

FORM GP-100**PARTNERSHIP RETURN OF INCOME**

For calendar year or tax year beginning/ending

Tax Year

A. Partnership Name**B. Employer Identification Number (EIN)**

Number, Street, and Room or Suite no.

C. Date Business Started

City, State, and ZIP Code

D. Principal Business Activity**INCOME**

1a	Gross receipts or sales	
1b	Returns and allowances	
1c	Balance (subtract line 1b from line 1a)	
2	Cost of goods sold	
3	Gross profit (subtract line 2 from line 1c)	
4	Ordinary income (loss) from other partnerships, estates, and trusts	
5	Net farm profit (loss)	
6	Net gain (loss) from sale of business property	
7	Other income (loss)	
8	Total income (loss) (combine lines 3 through 7)	

DEDUCTIONS

9	Salaries and wages (other than to partners)	
10	Guaranteed payments to partners	
11	Repairs and maintenance	
12	Bad debts	
13	Rent	
14	Taxes and licenses	
15	Interest	
16	Depreciation	
17	Retirement plans, etc.	
18	Employee benefit programs	
19	Other deductions	
20	Total deductions (add lines 9 through 19)	
21	Ordinary business income (loss) (subtract line 20 from line 8)	

SCHEDULE OF PARTNERS' SHARES (GENERAL PARTNERS)

Partner Name & Address	TIN / SSN	Profit/Loss Share %	Share of Income (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.

Signature of Partner:

Date:

Print Name:

Title:

Paid Preparer Use:

Date:

Firm Name:

PTIN: