Client Name: _____

Corp Name: _____

Phone: _____

[redacted]

VALLES VENDIOLA LLP
Certified Public Accountants

Partnership Packet

www.vallesvendiola.com
718.275.1422
partner@vallesvendiola.com

Thanks for choosing Steadman & Associates for your tax needs. We look forward to serving you!

A few things to note:

- First of all, if we are responsible for your bookkeeping, no need to fill out any of this packet.
- Second, if that isn't the case, a fully completed tax packet is necessary **BEFORE** making an appointment and before sending any information.

We will be offering both in person and correspondence services this year. You can send us your documents in 4 ways:

1. **Shared Folders** (IE. Google Drive)
2. The **Sharefile Online Portal**. Email us to request a secure link to upload documents and correspond with us electronically.
3. **Mail**. *Send copies only to*:
4. **Drop Off*.** *Place Docs in an envelope and address to*:
   **Weekdays 9am – 5pm (inform us first)*

Valles Vendiola LLP
125 Maiden Lane Ste 508
New York, NY 10038

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Information Worksheet

Partnership Info			
Partnership Name:			
Employer ID #:		Start Date:	
CA Entity #: (12 digit # on Articles of Organization)			
Business Activity:			
Product or Service:			
Phone:			
Responsible Party's Name:		Title:	
Email:			
Other State ID # or Filing #: *(if applicable)*			

Physical Address:				Unit #:	
City:		State:		Zip Code:	

Mailing Address: *(If different from above)*				Unit #:	
City:		State:		Zip Code:	

Number of Shareholders: _____ *Please enter info for each shareholder below (use back of page if necessary)*

Shareholder 1 Info		Shareholder 2 Info	
Name:		Name:	
Social Sec #:		Social Sec #:	
Ownership %:		Ownership %:	
Address:		Address:	
City/St/Zip:		City/St/Zip:	
Phone:		Phone:	
Email:		Email:	

Bank Info

(Direct Deposit of Franchise Tax Refund or Electronic Withdrawal of Amount Due)

Bank Name_____
Routing # _____
Account # _____

☐ Checking ☐ Savings

**Please bring your check book with you so that we can confirm the numbers*

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Income and Expenses Worksheet

Please fill out the entire packet. As well, if you use accounting software, please include your Profit/Loss Report and a Balance Sheet. (NOTE: If we handle your bookkeeping, no packet is necessary.)

Income		
1	Gross Income	

Deductions		
8	Employee Salaries & Wages (Only W2 Income paid out, NOT Contractors)	
9	Guaranteed Payments to Partners	
11	Repairs & Maintenance (Equipment, Professional Costumes, etc.)	
13	Office or Studio Rental (Venue Rental, Studio Time, etc.)	
14A	Franchise Taxes (NOTE: Please fill in Estimated Table as well)	
14C	Payroll Taxes (FICA, Unemployment Insurance)	
14D	City of Los Angeles Biz Tax	
14E	Statement of Information	
18	Pension & Profit Sharing (IRA, Employer Paid 401Ks, etc.)	
19	Employee Benefit Programs	

Other Deductions		
1	Accounting	
2	Advertising (Biz Cards, Website, Reels, Headshots, etc.)	
3	Amortization	
4	Auto and Truck Expenses (Biz Mileage Reimbursed at Mileage Rate or Actual Expenses w/ a Lease)	
5	Bank Charges	
6	Cleaning	
7	Commissions (Agents, Managers, Lawyers)	
8	Computer Services & Supplies	
9	Credit & Collections Costs	
10	Delivery & Freight	
11	Discounts	
12	Equipment Rental (Not Car Lease)	
13	Dues & Subscriptions	
14	Business Gifts (Limited to $25 per person per year)	
15	Insurance (NOT Health Insurance)	

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Income and Expenses Worksheet (cont.)

16	Janitorial (Only Biz, NOT Personal)	
17	Laundry & Cleaning	
18	Legal & Professional	
19	Meals (Including Out of Town Meals. **NOTE**: There is no standard allowance)	
21	Office Expense	
22	Outside Service/Independent Contractors	
23	Parking Fees & Tolls	
24	Permits & Fees	
25	Postage	
26	Printing	
27	Security	
28	Supplies	
29	Cell for Business	
30	Tools	
31	Training & Education	
32	Travel	
33	Uniforms	
34	Internet for Business	
	Casting Registries (Actors Access, IMDB, Casting Networks, etc.)	
	Cable (Netflix, HBO, etc.)	
	Local Transportation (Uber, Lyft, Metro – Only Business)	
	Software Subscriptions for Business (Zoom, Adobe, etc.)	
	Trade Publications (Variety, Hollywood Reporter, Backstage, etc.)	
	Viewing Research (Theater, Movies, Streaming Services, etc.)	
	Small Equipment Purchases ($200 - $2500) (Please Itemize on the following page)	
	Large Equipment Purchases (over $2500) (Please Itemize on the following page)	
	Charitable Contributions	
	Other	
	Other	
	Other	
	Other	
	Other	

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Questions, Checklist, Equipment, Estimated Taxes

Key Questions

☐ Yes	☐ No	Did the Partnership make any payments that would require it to file Form(s) 1099?
☐ Yes	☐ No	Did the Partnership pay it's $800 Estimated Franchise Tax Fee? If so, be sure to fill in the Estimated Taxes Table. NOTE: In some cases, Partnerships have to pay more than $800.
☐ Yes	☐ No	Did the Partnership pay any other Federal or State Estimated Taxes? If so, be sure to fill in the Estimated Taxes Table.
☐ Yes	☐ No	Did the Partnership receive any type of loan or grant that is related to Covid-19 relief for business (IE. PPP, EIDL, Local Grant, etc.) If yes: which one/amount? _____ Did you get taxability guidance? _____
☐ Yes	☐ No	What was the total balance of the Partnership's Checking and Savings accounts as of December 31?
☐ Yes	☐ No	What was the total balance of the Partnership's Credit Cards as of December 31?

Checklist

☐	Completed Tax Packet
☐	Previous Year's Tax Return (if not done by us)
☐	Profit/Loss Report (if available)
☐	Balance Sheet (if available)

Estimated Taxes - Federal	
Quarter 1 (by April 15)	
Quarter 2 (by June 15)	
Quarter 3 (by Sept 15)	
Quarter 4 (by Jan 15)	
Other	
Total	

Estimated Taxes - State	
Quarter 1 (by April 15)	
Quarter 2 (by June 15)	
Quarter 3 (by Sept 15)	
Quarter 4 (by Jan 15)	
Other	
Total	

Small Equipment:
Only list items purchased for between $200 and $2500; otherwise, list under office supplies or general supplies

Item	Date	Price	Biz %

Large Equipment:
Only list items purchased for over $2500

Item	Date	Price	Biz %