

ANNUAL TAX RETURN

Limited Liability Partnership (LLP)

1. PARTNERSHIP INFORMATION

LLP Registered Name

Partnership Tax Reference Number

Registered Office Address

Principal Place of Business (if different)

Partnership Registration Number

Tax Period Under Assessment

2. FINANCIAL SUMMARY

| Income / Expense Category | Amount |
|---------------------------------------|--------|
| Gross Turnover / Sales | |
| Cost of Sales | |
| Gross Profit / (Loss) | |
| Administrative Expenses | |
| Other Operating Income | |
| Finance Costs / Interest Expense | |
| Net Profit / (Loss) Before Tax | |

3. PARTNER ALLOCATION SCHEDULE

| Partner Name / Entity Name | Profit Share % | Salary/Drawings | Allocated Share of Profit/(Loss) |
|----------------------------|----------------|-----------------|----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

| Partner Name / Entity Name | Profit Share % | Salary/Drawings | Allocated Share of Profit/(Loss) |
|----------------------------|----------------|-----------------|----------------------------------|
| | | | |
| Total | 100% | | |

4. DECLARATION AND AUTHORIZATION

I, being a designated member of this Limited Liability Partnership, declare that the information given in this return is, to the best of my knowledge and belief, correct and complete.

Signature of Designated Member

Name (Print)

Date
