

# PARTNERSHIP RETURN FORM

For Registered Domestic Partnerships

YEAR: 20\_\_\_\_\_

## PART I: DOMESTIC PARTNER INFORMATION

### Partner A

FULL NAME

SOCIAL SECURITY NUMBER / TAX ID

STREET ADDRESS

CITY

STATE

ZIP CODE

### Partner B

FULL NAME

SOCIAL SECURITY NUMBER / TAX ID

STREET ADDRESS

CITY

STATE

ZIP CODE

DOMESTIC PARTNERSHIP REGISTRY STATE/JURISDICTION

DATE OF REGISTRATION

## PART II: FINANCIAL DECLARATION / COMBINED INCOME & ASSETS

Income Source / Asset Category	Partner A Amount (\$)	Partner B Amount (\$)
1. Gross Wages, Salaries, and Tips		
2. Taxable Interest and Dividends		

Income Source / Asset Category	Partner A Amount (\$)	Partner B Amount (\$)
3. Partnership / Business Income or (Loss)		
4. Real Estate / Rental Income		
5. Other Capital Gains or (Losses)		
6. Other Miscellaneous Income		
<b>7. Total Partner Income (Add lines 1 through 6)</b>		
<b>8. Combined Total Partnership Income (Partner A + Partner B)</b>		

### PART III: SHARED DEDUCTIONS AND ADJUSTMENTS

Deduction Description	Total Combined Amount (\$)
9. Shared Itemized Deductions (e.g., mortgage interest, property taxes)	
10. Joint Charitable Contributions	
11. Medical and Dental Expenses (Shared)	
12. Other Allowed Adjustments/Deductions	
<b>13. Total Shared Deductions (Add lines 9 through 12)</b>	

### PART IV: DECLARATION & SIGNATURES

Under penalties of perjury, we declare that we have examined this return, including accompanying schedules and statements, and to the best of our knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner) is based on all information of which preparer has any knowledge.

\_\_\_\_\_  
Signature of Partner A

PRINT NAME

DATE

\_\_\_\_\_  
Signature of Partner B

PRINT NAME

DATE