNERSHIP/LLC TAX ORGANIZER (FORM 1065)

300) DEDUCTIONS

YES NO N/A

▶ 307) 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 or fine.

DESCRIPTION	AMOUNT

▶ 308) 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 or member's basis in such assets and fair market value of such asset.

▶ 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):

- 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?

If yes, is the evidence written?

PARTNERSHIP/LLC TAX ORGANIZER (FORM 1065)

300) DEDUCTIONS	YES	NO	N/A
2) Were the vehicles available for personal use during off-duty hours?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
4) Is another vehicle available for personal use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Provide a copy of the lease for any leased vehicles. If not available, provide the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Date of lease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Fair market value at inception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Term of lease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Lease payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▶ 310) Regarding partnership 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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>
5) Does the partnership or LLC require or maintain copies of vehicle logs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARTNERSHIP/LLC TAX ORGANIZER (FORM 1065)

300) DEDUCTIONS

YES NO N/A

▶ 311) Did the partnership or LLC have any meal or entertainment expenses?
If yes, provide details by account posted.

▶ 312) Did the partnership or LLC pay any social or entertainment club dues?
If yes, provide details by account posted.

▶ 313) 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.

▶ 314) Provide copies of certification for employees of target groups and associated wages
paid that qualify for the Work Opportunity Credit.

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

PAYEE	PURPOSE OF LOAN	RECOURSE/ NON-RECOURSE	YEAR END PRINCIPAL BALANCE	INTEREST EXPENSE

▶ 316) Were there any accruals of interest, compensation, guaranteed payments, or other expenses to
partners at year-end? If yes, provide detail by account posted.

