

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 #
City	7		6
U.S. only: State, ZIP, County	8	9	10
Foreign only: Province/State, Country, Postal Code	11		12
Phone number	14		
General Information		Other 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	Other	<input type="checkbox"/> 28
If not a calendar year:		Resident state	
Fiscal year beginning	29		
Fiscal year ending	30		
<input type="checkbox"/> 31 52-53 week tax year election	Misc code 1		
	33		
	Misc code 2		
	34		
	Invoice #		
	35		
	Preparer fee		
	36		
	Firm #		
	37		
	Preparer #		
	38		
	Data entry operator #		
	39		
	ERO #		
	40		
	Entity Name Control		
	41		
Client information		Use this field only if Name Control is obtained from IRS by contacting Business & Specialty Help Line at 1-800-829-4933.	
Email	42		
Cell	43	Fax	44

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