2016 Partnership General Information

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2010 Faithership General mom								
Name and Address Information								
Employer ID number	1							
Legal Name of Entity	2							
In care of	3							-
DBA	4							
Address	5							Suite #
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	•	33
B Principal product or service ¹⁶						Misc code 1		34
C Business code number 17						Misc code 2		35
E Business start date	18					Invoice #		36
G Mark applicable boxes:						Preparer fee		37
¹⁹ Initial return ²⁰	Final return	21	Amended return			Firm #		38
Address change	s change 24 Technical term			n		Preparer #	39	
²⁵ Name change						Data entry operator #		40
H Accounting method:						ERO #		41
²⁶ Cash ²⁷	Accrual Otl	her 28	8					
If not a calendar year:						Entity Name C	ontrol	42
Fiscal year beginning ³⁰						Use this field only if Name Control is obtained from IRS by contacting Business		
Fiscal year ending ³¹								1-800-829-4933.
³² 52-53 week tax year election								
Client information								
Email 43								
Cell ⁴⁴ Fax ⁴⁵								
Dreke Cofficiere Dertrership Interview Chest / Drefermen	Converight 2016	-			-		-	

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