

# Partnership General Information

## Name and Address Information

Employer ID number	1		
Legal Name of Entity	2		
DBA (Doing business as)	3		
In care of	4		
Address	5		Suite # 6
City	7		
<b>U.S. ONLY:</b> State, ZIP, County	8	9	10
<b>Foreign ONLY:</b> Province/State, Country, Postal Code	11		12 13
Phone number	14		

## General Information

<b>A</b>	Principal business activity	15	
<b>B</b>	Principal product or service	16	
<b>C</b>	Business code number	17	
<b>E</b>	Business start date	18	
<b>G</b>	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 Name change	
<b>H</b>	Accounting method:		
	<input type="checkbox"/> 25 Cash	<input type="checkbox"/> 26 Accrual	Other <input type="checkbox"/> 27
<b>K</b>	<input type="checkbox"/> 47 Aggregated activities for section 465 at-risk purposes		
	<input type="checkbox"/> 48 Grouped activities for section 469 passive activity purposes		

## Other Information

Resident state	31
Misc code 1	32
Misc code 2	33
Invoice #	34
Preparer fee	35
Firm #	36
Preparer #	37
Data entry operator #	38
ERO #	39

## If not a calendar year:

Fiscal year beginning	28
Fiscal year ending	29
<input type="checkbox"/> 30	52-53 week tax year election

Entity Name Control	40
<b>Use this field only if Name Control is obtained from IRS by contacting Business &amp; Specialty Help Line at 1-800-829-4933.</b>	

## Client information

Email	41		
Cell	42	Fax	43

## QBI

44	Specified Service Trade or Business (SSTB)
45	Potential Business Aggregation Number (PBAN)
46	Business Aggregation Number (BAN)

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