CONSOLIDATED JOINT VENTURE INCOME RETURN

TAX YEAR / PERIOD: _____

1. JOINT VENTURE GENERAL INFORMATION

Joint Venture Name:

Tax Identification Number:

Principal Business Activity:

Commencement Date:

Registered Address:

Contact Person / Representative:

2. JOINT VENTURE VENTURERS / PARTICIPANTS

Venturer Name & Address	Tax ID / Reg No.	Ownership Share (%)	Profit / Loss Share (%)

3. STATEMENT OF JOINT VENTURE INCOME AND EXPENSES

Revenue / Income Source	Amount
Gross Receipts / Sales from Operations	
Less: Cost of Goods Sold / Cost of Services	
Gross Profit	
Other Taxable Income / Interest Income	
Total Consolidated Revenue	
Operating Expenses	
Salaries, Wages, and Benefits	
Rent and Utilities	
Depreciation and Amortization	
Administration and Management Fees	
Other Allowable Deductions	

Revenue / Income Source	Amount
Total Expenses	
Net Consolidated Joint Venture Income / (Loss)	

4. DISTRIBUTION OF INCOME / LOSS TO VENTURERS

Venturer Name	Share %	Share of Income / (Loss)	Withholding Tax (if applicable)
Total			

5. DECLARATION AND SIGNATURE

We, the undersigned authorized representatives of the Joint Venture, hereby declare under penalty of perjury that this return, including any accompanying schedules and statements, has been examined by us and, to the best of our knowledge and belief, is a true, correct, and complete return made in good faith for the period stated.

Authorized Signature (Representative Venturer 1)

Date:

Authorized Signature (Representative Venturer 2)

Date: