

2018 Partnership General Information

Name and Address Information			
Employer ID number	1		
Legal Name of Entity	2		
DBA (Doing business as)	3		
In care of	4		
Address	5		
			Suite # 6
City	7		
U.S. only: State, ZIP, County	8	9	10
Foreign only: Province/State, Country, Postal Code	11		12 13
Phone number	14		

General Information		Other Information	
A Principal business activity	15	Resident state	31
B Principal product or service	16	Misc code 1	32
C Business code number	17	Misc code 2	33
E Business start date	18	Invoice #	34
G Mark applicable boxes:		Preparer fee	35
<input type="checkbox"/> 19 Initial return	<input type="checkbox"/> 20 Final return	<input type="checkbox"/> 21 Amended return	36
<input type="checkbox"/> 22 Address change	<input type="checkbox"/> 24 Name change	Firm #	37
H Accounting method:		Preparer #	38
<input type="checkbox"/> 25 Cash	<input type="checkbox"/> 26 Accrual	Other <input type="checkbox"/> 27	Data entry operator #
			39
If not a calendar year:		ERO #	39
Fiscal year beginning	28	Entity Name Control	40
Fiscal year ending	29	Use this field only if Name Control is obtained from IRS by contacting Business & Specialty Help Line at 1-800-829-4933.	
<input type="checkbox"/> 30 52-53 week tax year election			

Client information			
Email	41		
Cell	42	Fax	43

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1-1

2018 Income

Form 1065 - Income		2017	2018
1a	Gross receipts or sales		1
1b	Returns and allowances		2
7	Other Income		
	Interest income on receivables		3
	Recoveries of bad debts deducted in earlier years		4
	Section 481 adjustments		5
	State tax refund (cash basis)		6
	Taxable income from insurance proceeds		7
	Other income (itemize)		8
Publicly Traded Partnership Electing 3.5% tax			
9	Publicly traded partnership electing 3.5% tax		
	Gross income subject to 3.5% tax		10

INC
1-2

Form 1125 - A - Cost of Goods Sold

Cost of Goods Sold		2017	2018
1	Inventory at beginning of year		1
2	Purchases less cost of items withdrawn for personal use		2
3	Cost of labor		3
4	Additional section 263A costs		4
5	Other costs - depreciation		5
5	Other costs - excluding depreciation		6
7	Inventory at end of year		7
9a	Methods used for valuing inventory:		
	<input type="checkbox"/> Cost <input type="checkbox"/> Lower of cost or market <input type="checkbox"/> Other <input type="text"/>		10
b	<input type="checkbox"/> Select this box if there was a write-down of subnormal goods		
c	<input type="checkbox"/> Select this box if LIFO was adopted this tax year		
d	If LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO		13
e	Do the rules of section 263A apply to this partnership?		14 15
f	Was there any change in determining inventories?		16 17
	If "Yes," explain: <input type="text"/>		18

A
2-1

2018 Deductions

**DED
1-5**

Accounting		1	Internet		36
Advertising		2	Janitorial		37
Automobile and truck expense		3	Laundry and cleaning		38
Bad debts		4	Legal and professional		39
Bank charges		5	Marketing		40
Cash short/over		6	Meals 50% limit		41
Cell phone		7	Meals 80% limit		42
Clean fuel vehicle deductions		8	Meals 100% allowed		43
Commissions		9	Meetings		44
Computer		10	Miscellaneous		45
Consulting		11	Office expense		46
Credit and collection costs		12	Outside services and contractors		47
Delivery		13	Parking fees and tolls		48
Depletion (do not deduct oil and gas depletion)		14	Payroll processing expenses		49
Depreciation		15	Permits and fees		50
Depreciation claimed elsewhere on return		16	Postage/shipping		51
Discounts		17	Printing		52
Dues and subscriptions		18	Recruiting		53
Education and training		19	Rents		54
Employee benefit programs		20	Repairs and maintenance		55
Entertainment	Deductible	21	Retirement plans, etc.		56
	Nondeductible	22	Salaries and wages (other than to partners)		57
Equipment rental/lease		23	Sales		58
Freight		24	Security		59
Fuel		25	Software		60
Gifts		26	Supplies		61
Guaranteed payments to partners		27	Taxes and Licenses		62
Partner's health insurance		28	Telephone		63
Independent contractor		29	Tools		64
Insurance	General	30	Travel		65
	Building and equip.	31	Uniforms		66
	Liability	32	Utilities		67
	Workers' comp.	33	Waste removal		68
	Other insurance	34	Other deductions (itemize)		69
Interest expense		35			

