

Davis-Smith Accounting Associates

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 Harrington, DE 19952
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 Phone: (302)398-4020 | Fax: (302)398-3665

I wish to receive my tax return in the following format (charges are donated to National Multiple Sclerosis Society):

Paper \$5.00 _____ Portal _____ Memory stick or CD supplied by you _____

Please note: Request for copies of tax returns for 3rd party use will be posted to the portal for you to download and provide to the 3rd party – we will no longer provide your information directly to a 3rd party.

	YES	NO	N/A
Do you give Davis-Smith Accounting Associates permission to send invoices & statements via email?			
Did you make any payments (\$600.00 or more) that would require you to file form(s) 1099?			
If yes, did you or will you file ALL required forms 1099?			
Did you have employees?			
If yes,			
a. Did the business provide health insurance to the employees?			
b. Did you offer ANY type of benefits to your employees (health/dental/visions, life, etc.)			
c. Did you receive Employee Retention Credits? If yes, amount of credit: _____			
a. Please provide copies of all paperwork related to the credit			
d. Did you purchase a new or used electric vehicle?			
a. Please provide dealer's certificate for the purchase			
e. Have you or will you file the beneficial owners report with FINCEN?			
Did you have any transactions in any form of crypto-currency, such as Bitcoin, Amazon Coin, etc.?			
Did you have any income from an on-line business (E-bay or Etsy) or income from Uber, Lyft or Airbnb?			
Did you have foreign bank account or have an interest in a foreign trust? Please note: Penalties for failure to report foreign source income or ownership of a foreign account start at \$10,000.00 per violation.			
IF YOU OWN RENTAL PROPERTY:			
On a regular basis (at least bi-weekly) & continuous throughout the year, and do you consult with advisors, property managers or personally visit the property?			
Is the activity conducted with a profit motive?			
Do you spend several hours regularly or bi-weekly dealing with the advisors, managers or personally with tenants, repair or maintenance companies or on-site issues?			
Do you maintain written calendar time records to prove the regular, substantial, continuous activity?			
FOR PARTNERSHIPS ONLY:			
If eligible, in the event of an audit, do you opt out of audit assessments being applied and paid at the partnership level (highest individual tax rate, 37%)?			

Signature: _____

Date: _____

2023 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?
 Domestic general partnership Domestic limited partnership
 Domestic LLC Domestic limited liability partnership
 Foreign partnership 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 2022	_____	_____	_____	_____
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

