

## PARTNER QUESTIONNAIRE

DATE: \_\_\_\_\_

PARTNERSHIP NAME: \_\_\_\_\_

PARTNER'S NAME: \_\_\_\_\_

SOCIAL SECURITY / EIN #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

\_\_\_\_\_

BUSINESS PHONE #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE PROVIDER: \_\_\_\_\_

MAY WE TEXT: YES  NO

E-MAIL ADDRESS: \_\_\_\_\_

## PARTNER QUESTIONNAIRE

CONTINUE ON BACK

DATE ACQUIRED PERCENTAGE OF PARTNERSHIP: \_\_\_\_\_

ENTITY (PLEASE CHECK ONE:    INDIVIDUAL     ESTATE     TRUST

                                         PARTNERSHIP     CORPORATION

% OF OWNERSHIP \_\_\_\_\_

% OF PROFIT \_\_\_\_\_

% OF LOSS \_\_\_\_\_

PLEASE CHECK ALL THAT APPLY:

I am the managing partner.

I am the tax matters partner and will sign all tax returns.