Taxes and Licenses Detail

**DED
1-5**

St/City income taxes (from ES screen)		1	Payroll taxes		7
St/City franchise taxes (from ES screen)		2	Foreign taxes paid		8
City income taxes		3	Occupancy taxes		9
City franchise taxes		4	Licenses		10
Local property taxes		5	Other miscellaneous taxes/licenses		11
Intangible property taxes		6			

2018 B - Other Information

Type of Entity:	1	Domestic general partnership	2	Domestic limited partnership	
	3	Domestic LLC	4	Domestic limited liability partnership	
	5	Foreign partnership	6	Other:	7

	Yes	No
4 Does partnership meet all requirements listed for question 6 of Form 1065?	8	9
4c ¹⁰ Forms K-1 were NOT furnished to the partners on or the before the due date		
5 Is partnership a publicly traded partnership?	11	12
6 Did partnership have any debt that was cancelled, forgiven, or had terms modified so as to reduce principal amount of debt?	13	14
7 Has partnership filed, or is it required to file, Form 8918?	15	16
8 Did partnership have an interest in a foreign account? If "Yes," enter foreign country	17	18
9 Was partnership grantor of, or transferor to, a foreign trust?	19	
10a Is partnership making, or had it previously made (and not revoked), a Section 754 election?	20	21
10b Did partnership make for this tax year an optional basis adjustment under Section 743(b) or 734(b)?	22	23
10c Is the partnership required to adjust the basis of partnership assets because of substantial built-in loss or substantial basis reduction?	24	25
11 During the current or prior tax year, did the partnership distribute any property received in a like-kind exchange or contributed to another entity?	26	27
12 Did partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?	28	29
13 If partnership is required to file Form 8858, enter the number of Forms 8858 attached	30	
14 Does partnership have any foreign partners? If "Yes," enter number of Forms 8805 filed for partnership	31	32
15 Number of Forms 8865 attached to this return	33	
16a Did you make any payments in 2018 that would require you to file Form(s) 1099?	34	35
16b If "Yes," did you or will you file all required Form(s) 1099?	36	37
17 Number of Forms 5471 attached to this return	38	39
18 Enter the number of partners that are foreign governments under section 892	40	
19 During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S (sections 1411 through 1464) or chapter 4 (sections 1471 through 1474)?	41	42
20 Was the partnership a specified domestic entity required to file Form 8938 for the tax year (see the instructions for Form 8938)?	43	44
21 Is the partnership a section 721(c) partnership, as defined in the Treasury Regulations section 1.721(c)-1T(b)(14)	45	
22 During the tax year, did the partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? If "Yes," enter the total amount of the disallowed deductions	1	2
23 Did the partnership have an election under section 136(j) for any real property trade or business or any farming business in effect during the tax year? See instructions	3	
24 Does the partnership satisfy one of the following conditions and the partnership does not own a pass-through entity with current-year or prior-year carryover excess business interest expense? See instructions (a) The partnership's aggregate average annual gross receipts do not exceed \$25 million, and the partnership is not a tax shelter (b) The partnership has business interest expense from only (1) an electing real property trade or business, (2) an electing farming business, or (3) certain utility businesses under section 163(j)(7). If "No," complete and attach form 8990	4	5
25 Is the partnership electing out of the centralized partnership audit regime under section 6221(b)?	6	7
	8	

