

ANNUAL PARTNERSHIP DISTRIBUTION CERTIFICATE

Fiscal Year: _____

PARTNERSHIP INFORMATION

Partnership Name: _____

Taxpayer ID (FEIN): _____

State of Registry: _____

Address: _____

PARTNER INFORMATION

Partner Name: _____

Taxpayer ID (SSN/FEIN): _____

Partner Class: _____

Address: _____

Ownership Share: _____

% of Profit/Loss: _____

DISTRIBUTION DETAILS

DATE OF DISTRIBUTION	DISTRIBUTION TYPE (CASH / PROPERTY / OTHER)	VALUE / AMOUNT (\$)
Total Annual Distribution:		\$

ACKNOWLEDGMENT & AUTHORIZATION

The undersigned hereby certifies that the distributions detailed above were made in accordance with the Partnership Agreement of the partnership, and conform to the capital accounts and distribution provisions as authorized by the partners/management of the Partnership.

Authorized Partnership Representative

Date

