

or Fiscal Year beginning MM | DD | YY and ending MM | DD | YY

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

Partner's Business Name

Partner's Address

-OR -

City _____ State _____ Zip-Code _____ - _____

Partner's First Name

Country

Partner's Last Name

Attention

Partner's Type of Entity (see instructions)

Code	Description
<input type="checkbox"/>	
<input type="checkbox"/>	

☐ 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).....		

