OFFSHORE PARTNERSHIP RETURN DECLARATION

Foreign Partnerships Information Return

1. PARTNERSHIP IDENTIFICATION

LEGAL NAME OF FOREIGN PARTNERSHIP

JURISDICTION OF FORMATION / INCORPORATION

REGISTRATION NUMBER / ENTITY ID

TAX IDENTIFICATION NUMBER (IF APPLICABLE)

REPORTING PERIOD (FROM - TO)

REGISTERED ADDRESS

PRINCIPAL PLACE OF BUSINESS (IF DIFFERENT FROM REGISTERED ADDRESS)

2. FINANCIAL SUMMARY (REPORTING CURRENCY:)

Financial Category	Amount
Gross Revenue / Income	
Cost of Sales / Direct Expenses	
Operating and Administrative Expenses	
Net Ordinary Income / Loss	
Other Income / Capital Gains	
Total Net Assets	

3. SCHEDULE OF PARTNERS & PROFIT ALLOCATIONS

Partner Name & Address	TIN / Reg No.	Country of Residence	Ownership %	Share of Income

4. DECLARATION AND SIGNATURES

I, being the authorized Designated Partner / Representative of the foreign partnership named herein, declare under penalty of perjury that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I confirm that the partnership has maintained adequate financial records in compliance with applicable offshore jurisdiction regulations.

SIGNATURE OF AUTHORIZED PARTNER / REPRESENTATIVE

DATE (DD/MM/YYYY)

PRINTED NAME OF SIGNATORY

CAPACITY / TITLE