

FORM GP-100	GENERAL PARTNERSHIP INFORMATION RETURN	Tax Year:
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PART I: PARTNERSHIP IDENTIFICATION

Partnership Name:		Employer Identification Number (EIN):
Principal Business Activity:		Date Business Started:
Street Address (including suite/room no.):		
City or Town:	State:	ZIP Code:

PART II: PARTNER INFORMATION & SHARES

Partner Name & Address	SSN / TIN	Partner Type (Gen/Ltd)	Profit Share %	Loss Share %

PART III: FINANCIAL SUMMARY INFORMATION

1	Gross receipts or sales	
2	Cost of goods sold	
3	Gross profit (subtract Line 2 from Line 1)	
4	Ordinary business income/loss from other partnerships	
5	Total income / loss (combine Lines 3 and 4)	
6	Salaries and wages paid to employees (other than partners)	
7	Guaranteed payments to partners	

8	Rent expense	
9	Other deductions / operating expenses	
10	Net ordinary business income / loss (subtract Lines 6 through 9 from Line 5)	

PART IV: SIGNATURE OF GENERAL PARTNER & PREPARER

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
Partner:**

Date:

Print Name:

Title:

**Preparer's
Signature:**

Date:

Firm Name:

PTIN/EIN: