

Auto Expense

Partnership Name: _____

EIN: _____

Auto Expense

Name of activity vehicle is used for _____

Description of vehicle _____

Date vehicle was placed in service _____

Yes No

- Was this vehicle available for personal use during off-duty hours?
- Was the vehicle used primarily by someone with more than 5% ownership or a related person?
- Was another vehicle available for personal use?

Number of miles the vehicle was driven during 2024	2024	2023	Total number of miles the vehicle was driven in prior years	2024	2023
Business	_____	_____	Business	_____	_____
Commuting	_____	_____	Total	_____	_____
Other	_____	_____			

Expenses	2024	2023		2024	2023
Garage rent	_____	_____	Repairs	_____	_____
Gas	_____	_____	Tires	_____	_____
Insurance	_____	_____	Tolls	_____	_____
Licenses	_____	_____	Lease addback	_____	_____
Oil	_____	_____	Other expenses		_____
Parking fees	_____	_____	_____	_____	_____
Rental fees	_____	_____	_____	_____	_____
Interest	_____	_____	_____	_____	_____
Property tax	_____	_____			

Asset Listing for 2024

Partnership Name: _____

EIN: _____

Assets for:

Description of Property	Date Acquired	Cost / Basis	Date Disposed of	Sales Price	Expense of Sale

2024 Tax Organizer for Partnerships Business Information

Partnership Information

Partnership's legal name		EIN	
Doing business as name			
In care of name			
Street address, city, state, and ZIP			
Email			
Phone number		Cell number	
Fax number		Date business started	

Yes **No**

Does the partnership file under a calendar year?
If "No," what is the begin date? _____ End date? _____

Did the partnership conduct business activities in any state other than the resident state?
If "Yes," what states? _____

Is this the partnership's final year in business?
What accounting method does the partnership use?
 Cash Accrual Other (describe) _____

What is the partnership's principal business activity? _____

What product or service does the partnership produce? _____

Number of partners at any given time during the year? _____

What type of entity is the partnership filing as?

<input type="checkbox"/> Domestic general partnership	<input type="checkbox"/> Domestic limited partnership
<input type="checkbox"/> Domestic LLC	<input type="checkbox"/> Domestic limited liability partnership
<input type="checkbox"/> Foreign partnership	<input type="checkbox"/> Other (describe) _____

Partnership Representative or Designated Individual (if the representative is an entity)

Representative name			
Street address, city, state, and ZIP			
Phone number		Email	

Estimates

	Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2023	_____	_____	_____	_____
First quarter	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____

Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use This Account for	
			Checking	Savings	Deposit	Withdrawal

Income or Loss from Investments in Fiduciaries and Partnerships

Partnership Name:

EIN:

Schedule K-1 from Fiduciaries and Partnerships

Provide all copies of Schedule K-1 and attachments

Entity Name

EIN

Partner Information

Partnership Name:

EIN:



Partner Name Address City, State, and ZIP	ID Number	Type of Partner Information				Beginning of Year Ownership Percentage			
		If the partner is a disregarded entity provide the partner's TIN and name				Type	Profit	Loss	Capital
		General	Limited	Domestic	Foreign				

Partner's Capital Account Information

Partnership Name:

EIN:

Partner Name	Beginning Capital	Gain on Contributed Property		Cash Contributed		Adjusted Basis of Property	
		2024	2023	2024	2023	2024	2023

Rental Real Estate

Partnership Name: _____

EIN: _____

General Property Information

Select the property type

- | | | | |
|--|---|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Multi-family residence | <input type="checkbox"/> Vacation | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Land | <input type="checkbox"/> Royalties | <input type="checkbox"/> Self-rental | <input type="checkbox"/> Other |

Description of property if the property type is "Other" _____

Address of property _____

City _____ State _____ ZIP _____

Foreign province _____ Country _____ Postal code _____

Number of days property was rented _____ Number of days property was used for personal use _____

- This property was placed in service during tax year 2024.
 This property was disposed of during tax year 2024.

Income and Expenses

	2024	2023
Gross rental or royalty income	_____	_____
Advertising	_____	_____
Auto and travel	_____	_____
Cleaning and maintenance	_____	_____
Commissions	_____	_____
Insurance	_____	_____
Legal and other professional fees	_____	_____
Interest	_____	_____
Repairs	_____	_____
Taxes	_____	_____
Utilities	_____	_____
Wages and salaries	_____	_____
Guaranteed payments for services	_____	_____
Guaranteed payments for capital	_____	_____
Health insurance payments	_____	_____
Meals and entertainment	_____	_____
Other expenses (list)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Rental Other Than Real Estate

Partnership Name:

EIN:

General Property Information

Description of property _____

Address of property _____

City _____ State _____ ZIP _____

This property was placed in service during tax year 2024.

This property was disposed of during tax year 2024.

Income and Expenses

	2024	2023
Gross rental income	_____	_____
Advertising	_____	_____
Auto and travel	_____	_____
Cleaning and maintenance	_____	_____
Commissions	_____	_____
Insurance	_____	_____
Legal and other professional fees	_____	_____
Interest	_____	_____
Repairs	_____	_____
Taxes	_____	_____
Utilities	_____	_____
Wages and salaries	_____	_____
Guaranteed payments for services	_____	_____
Guaranteed payments for capital	_____	_____
Other expenses (list)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Sale of Stock, Real Estate, or Other Property

Partnership Name:

EIN:

Sale of Capital Assets (including assets not reported on Form 1099-B)

Provide all brokerage statements

Table with 5 columns: Description of Property, Date Purchased, Date Sold, Sales Price, Cost. Multiple rows for data entry.

Installment Sale Income

Form for Installment Sale Income with fields for Description of property, Date acquired, Date sold, and columns for 2024 and Prior Years. Includes a checkbox for 'Property was sold to a related party'.