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<b>Use the IRS label. Otherwise, print or type.</b>	NAME OF PARTNERSHIP	A. EMPLOYER IDENTIFICATION NUMBER
	NUMBER, STREET, AND ROOM OR SUITE NO. (IF A P.O. BOX, SEE INSTRUCTIONS.)	B. DATE BUSINESS STARTED
	CITY OR TOWN, STATE OR PROVINCE, COUNTRY, AND ZIP OR FOREIGN POSTAL CODE	C. TOTAL ASSETS (SEE INSTRUCTIONS) <span style="float: right;">\$</span>

(1) Initial return  
 (2) Final return  
 (3) Name change  
 (4) Address change  
 (5) Amended return

**PART I - INCOME (LOSS) FROM PASSIVE LOSS LIMITATION ACTIVITIES**

<b>1a</b>	Gross receipts or sales		
<b>b</b>	Less returns and allowances		
<b>c</b>	Balance. Subtract line 1b from line 1a		
<b>2</b>	Cost of goods sold		
<b>3</b>	Gross profit. Subtract line 2 from line 1c		
<b>4</b>	Ordinary income (loss) from other partnerships, estates, and trusts		
<b>5</b>	Net farm profit (loss)		
<b>6</b>	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		
<b>7</b>	Other income (loss) (attach statement)		
<b>8</b>	<b>Total income (loss).</b> Combine lines 3 through 7		

**PART II - DEDUCTIONS FROM PASSIVE LOSS LIMITATION ACTIVITIES**

<b>9</b>	Salaries and wages (other than to partners)		
<b>10</b>	Guaranteed payments to partners		
<b>11</b>	Repairs and maintenance		
<b>12</b>	Bad debts		
<b>13</b>	Rent		
<b>14</b>	Taxes and licenses		
<b>15</b>	Interest		
<b>16</b>	Depreciation (if required, attach Form 4562)		
<b>17</b>	Depletion		
<b>18</b>	Retirement plans, etc.		
<b>19</b>	Employee benefit programs		
<b>20</b>	Other deductions (attach statement)		
<b>21</b>	<b>Total deductions.</b> Add lines 9 through 20		
<b>22</b>	<b>Taxable income (loss) from passive loss limitation activities.</b> Subtract line 21 from line 8		

**Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements.**

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SIGNATURE OF AUTHORIZED PARTNER OR MEMBER
DATE
TITLE

PREPARER'S SIGNATURE
DATE
PTIN / EIN