

2017 Partnership General Information

Name and Address Information

Employer ID number	1	
Legal Name of Entity	2	
In care of	3	
DBA	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

A Principal business activity	15	
B Principal product or service	16	
C Business code number	17	
E Business start date	18	
G Mark applicable boxes:		
<input type="checkbox"/> 19 Initial return	<input type="checkbox"/> 20 Final return	<input type="checkbox"/> 21 Amended return
<input type="checkbox"/> 22 Address change	<input type="checkbox"/> 24 Technical termination	<input type="checkbox"/> 25 Name change
H Accounting method:		
<input type="checkbox"/> 26 Cash	<input type="checkbox"/> 27 Accrual	<input type="checkbox"/> 28 Other

Other Information

Resident state	32
Misc code 1	33
Misc code 2	34
Invoice #	35
Preparer fee	36
Firm #	37
Preparer #	38
Date entry operator #	39
ERO #	40
Entity Name Control	41

If not a calendar year:

Fiscal year beginning	29
Fiscal year ending	30
<input type="checkbox"/> 31 52-53 week tax year election	

Use this field only if Name Control is obtained from IRS by contacting Business & Specialty Help Line at 1-800-829-4853.

Client information

Email	42		
Cell	43	Fax	44

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