Department of the Treasury Internal Revenue Service	**Return of U.S. Persons With Respect to Certain Foreign Partnerships**	OMB No. 1545-0123 **20**

INFORMATION ABOUT THE FILER	
Name of filer	**Identifying number**
Number, street, and room or suite no. (if a P.O. box, see instructions)	**Tax year of filer (beginning and ending dates)**
City or town, state or province, country, and ZIP or foreign postal code	**Category of filer (check applicable boxes)** [ ] 1 [ ] 2 [ ] 3 [ ] 4

INFORMATION ABOUT THE FOREIGN PARTNERSHIP	
Name of foreign partnership	**Employer identification number (if any)**
Address of foreign partnership (street, city, province or state, country, postal code)	**Reference ID number (see instructions)**
Country under whose laws organized	**Date of organization**
Principal business activity code number	**Principal business activity**

INCOME STATEMENT (SUMMARY OF FOREIGN PARTNERSHIP)

No.	Income / Expense Item (in functional currency)	Amount
1	Gross receipts or sales	
2	Cost of goods sold	
3	Gross profit (subtract line 2 from line 1)	
4	Ordinary income 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) (attach statement)	
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	Other deductions (attach statement)	
18	**Total deductions. Add lines 9 through 17**	
19	**Ordinary business income (loss). Subtract line 18 from line 8**	

SIGNATURE OF FILER

Signature of common partner or authorized officer	**Date**	**Title**