

DOMESTIC PARTNERSHIP INFORMATION RETURN

Declaration and Registration Record

This document serves as an official information return for registered domestic partnerships. Complete all applicable sections in full.

PARTNER A INFORMATION

FULL LEGAL NAME _____
TAX IDENTIFICATION NUMBER / SSN _____
RESIDENTIAL ADDRESS _____
CITY, STATE, ZIP CODE _____
DATE OF BIRTH _____

PARTNER B INFORMATION

FULL LEGAL NAME _____
TAX IDENTIFICATION NUMBER / SSN _____
RESIDENTIAL ADDRESS _____
CITY, STATE, ZIP CODE _____
DATE OF BIRTH _____

PARTNERSHIP DETAILS

DATE OF REGISTRATION _____
REGISTRATION NUMBER _____
JURISDICTION OF REGISTRATION (CITY/COUNTY/STATE) _____
TYPE OF FILING
 INITIAL RETURN
 AMENDED RETURN

DECLARATION AND SIGNATURES

We, the undersigned, declare under penalty of perjury under the laws of the state that the information provided in this return is true, correct, and complete to the best of our knowledge.

SIGNATURE OF PARTNER A

Date: _____

SIGNATURE OF PARTNER B

Date: _____