

FORM
ELP-100

STATE RETURN FOR ELECTING
LARGE PARTNERSHIPS
Department of Revenue Services

20____
For Calendar Year or Fiscal
Year Ending

PARTNERSHIP IDENTIFICATION

PARTNERSHIP NAME

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)

STATE TAX REGISTRATION NUMBER

NUMBER AND STREET ADDRESS

CITY, TOWN, OR POST OFFICE

STATE

ZIP CODE

- Initial Return
 Final Return
 Amended Return
 Address Change

PART I: STATE TAXABLE INCOME / ALLOCATION

No.	Description	Amount (\$)
1	Gross receipts or sales	
2	Ordinary income (loss) from other partnerships, estates, and trusts	
3	Net farm profit (loss)	
4	Net gain (loss) from Form 4797	
5	Other income (loss)	
6	Total Income (Loss) (Add lines 1 through 5)	
7	Salaries and wages (other than to partners)	
8	Guaranteed payments to partners	
9	Repairs and maintenance	
10	Bad debts	
11	Rent	
12	Taxes and licenses	
13	Interest	
14	Depreciation	

No.	Description	Amount (\$)
15	Retirement plans, etc.	
16	Employee benefit programs	
17	Other deductions	
18	Total Deductions (Add lines 7 through 17)	
19	Net Ordinary Income (Loss) (Subtract line 18 from line 6)	

PART II: STATE APPORTIONMENT AND TAX CALCULATION		
20	State Apportionment Percentage (from apportionment schedule)	
21	Income Apportioned to State (Multiply line 19 by line 20)	
22	Tax Rate	
23	Total State Tax Liability	
24	Estimated Tax Payments made for the year	
25	Balance Due (If line 23 is greater than line 24)	
26	Overpayment (If line 24 is greater than line 23)	

DECLARATION AND SIGNATURES

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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of General Partner or Limited Liability Company Member

Date

Title

Signature of Paid Preparer

Date

PTIN