

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 2025

2025

2024

Business _____

Commuting _____

Other _____

Expenses

2025

2024

Garage rent _____

Gas _____

Insurance _____

Licenses _____

Oil _____

Parking fees _____

Rental fees _____

Interest _____

Property tax _____

2025

2024

Repairs _____

Tires _____

Tolls _____

Lease addback _____

Other expenses

2025 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 2024	_____	_____	_____	_____
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

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 2025.

This property was disposed of during tax year 2025.

Income and Expenses

	2025	2024		2025	2024
Gross rental or royalty income	_____	_____	Guaranteed payments for services	_____	_____
Advertising	_____	_____	Guaranteed payments for capital	_____	_____
Auto and travel	_____	_____	Health insurance payments	_____	_____
Cleaning and maintenance	_____	_____	Meals and entertainment	_____	_____
Commissions	_____	_____	Other expenses (list)	_____	_____
Insurance	_____	_____	_____	_____	_____
Legal and other professional fees	_____	_____	_____	_____	_____
Interest	_____	_____	_____	_____	_____
Repairs	_____	_____	_____	_____	_____
Taxes	_____	_____	_____	_____	_____
Utilities	_____	_____	_____	_____	_____
Wages and salaries	_____	_____			_____

8825 - Schedule A Deductions

	2025	2024		2025	2024
Asset management fee	_____	_____	Landscaping	_____	_____
Bad debt expense	_____	_____	Leased employee expense	_____	_____
Building Maintenance	_____	_____	Management fee	_____	_____
Common Charges	_____	_____	Other taxes	_____	_____
Contract Services	_____	_____	Prepayment penalty	_____	_____
Debt extinguishment costs	_____	_____	Reimbursed wages/salaries (reimbursed to management co.)	_____	_____
Ground rent	_____	_____	Section 481(a) adjustments	_____	_____
Grounds Maintenance	_____	_____	Tenant renovations	_____	_____
Homeowner association fee	_____	_____	Tenant services	_____	_____
Incentive fee	_____	_____	Turnover expenses	_____	_____

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 2025.

This property was disposed of during tax year 2025.

Income and Expenses

	2025	2024
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)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

