

LIMITED PARTNERSHIP INFORMATION RETURN

For the fiscal period ending

FISCAL YEAR END DATE

PART I: PARTNERSHIP IDENTIFICATION

PARTNERSHIP NAME

PARTNERSHIP REGISTRATION NUMBER

PRINCIPAL PLACE OF BUSINESS (STREET ADDRESS)

CITY, PROVINCE/STATE

COUNTRY

POSTAL/ZIP CODE

PART II: FINANCIAL SUMMARY

FINANCIAL INFORMATION DESCRIPTION	AMOUNT (\$)
Gross Revenue / Sales	
Net Income / (Loss)	
Total Assets	
Total Liabilities	

PART III: PARTNERS' ALLOCATION SCHEDULE (GENERAL & LIMITED PARTNERS)

PARTNER NAME & CONTACT DETAILS	PARTNER TYPE (GENERAL / LIMITED)	OWNERSHIP %	CAPITAL CONTRIBUTION (\$)	SHARE OF NET INCOME/LOSS (\$)

PART IV: CERTIFICATION

Under penalties of perjury, I declare 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. Declaration of preparer (other than partner) is based on all information of which preparer has any knowledge.

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SIGNATURE OF GENERAL PARTNER OR AUTHORIZED REPRESENTATIVE

DATE (YYYY-MM-DD)

SIGNATURE OF PREPARER (IF OTHER THAN PARTNER)

DATE (YYYY-MM-DD)