

PARTNERSHIP INTERIM DISTRIBUTION STATEMENT

Interim Distribution Period

PARTNERSHIP DETAILS

Partnership Name:

Tax ID / EIN:

Statement Date:

PARTNER DETAILS

Partner Name:

Partnership Share (%):

Partner Class:

DISTRIBUTION BREAKDOWN

Description	Amount (\$)
Ordinary Income / Operating Cash Flow Distribution	
Capital Gains Distribution	
Other Return of Capital / Distributions	
Less: Withholding Tax (if applicable)	
Net Distribution Paid	

NOTES & COMMENTS

Prepared By (Managing Partner / Administrator Signature)

Date

Received By (Partner Signature)

Date