

Quarterly Capital Account Status Report

PARTNER NAME:

PARTNERSHIP NAME:

TAX ID / MEMBER ID:

REPORT PERIOD:

QUARTER ENDING:

OWNERSHIP %:

CAPITAL ACCOUNT ACTIVITY DESCRIPTION	AMOUNT
Beginning Capital Balance	
Capital Contributions (Cash)	
Capital Contributions (Property / Other)	
Net Income / (Loss) Allocation	
Guaranteed Payments	
Distributions (Cash)	
Distributions (Property)	
Other Adjustments / Transfers	
Ending Capital Balance	

PREPARED BY (SIGNATURE)

DATE

APPROVED BY (SIGNATURE)

DATE