Schedule of Partner Capital Account Reconciliation

Partnership Name: _____

For the Year/Period Ended: _____

Partner Name / Description				**Total**
Beginning Capital Balance (As of:)				
Add: Capital Contributions				
Add: Net Income Allocation				
Add: Other Increases				
Less: Partner Drawings / Distributions				
Less: Net Loss Allocation				
Less: Other Decreases				
Ending Capital Balance (As of:)				