

FORM LP-100 PARTNERSHIP TAX RETURN	LIMITED PARTNERSHIP TAX RETURN For calendar year or tax year beginning	TAX YEAR
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A. PARTNERSHIP INFORMATION		
LEGAL NAME OF LIMITED PARTNERSHIP		
EMPLOYER IDENTIFICATION NUMBER (EIN)		
PRINCIPAL BUSINESS ADDRESS (NUMBER, STREET, APT/SUITE)		
DATE OF FORMATION / REGISTRATION		
CITY, STATE, AND ZIP CODE		
STATE OF REGISTRATION / FORMATION		
TOTAL NUMBER OF PARTNERS (GP & LP)		

B. INCOME		
Line	Income Category	Amount (\$)
1	Gross receipts or sales	
2	Returns and allowances (subtract from Line 1)	
3	Cost of goods sold	
4	Gross profit (Subtract Line 3 from Line 2)	
5	Ordinary income/loss from other partnerships, estates, and trusts	
6	Net farm profit/loss	
7	Net gain/loss from Form 4797	
8	Other income/loss	
9	Total Income/Loss (Combine Lines 4 through 8)	

C. DEDUCTIONS		
Line	Deduction Category	Amount (\$)
10	Salaries and wages (other than to partners)	
11	Guaranteed payments to partners	
12	Repairs and maintenance	
13	Bad debts	
14	Rent expenses	

Line	Deduction Category	Amount (\$)
15	Taxes and licenses	
16	Interest expense	
17	Depreciation and Section 179 expense	
18	Retirement plans and employee benefit programs	
19	Other deductions (attach schedule if necessary)	
20	Total Deductions (Add Lines 10 through 19)	
21	Ordinary Business Income/Loss (Subtract Line 20 from Line 9)	

D. PARTNERS' DISTRIBUTIVE SHARE ITEMS (LP ALLOCATION SUMMARY)			
Line	Allocation Description	General Partners Total (\$)	Limited Partners Total (\$)
22a	Ordinary business income (loss)		
22b	Net rental real estate income (loss)		
22c	Interest income		
22d	Dividends		
22e	Royalties		
22f	Net short-term capital gain (loss)		
22g	Net long-term capital gain (loss)		

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 partner) is based on all information of which preparer has any knowledge.

SIGNATURE OF GENERAL PARTNER

DATE

TITLE

SIGNATURE OF PAID PREPARER

DATE

PTIN / EIN