Paramount Tax and Accounting, LLC 4315 S Lee Street, Suite 400

Buford, GA 30518

Phone (678) 707-8044 Fax (800) 878-0429

www.paramounttax.com info@paramounttax.com

<u>Partr</u>	<u>nei</u>	rship Tax (<u>Organizer</u>			Us	se a separate o	organizer for each p	artnership		
Partners	hip (General Informat	ion								
Legal name of partnership							EIN				
Partnersh	hip a	ddress					1				
Partnersl	hip R	epresentative			Title						
	_				Email		Phone				
Check on		General Partnersh	nip Limited Par	rtnership Li	mited Liability Partn	nership (LLP)					
		ness activity					Date business started				
Principal		duct or service			Date business closed						
	No	Was the primary	purpose of the part	tnership activity	y to realize a profit?						
Yes	No	Has the partnersh	nip reported any lo	sses in prior yea	ars?						
Accounti	ing m			r (specify)							
Yes	No	Does the partners	ship file under a cal	lendar year? (If	no, what is the fiscal ye	ear?)					
Partners	ship	Specific Question	าร								
Yes	No	Is there a written partnership agreem		nent? (If this is t	he first year of the parti	nership's existence	e, please provi	ide a copy of the wri	tten		
Yes	No	Are all partners a	ctively participatin	g in the busines	s?						
Yes	No	Is any partner in the partnership a disregarded entity, a partnership, a trust, an S corporation, or an estate?									
Yes	No	Is the partnership a partner in another partnership?									
Yes	No	Did any foreign or domestic corporation, partnership, trust, tax-exempt organization, individual, or estate own directly or indirectly 50% or more of the profit, loss, or capital of the partnership?									
Yes	No	Did the partnership own directly 20% or more, or own directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation?									
Yes	No	Did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce principal amount of debt?									
Yes	No	At any time during the year, did the partnership have an interest in, or signature authority over a financial account in a foreign country?									
Yes	No	Was there a distribution of property or a transfer (by sale or death) of a partnership interest during the tax year?									
Yes	No	Does the partnership satisfy the following conditions? • The partnership's total receipts for the tax year were less than \$250,000, and • The partnership's total assets at the end of the tax year were less than \$1 million.									
_ Yes _	No	Did the partnership pay \$600 or more of nonemployee compensation to any individual? If yes, include a copy of Form 1099-NEC for each.									
Yes	No	Did the partnership have a Paycheck Protection Program (PPP) loan that was forgiven in 2023?									
Yes	No	At any time during this tax year, did the corporation (a) receive a digital asset (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?									
Principa	l Par	tners Ownership	Information	·							
Name			Tax ID number (SSN or EIN)	Address			Ownership percentage	General or limited partner*	U.S. citizen?		
							0.00%				
							0.00%				
							0.00%				
*General	part	ner. A general par	tner is a partner wh	no is personally	liable for partnership	p debts.					

Limited partner. A limited partner's personal liability for partnership debts is limited to the amount of money or other property contributed or required to contribute to the partnership.

Partners Other Transactions						
Partner name	Guaranteed payments	Health insurance premiums paid	Capital contributions from partner	Distributions to partner	Partner loans to the partnership	Loans repaid by partnership to partner

All Clients – Additional information and documents required

- Provide the income/financial statements for the year (per books), balance sheet, depreciation schedule per books, and cash reconciliation of business bank accounts with ending cash balance.
- If the partnership has employees or paid independent contractors, provide a copy of all Forms W-2, W-3, 940, 941, 1096, 1099-NEC, 1099-MISC, and any other forms issued to workers.
- If any partners live in a different state or outside the U.S., provide details. The business may be subject to withholding requirements.

New Clients – Additional information and documents required

Date partnership formed

State partnership formed in chrishardy

- Provide copies of the partnership agreement and any other supporting organizational documents.
- Provide copies of depreciation schedules for book, tax, and AMT.
- Provide copies of tax returns for last two years, including state returns (if applicable).

