PARTNERSHIP CAPITAL ACCOUNT RETURN

For the Partnership Taxable Year Ended

SECTION I: PARTNERSHIP INFORMATION

PARTNERSHIP NAME _____

EMPLOYER IDENTIFICATION NUMBER (EIN) _____

STREET ADDRESS _____

CITY, STATE & ZIP CODE _____

TAX YEAR PERIOD START / END _____

SECTION II: PARTNER INFORMATION

PARTNER'S NAME _____

PARTNER'S IDENTIFYING NUMBER (SSN/TIN) _____

STREET ADDRESS _____

CITY, STATE & ZIP CODE _____

PARTNER TYPE

☐ GENERAL
☐ LIMITED

PROFIT SHARING % (BEGINNING/ENDING) _____

LOSS SHARING % (BEGINNING/ENDING) _____

CAPITAL SHARING % (BEGINNING/ENDING) _____

SECTION III: CAPITAL ACCOUNT RECONCILIATION

DESCRIPTION OF CAPITAL FLOW	AMOUNT ($)
1. Beginning Capital Balance	
2. Capital Contributed During the Year (Cash)	
3. Capital Contributed During the Year (Property at Fair Market Value)	
4. Current Year Net Income / (Loss) Share	
5. Other Income / (Loss) and Credits	
6. Withdrawals and Distributions (Cash)	
7. Withdrawals and Distributions (Property)	

DESCRIPTION OF CAPITAL FLOW	AMOUNT ($)
8. Other Decreases / Adjustments	
9. Ending Capital Balance (Sum of lines 1 through 5, minus lines 6 through 8)	

SECTION IV: DECLARATION & SIGNATURES

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.

SIGNATURE OF GENERAL PARTNER / AUTHORIZED REPRESENTATIVE

DATE

SIGNATURE OF PAID PREPARER (IF APPLICABLE)

DATE