

# INDIVIDUAL PARTNER RETURN PROCESSING FORM

Tax Year: 20\_\_

## 1. PARTNER PERSONAL INFORMATION

PARTNER FULL NAME

PARTNER TAX ID / SSN

STREET ADDRESS

PHONE NUMBER

CITY

STATE

ZIP CODE

## 2. PARTNERSHIP ENTITY INFORMATION

PARTNERSHIP NAME

PARTNERSHIP EIN

PARTNER TYPE (E.G., GENERAL, LIMITED)

PROFIT SHARE PERCENTAGE (%)

LOSS SHARE PERCENTAGE (%)

## 3. SHARE OF INCOME, DEDUCTIONS, AND CREDITS

DESCRIPTION / IRS SCHEDULE K-1 LINE ITEM REFERENCE	AMOUNT (\$)
Ordinary Business Income (Loss)	
Net Rental Real Estate Income (Loss)	
Interest Income	
Ordinary Dividends	
Net Short-Term Capital Gain (Loss)	
Net Long-Term Capital Gain (Loss)	
Section 179 Expense Deduction	
Self-Employment Earnings (Loss)	
Tax-Exempt Income	

DESCRIPTION / IRS SCHEDULE K-1 LINE ITEM REFERENCE	AMOUNT (\$)
Other Credits / Deductions	

**4. INTERNAL PROCESSING & VERIFICATION (OFFICE USE ONLY)**

DATE RECEIVED

PROCESSED BY (ID/NAME)

VERIFICATION STATUS

\_\_\_\_\_  
Partner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Preparer Signature

\_\_\_\_\_  
Date

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Please attach a copy of the official Schedule K-1 (Form 1065) issued by the partnership to this processing form. Ensure all fields match the official tax document details before filing.  
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