

Statement of Allocated Earnings

PARTNER / MEMBER: _____

STATEMENT PERIOD: _____

TAXPAYER ID: _____

OWNERSHIP %: _____

ALLOCATION CATEGORY	AMOUNT
Beginning Capital Account Balance	
Ordinary Business Income / (Loss) Allocation	
Net Rental Real Estate Income / (Loss)	
Interest / Dividend Income	
Capital Gains / (Losses)	
Guaranteed Payments	
Other Income / (Loss)	
Section 179 Deduction	
Distributions / Withdrawals	
Ending Capital Account Balance	

PREPARED BY (SIGNATURE)

RECEIVED BY (SIGNATURE)

DATE

DATE