Designation of Partnership Representative	SSN/EIN	50		51	EIN
	TMP Name	52			
	If TMP is an entity, enter representative name	53			
	Address	54			
	City U.S. Address ONLY: State, ZIP	55	56	57	
Foreign address ONLY: Province/State, Country, Postal Code	58	59	60		

E-mail address	61	Phone Number	62
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2018 Sch B - Lines 2a and 2b

**B1
2-3**

2a Enter the information below if any foreign or domestic corporation, partnership (including any entity treated as a partnership), or trust owns, directly or indirectly, an interest of 50% or more in profit, loss, or capital of the partnership.				
ID Number	Name of Entity	Type of Entity	Country of Organization	Max % owned
1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25

2b Enter the information below if any individual or estate owns, directly or indirectly, an interest of 50% or more in the profit, loss or capital of the partnership.				
ID Number	Name of Individual or Estate	Select if Estate	Country of Citizenship	Max % owned
26	27	28	29	30
31	32	33	34	35
36	37	38	39	40
41	42	43	44	45
46	47	48	49	50

Schedule B - Lines 3a and 3b

**B4
2-4**

3a Enter the information below if the partnership owned directly 20% or more, or owned, 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.			
Name of Corporation	EIN	Country of Incorporation	% owned in voting stock
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20

3b Enter the information below if the partnership owned directly an interest of 20% or more, or owned, directly or indirectly, an interest of 50% or more in profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust.				
Name of Entity	EIN	Type of Entity	Country of Organization	Max % owned
21	22	23	24	25
26	27	28	29	30
31	32	33	34	35
36	37	38	39	40
41	42	43	44	45

2018 Schedule K-1

Other Information 1 <input type="text"/> Control number 2 <input type="text"/> Rounding Partner 3 <input type="text"/> Signs return 4 <input type="text"/> PTR REP	Schedule B-1 Country of incorporation/organization 5 <input type="text"/> Max percentage owned 6 <input type="text"/>	Special Designations 7 <input type="text"/> Final K-1 8 <input type="text"/> Amended K-1
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Partner's Name and Address Information

E ID number 9 Title for PIN signature 10

F Name

First Name	MI	Last Name
11 <input type="text"/>	12 <input type="text"/>	13 <input type="text"/>

Suffix 14 Professional 15

Entity name (if not individual) 16

Care of/FBO/DBA 17

Address 18

City 19

U.S. ONLY State, ZIP 20 21 Resident state 22

Foreign ONLY Province/state, country, postal code 23 24 25

Phone number 26

Email address 27 28 Deliver by email

K1
3-5

Type of Partner

G 29 General or LLC member-manager 30 Limited or other LLC member

H 31 Domestic partner 32 Foreign partner

I1 PARTNER type (not the partnership) 33 34 B2 - Eligible foreign entity

I2 35 Is this partner a retirement plan?

J. Partner's %

	Beginning of Year		OWN Override
Profit	36 <input type="text"/>	NOTE: Special allocations for Income, Deductions, Credits, etc., on a line-by-line basis are entered on the Schedule K screens using the SA link. See FAQ "P" for information on entering ownership changes.	39 <input type="text"/>
Loss	37 <input type="text"/>		40 <input type="text"/>
Capital	38 <input type="text"/>		41 <input type="text"/>

Analysis of Capital Account

		2017	2018
L Beginning capital account			42 <input type="text"/>
Capital contributed during the year:			
Gain recognized on contributed property			43 <input type="text"/>
Cash contributed			44 <input type="text"/>
Adjusted basis of property contributed			45 <input type="text"/>
Other adjustments (including redistribution of capital)			46 <input type="text"/>
Curret year increase (decrease)			47 <input type="text"/>
Withdrawals/Distributions			48 <input type="text"/>

M Did the partner contribute property with built-in gain or loss? 49 Yes 50 No

Part III: K-1 Direct Entries

4 Guaranteed Payments for Services 51

13M Health insurance distribution reduction 52