F-8865

Department of the Treasury
Internal Revenue Service

RETURN OF FOREIGN PARTNERSHIP

Information Return of U.S. Persons With Respect to Certain Foreign Partnerships

OMB No. XXXX-XXXX

Tax Year: 20___

PART I FOREIGN PARTNERSHIP INFORMATION

Name of Foreign Partnership	Employer Identification Number (if any)
Address (including suite, room, or PMB number)	**Reference ID Number (see instructions)**
City or town, state or province, country, and ZIP or foreign postal code	**Country Under Whose Laws Organized**
Date of Organization	**Principal Place of Business**

PART II INFORMATION OF PERSON FILING THIS RETURN

Name of Person Filing Return	Identifying Number (SSN or EIN)
Address (number, street, and room or suite no.)	**Filer's Share of Partnership Liabilities**

PART III PARTNERSHIP INCOME AND DEDUCTIONS

Line	Income / Deduction Description	Amount (USD)
1	Gross receipts or sales	
2	Cost of goods sold	
3	Gross profit (subtract line 2 from line 1)	
4	Ordinary income (loss) from other partnerships, estates, and trusts	
5	Net farm profit (loss)	
6	Net gain (loss) from Form 4797, Part II, line 17	
7	Other income (loss)	
8	**Total income (loss). Combine lines 3 through 7**	
9	Salaries and wages (other than to partners)	
10	Guaranteed payments to partners	
11	Repairs and maintenance	
12	Bad debts	
13	Rent	
14	Taxes and licenses	
15	Interest	
16	Depreciation	
17	Retirement plans, etc.	
18	Employee benefit programs	
19	Other deductions	
20	**Total deductions. Add lines 9 through 19**	

Line	Income / Deduction Description	Amount (USD)
21	**Ordinary business income (loss). Subtract line 20 from line 8**	

SIGNATURE OF FILER

Signature: _____ Date: _____

Title: _____

SIGNATURE OF PAID PREPARER

Preparer's Name: _____ PTIN: _____

Firm's Name: _____ Date: _____

Signature: _____