

**U.S. RETURN OF INCOME FOR ELECTING  
LARGE PARTNERSHIPS**

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. Check electing large partnership status: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Name change <input type="checkbox"/> Address change
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**PART I - TAXABLE INCOME OR LOSS FROM PASSIVE LOSS LIMITATION ACTIVITIES**

1a	Gross receipts or sales	
b	Less returns and allowances (enter net amount)	
2	Cost of goods sold	
3	<b>Gross profit.</b> Subtract line 2 from line 1c	
4	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	
5	Other income (loss) (attach statement)	
6	<b>Total income (loss).</b> Combine lines 3 through 5	
7	Salaries and wages (other than to partners) (less employment credits)	
8	Guaranteed payments to partners	
9	Repairs and maintenance	
10	Bad debts	
11	Rent	
12	Taxes and licenses	
13	Interest	
14	Depreciation (attach Form 4562)	
15	Depletion	
16	Retirement plans, etc.	
17	Employee benefit programs	
18	Other deductions (attach statement)	
19	<b>Total deductions.</b> Add lines 7 through 18	
20	<b>Taxable income (loss) from passive loss limitation activities.</b> Subtract line 19 from line 6	

**PART II - TAXABLE INCOME OR LOSS FROM OTHER ACTIVITIES**

1	Interest income	
2a	Ordinary dividends	
b	Qualified dividends	
3	Royalties	
4	Net capital gain (loss) (attach Schedule D (Form 1065-B))	
5	Other income (loss) (attach statement)	
6	Interest expense on investment debts (attach Form 4952)	
7	State and local income taxes	
8	Other allowable deductions (attach statement)	
9	<b>Taxable income (loss) from other activities.</b> Combine lines 1 through 8	

**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 partner or authorized representative

Date

Title

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Paid Preparer Use Only (Name)

Preparer's signature

Date

PTIN

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Firm's name

Firm's address

Firm's EIN

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