PARTNERSHIP REVENUE AND INCOME RETURN

Financial Period: _____ to _____

1. PARTNERSHIP IDENTIFICATION

Partnership Name: _____

Tax File / ID No: _____ Business Activity: _____

Registered Address: _____

Contact Number: _____ Email Address: _____

2. PARTNER DETAILS & SHARE ALLOCATION

Partner Name	Partner Tax ID / SSN	Share %	Capital Contribution

3. REVENUE & COST OF SALES

Income Source	Amount
Gross Sales / Professional Fees	
Less: Cost of Goods Sold / Direct Costs	
Gross Profit / (Loss)	
Other Business Income	
Interest / Dividend Income	
Total Net Revenue	

4. OPERATING EXPENSES

Expense Category	Amount
Rent and Occupancy Costs	
Salaries, Wages and Contractor Fees	
Depreciation and Amortization	
Marketing and Advertising	
Insurance and Legal Fees	
Office and Administration Expenses	

Expense Category	Amount
Other Expenses (Specify: _____)	
Total Operating Expenses	

5. SUMMARY OF DISTRIBUTABLE INCOME

Total Net Revenue (from Section 3)	
Less: Total Operating Expenses (from Section 4)	
Net Distributable Income / (Loss)	

6. DECLARATION & SIGN-OFF

We, the undersigned partners, declare that the information provided in this Partnership Revenue and Income Return is true, correct, and complete to the best of our knowledge and belief.

_____
Partner 1 Signature & Date

_____
Partner 2 Signature & Date

_____
Partner 3 Signature & Date

_____
Prepared By / Representative Signature & Date