Partnership Balance Sheet						
Partnership assets at year en	d		Partnership deb	rts and equity at year	end	
Bank account end of year balance	\$	Accou	unts payable at year end	\$		
Accounts receivable at end of year	\$	Payab	oles less than one year	\$		
nventories	\$	Payab	oles more than one year		\$	
Loans to partners	\$	Nonre	ecouse loans		\$	
Mortgages and loans held by partnership	\$	Loans	s from partners		\$	
tocks, bonds, and securities	\$	Partn	ers' capital accounts		\$	
Other current assets (include list)	\$					
Partnership Income (include all Forms 1099-K, Fo	rms 1099-MISC, and F	orms 1099-l	NEC received)			
Gross receipts or sales	\$	Divid	end income (include all 10	099-DIV Forms)	\$	
Returns and allowances	\$ () Capit	al gain/loss (include all 10	99-B Forms)	\$	
nterest income (include all 1099-INT Forms)	\$	Other	income (loss) (include a s	tatement)	\$	
artnership Cost of Goods Sold (for manufactu	ırers, wholesalers, and	l businesses	s that make, buy, or sell goo	ods)		
nventory at beginning of the year	\$		rials and supplies	· ·	\$	
Purchases	\$		ntory at the end of the ye	ear	\$	
Cost of labor	\$		<i>y</i>			
Partnership Expenses	1.					
Advertising	\$	Meals	s – business		\$	
ad debts	\$	Office supplies			\$	
ank charges	\$	Organization costs			\$	
susiness licenses	\$	Pension and profit sharing plans			\$	
Commissions and fees	\$	Rent or lease – car, machinery, equipment			\$	
Contract labor	\$	Rent or lease – other business property			\$	
Employee benefit programs	\$	Repai	rs and maintenance		\$	
Imployee health care plans	\$	Taxes – payroll			\$	
ntertainment (not deductible)	\$	Taxes – property			\$	
Gifts	\$	Taxes – sales /			\$	
Guaranteed payments to partners	\$	Taxes – state			\$	
nsurance (other than health insurance)	\$	Telephone 👊 🖠 \$			\$	
nterest – mortgage	\$	Utilities			\$	
nterest – other	\$	Wages			\$	
nternet service	\$	Other expense			\$	
egal and professional services	\$	Other expense 5				
Car Expenses (use a separate form for each vehic	le)					
Make/Model			Date car placed in service			
Yes No Car available for personal use du						
Yes No Do you (or your spouse) have any other cars for personal use?			Did you trade in your car this year? Yes No			
Yes No Do you have evidence?			Cost of trade-in	Trade-in value	e	
Yes No Is your evidence written?			\$ \$			
Mileage		Actual Expenses				
Beginning of year odometer			Gas/oil	\$		
End of year odometer		Insurance	\$			
Business mileage			Parking fees/tolls	\$		
Commuting mileage			Registration/fees \$			
Other mileage			Repairs	\$		

Generally, you can use either the standard mileage rate or actual expenses to calculate the deductible costs of operating your car for business purposes. However, to use the standard mileage rate, it must be used in the first year the car is available for business. In later years, you can then choose between either the standard mileage rate method or actual expenses.

Asset				Date purchased	Cost	Date placed in service	New or used?	
					\$			
					\$			
					\$			
					\$			
					\$			
					\$			
					\$			
Equipment S	old or Disposed of	During Year						
Asset	ота от 2 горовом от	- ag . ca.		Date out of servic	e Date sold	Selling price/FMV	Trade-in?	
 						\$		
 						\$		
						\$		
						\$		
 						\$		
 						\$		
Partnership I	Business Credits (if	answered Yes for ar	ny of the below, ple	ase provide a statem	ent with details)			
Yes No	Did the partnership pay expenses to make it accessible by individuals with disabilities?							
Yes No	Did the partnership pay any FICA on employee wages for tips above minimum wage?							
Yes No	Did the partnership	own any resident	tial rental building	gs providing qualif	ied low-income	housing?		
Yes No	Did the partnership	incur any researc	h and experiment	al expenditures du	ring the tax yea	r?		
Yes No	Did the partnership	1 7 1		up costs? Total number of employees				
Yes No	Did the partnership	pay health insura	ance premiums for	r employees?	employees? Total number of employees			
Yes No	Did the partnership	purchase and pla	ice in service any e	electric vehicles or	energy efficient	commercial building pr	operty?	
State Estima	ted or Pass-Throug	h Entity (PTE) Tax	x Payments — Ta	x Year 2023				
State		Amount	Date Paid	State		Amount	Date Paid	
		\$				\$		
		\$				\$		
		\$				\$		
		\$				\$		
	_	,				7		
Tax Retu	ırn Preparat	ion						
Y 4.7 +11	.1 . 11.1			· 1 1 T (1		udited, you will be respo	11. (

otherwise stated, the services for preparation of the partnership's return do not include auditing, review, or any other verification or assurance.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If additional information is received after we begin working on the return, you will contact us immediately to ensure the completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review documentation.
- You must be able to provide written records of all items included on the return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before the tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer may be required for preparation of returns.
- Keep a copy of the tax return and any related tax documents. You may be assessed a fee if you request a duplicate copy in the future.

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities.

Taxpayer	Title	Date	

Privacy Policy

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your express written permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.