



1065 Partnership Client Information

Client ID: _____

Business Name: _____

Doing Business As: _____

EIN: _____

Address: _____

Phone Number: _____

Email Address: _____

Date Business Began: _____

State of Incorporation: _____

Business Activity: _____

Product or Service: _____

Business Code: _____

Accounting Method: _____

Signing Partner for Return: _____

Partner Name: _____

Entity Type: _____

SSN/EIN: _____

Nickname: _____ (if go by name other than legal name)

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

Partner Ownership %: _____

Partner Title: _____

Partner Name: _____

Entity Type: _____

SSN/EIN: _____

Nickname: _____ (if go by name other than legal name)

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

Partner Ownership %: _____

Partner Title: _____

More partners? Please request another page.