2025
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 THAN MARCH 15TH 2026 OR BE SUBJECT TO SURCHARGE.

SmartVault Document Portal

CUSTOMER NAME:

If any of the following items pertain to your business in 2025 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 (2025). **IF YOU ARE A NEW CLIENT** we will also need this information for the prior tax year (2024) for comparison. Upload this file to our secure ShareFile portal.* **If your Partnership / LLC is new for 2025 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:*** **1.** From the home screen, click on the **Gear** icon in the top right corner and select **Manage Users** **2.** Go to the **Accounting Firms** tab **3.** 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? ***Provide an accurate count or listing.***
☐	☐	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 yes, 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.***

CUSTOMER NAME:		
YES	NO	**EQUITY INFORMATION** *If yes, 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? ***Provide updated ownership percentages.***
YES	NO	**INCOME & EXPENSE INFORMATION** *If yes, 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.)? ***Provide details of the amounts paid.***
☐	☐	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 2025 below.***
		I hereby certify that in 2025 I drove _____ miles for business purposes and have the written records to support a tax deduction.

Partnership Partners' Information

Partner's Name	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?

If yes above, please complete this table and provide supporting records.

	Property A	Property B	Property C
Description of property			
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 BEFORE loss			
Fair market value AFTER loss			
Total out of pocket expenses			

Partners Other Information - Please Identify	Partner 1	Partner 2	Partner 3	Partner 4
Capital contributed by partner				
Loans made to the partnership				
Loan made to the partner				
Guaranteed Payments made to the partner				

Additional Details (*optional*):

Thank you for completing the Business Questionnaire for Tax Year 2025.
Please upload this completed questionnaire as well as any supporting documentation to your secure SmartVault account as soon as possible to ensure timely delivery of your tax return.

Questions? Email roberthalltaxes@Roberthalltaxes.com or call 818-242-4888

Client's Name:	2025
Business Name:	
FEIN:	

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			

***As of 1/1/2018 entertainment is no longer deductible**