

PARTNER SHARE OF INCOME STATEMENT

For the Partnership Year: _____

PARTNERSHIP INFORMATION

Partnership Name:

Employer ID (EIN):

Address:

City, State, ZIP:

PARTNER INFORMATION

Partner Name:

Taxpayer ID (SSN/EIN):

Address:

Partner Type:

PARTNER'S SHARE OF PERCENTAGE

Profit Sharing %:

Loss Sharing %:

Capital Ownership %:

INCOME / DEDUCTIONS CATEGORY	TOTAL PARTNERSHIP AMOUNT	PARTNER'S SHARE AMOUNT
Ordinary Business Income (Loss)	-----	-----
Net Rental Real Estate Income (Loss)	-----	-----
Other Net Rental Income (Loss)	-----	-----
Guaranteed Payments	-----	-----
Interest Income	-----	-----
Ordinary Dividends	-----	-----
Royalties	-----	-----
Net Short-Term Capital Gain (Loss)	-----	-----
Net Long-Term Capital Gain (Loss)	-----	-----
Section 179 Deduction	-----	-----
Other Income / Deductions	-----	-----

INCOME / DEDUCTIONS CATEGORY	TOTAL PARTNERSHIP AMOUNT	PARTNER'S SHARE AMOUNT
Total Net Distributive Share	-----	-----

Authorized Partnership Representative Signature

Date:

Partner Signature

Date: