

Name of partnership ..... Number, street, and room or suite no. If a P.O. box, see instructions. ..... City or town, state or province, country, and ZIP or foreign postal code .....	A. Employer identification number .....	B. Date business started .....
	C. Total assets (see instructions) .....	D. Effective date of election .....
	E. Check applicable boxes <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Name change <input type="checkbox"/> Address change	
	F. Number of Partners in this partnership .....	

PART I - TAXABLE INCOME OR LOSS FROM PASSIVE LOSS LIMITATION ACTIVITIES		
	Income	Amount
<b>1a</b>	Gross receipts or sales	
<b>1b</b>	Returns and allowances (less)	
<b>1c</b>	Balance. Subtract line 1b from line 1a	
<b>2</b>	Cost of goods sold	
<b>3</b>	Gross profit. Subtract line 2 from line 1c	
<b>4</b>	Ordinary income (loss) from other partnerships, estates, and trusts	
<b>5</b>	Net farm profit (loss)	
<b>6</b>	Net gain (loss) from Form 4797, Part II, line 17	
<b>7</b>	Other income (loss) (attach statement)	
<b>8</b>	<b>Total income (loss). Combine lines 3 through 7</b>	
	Deductions	
<b>9</b>	Salaries and wages (other than to partners)	
<b>10</b>	Guaranteed payments to partners	
<b>11</b>	Repairs and maintenance	
<b>12</b>	Bad debts	
<b>13</b>	Rent	
<b>14</b>	Taxes and licenses	
<b>15</b>	Interest	
<b>16</b>	Depreciation	
<b>17</b>	Depletion	
<b>18</b>	Retirement plans, etc.	
<b>19</b>	Employee benefit programs	
<b>20</b>	Other deductions (attach statement)	
<b>21</b>	<b>Total deductions. Add lines 9 through 20</b>	
<b>22</b>	<b>Taxable income (loss) from passive loss limitation activities. Subtract line 21 from line 8</b>	

PART II - TAXABLE INCOME OR LOSS FROM OTHER ACTIVITIES		
<b>1</b>	Interest income	
<b>2a</b>	Ordinary dividends	
<b>2b</b>	Qualified dividends	
<b>3</b>	Royalties	
<b>4</b>	Net capital gain (loss) (attach Schedule D)	
<b>5</b>	Other income (loss) (attach statement)	
<b>6</b>	Deductions related to portfolio income (attach statement)	
<b>7</b>	<b>Net income (loss) from other activities. Combine lines 1 through 6</b>	

**Sign Here**

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 or limited liability company member manager

Date

Title

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**Paid Preparer Use Only**

Preparer's signature

Firm's name (or yours if self-employed)

PTIN

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Firm's address

Phone no.

EIN

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