2024 PARTNERSHIP/LLC QUESTIONNAIRE

REQUIRED -Please complete and return or upload.



PARTNERSHIP / LLC TAX QUESTIONNAIRE

AT A MINIMUM, WE ASK THAT YOU COMPLETE THIS BRIEF TAX QUESTIONNAIRE AND RETURN IT TO US NO LATER THA NMARCH 15TH 2025 OR BE SUBJECT TO SURCHARGE.

SmartVault Document Portal



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CUSTOMER NAME:					
If any of the following items pertain to your business in 2024 please check the appropriate box and provide additional information if necessary.					
YES	NO	GENERAL INFORMATION			
		Do you have a QuickBooks or other accounting file for your business? If yes, please select one below:			
		QuickBooks DESKTOP QuickBooks ONLINE Professional Bookkeeper Other:			
		QuickBooks DESKTOP Users Only: Please use the instructions below to provide us necessary information. Select "Yes" if complete.			
		Please provide a PDF of the Balance sheet and Profit and Loss statement for the tax year (2024). I F YOU ARE A NEW CLIENT we will also need this information for the prior tax year (2023) for comparison. Upload this file to our secure ShareFile portal. *If your Partnership / LLC is new for 2024 you can ignore the request for prior year data.*			
		SmartVault Document Portal			
		 QuickBooks ONLINE Customers or Users ONLY: Have you invited us as your accountant to your QuickBooks Online account? If no, please follow the instructions below: From the home screen, click on the Gear icon in the top right corner and select Manage Users Go to the Accounting Firms tab Enter your tax consultant's email address and click the Invite button 			
		Do you need a paper copy of your tax return? If yes, additional processing & handling fees will apply to your return.			
YES	NO	ASSET INFORMATION If yes, provide details or copies of the documentation listed below.			
		Do you have business bank accounts? Provide copies of the December statements for all accounts.			
		Do any customers owe you money? Provide an updated list of amounts owed to you (accounts receivable summary).			
		If yes, is any of this money uncollectible (i.e., bad debts)? Notate which accounts receivable need to be written off.			
		Do you have inventory? <i>Provide an accurate count or listing.</i>			
		Did you purchase any business assets for more than \$2,500 each? Provide copies of all purchase receipts.			
		Did you dispose of any business assets? Provide a list of assets that are no longer in service.			
		Did you purchase or sell any real estate? Provide copies of all closing statements.			
YES	NO	LIABILITY INFORMATION If <u>yes</u> , provide details or copies of the documentation listed below.			
		Do you owe any vendors money? Provide an updated list of amounts you owe (accounts payable summary).			
		Do you have any business loans? Provide copies of the December statements for all loans.			
		Do you have any business credit cards? Provide copies of the statements showing activity through December 31 (usually the statements due in January or February for all accounts.			
		Do you file and pay sales tax? Provide copies of the December sales tax returns (prepared and filed in January).			
		Do you have payroll? Provide copies of the Forms W-2, W-3, A-1, 940, 941 and state unemployment returns (if we prepare your payroll, no copies are necessary).			
		Do you have any related party debt? Provide a copy of the agreement or the amortization schedule.			





CUS	CUSTOMER NAME:			
YES	NO	EQUITY INFORMATION If <u>yes</u> , provide details or copies of the documentation listed below.		
		As the business owner, did you personally contribute or withdraw money from the business? Provide details of money contributed and withdrawn (separate by owner).		
		Were there any ownership changes during the year? <i>Provide updated ownership percentages.</i>		
YES	NO	INCOME & EXPENSE INFORMATION If <u>yes</u> , provide details or copies of the documentation listed below.		
		Did you receive any Forms 1099? Provide copies for our files.		
		Did you pay anyone \$600 or more for rent, services (including parts and materials), prizes and awards, or other income? Provide copies of any Forms 1099 that you issued for our files.		
		Did you pay rent? If your lease agreement has been updated, provide a copy of your new rental agreement.		
		Did you pay insurance (including general liability, life, health, etc.)? <i>Provide details of the amounts paid</i> .		
		Did you make any charitable contributions? Provide copies of any giving statements that you received from the charitable organizations.		
		Did you make any major repairs and maintenance expenditures? Provide details of the amounts paid.		
		Did you use a personal vehicle for non-commuting business purposes? Provide the total business mileage driven during 2024 below.		
		I hereby certify that in 2024 I drove miles for business purposes and have the written records to support a tax deduction.		

Partnership Partners' Information

Partner's Address

Social Sec. # or FEIN

P&L % / % Owned



CUSTOMER NAME:

Natural Disater – Business Loss

Did you incur an unreimbursed loss (a loss in excess of insurance or FEMA reimbursement) in a federally declared disaster area?

lf yes above, please		Property A		Property B		Property C	
complete this table and <u>provide</u> <u>supporting</u>	Description of property						
<u>records.</u>	City, State, Zip						
	Date acquired						
	Cost of property						
	Date of loss						
	Description of loss						
	Was insurance claim made?	🗆 Yes 🗆 No		□ Yes □	No	□ Yes	🗆 No
	Received FEMA assistance?	🗆 Yes 🗆 No		□ Yes □	No	□ Yes	🗆 No
	Fair market value <u>BEFORE</u> loss						
	Fair market value <u>AFTER</u> loss						
	Total out of pocket expenses						
Partners Other Information - Please Identify		Partner 1	F	artner 2	Partner 3	3	Partner 4
Capital contributed by partner							
Loans made to the partnership							
Loan made to the partner Guaranteed Payments made to the partner							
Additional Deta	•	I			I		
	Please upload this complete SmartVault account	r completing the Busir ed questionnaire as w nt as soon as possible mail <u>roberthalltaxes@</u>	ell as a to ensi	<mark>ny supporting</mark> ure timely deli	documentatio very of your ta	<mark>n to your</mark> x return.	

Client's Name: Business Name:

FEIN:

2024

Statement P Partnership Organizer

Business Address:	Business Activity (including Product or Service)
City, State, Zip	Accounting Method: Cash Accrual Other
Fiscal year: From: To :	Inventory Method: Cash Lower C/M Other
Gross Receipts/Total Income	Legal & Professional Fees
Returns & Allowances	Licenses & Permits
Beginning Inventory	Meals
Purchases	Office Expense
Cost of Items for Personal Use	Outside Services
Cost of Labor	Parking & Tolls
Materials & Supplies	Pension & Profit Sharing Plans
OtherCosts	Postage
Ending Inventory	Printing
Accounting	Refuse Disposal
Advertising	Rent - Machinery/ Equipment
Amortization (Bring Schedule)	Rent - Other Business Property
Answering Service	Repairs
Bad Debt	Security & Safety
Bank Service Charge	Storage
Car & Truck Expenses	Supplies
Collection Expense	Taxes - Business
Commissions	Taxes - Payroll
Delivery/ Freight Depreciation	Taxes - Property
(Bring Schedule) Dues /	Taxes - Other
Publications	Telephone
Education Expense	Theft/Casualty
Employee Benefit Programs	Tools
Gifts	Travel - Airfare
Guaranteed Payments	Travel - Lodging
Insurance - Auto	Travel - Meals
Insurance - Other	Travel - Other
Interest - Auto	Uniforms
Interest - Mortgage	Utilities
Interest - Other	Wages & Salaries
Janitorial Service	Other {Please List}:
Laundry &Cleaning	
Lease - Equipment	
Lease - Auto	