

or Fiscal Year beginning _____ and ending _____

Partner's Identifying Number _____ EIN SSN Partnership's Identifying Number _____

Partner's Business Name

Partner's Address

-OR-

Partner's First Name

City State Zip-Code
_____ - _____

Partner's Last Name

Country

Attention

Partner's Type of Entity (see instructions)

Code	Description

Resident

Non-Resident

Partner's Share of Profit, Loss and Capital:
Beginning Ending

Profit: _____ % Profit: _____ %
Loss: _____ % Loss: _____ %
Capital: _____ % Capital: _____ %

Allocable Share of Income	Column A Federal 1065, Schedule K-1 Amount	Column B Portion of Items Derived from Sources in DE
1. Ordinary income (Loss) from Trade of Business Activities..		
2. Net Income (Loss) from Rental Real Estate Activities.....		
3. Net Income (Loss) from Other Rental Activities.....		
4. Guaranteed Payment to Partner.....		
5. Interest		
6. Dividends.....		
7. Royalties.....		
8. Net Short-term Capital Gain (Loss).....		
9. Net Long-term Capital Gain (Loss).....		
10. Net Gain (loss) under 1231 (other than Due to Casualty and Theft).....		
11. Other Income (Loss).....		
12. Total Income (Combine Line 1 to Line 11).....		

Allocable Share of Deductions	Column A Federal 1065, Schedule K-1 Amount	Column B Portion of Items Derived from Sources in DE
13. Charitable Contribution.....		
14. Section 179 Expense Deductions.....		
15. Expenses from Investment Income		
16. Other Deductions/Credits (Attach Schedule).....		

