

or Fiscal Year beginning MM|DD|YY and ending MM|DD|YY

Partner's Identifying Number ▶  ☐ EIN ☐ SSN Partnership's Identifying Number ▶

Partner's Business Name  Partner's Address

- OR -

Partner's First Name  City  State  Zip-Code   
Partner's Last Name  Country   
Attention

Partner's Type of Entity (See Instructions)

| Code                 | Description          |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

☐ Resident

☐ Non-Resident

Partner's Share of Profit, Loss and Capital:

Beginning Ending

Profit:  % Profit:  %

Loss:  % Loss:  %

Capital:  % Capital:  %

| Allocable Share of Income                                                     | Column A<br>Federal 1065, Schedule K-1 Amount | Column B<br>Portion of Items Derived from Sources in DE |
|-------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------|
| 1. Ordinary Income (Loss) from Trade or Business Activities...                | <input type="text"/>                          | <input type="text"/>                                    |
| 2. Net Income (Loss) from Rental Real Estate Activities.....                  | <input type="text"/>                          | <input type="text"/>                                    |
| 3. Net Income (Loss) from Other Rental Activities.....                        | <input type="text"/>                          | <input type="text"/>                                    |
| 4. Guaranteed Payment to Partner.....                                         | <input type="text"/>                          | <input type="text"/>                                    |
| 5. Interest.....                                                              | <input type="text"/>                          | <input type="text"/>                                    |
| 6. Dividends.....                                                             | <input type="text"/>                          | <input type="text"/>                                    |
| 7. Royalties.....                                                             | <input type="text"/>                          | <input type="text"/>                                    |
| 8. Net Short-term Capital Gain (Loss).....                                    | <input type="text"/>                          | <input type="text"/>                                    |
| 9. Net Long-term Capital Gain (Loss).....                                     | <input type="text"/>                          | <input type="text"/>                                    |
| 10. Net Gain (Loss) under 1231<br>(other than Due to Casualty and Theft)..... | <input type="text"/>                          | <input type="text"/>                                    |
| 11. Other Income (Loss).....                                                  | <input type="text"/>                          | <input type="text"/>                                    |
| 12. Total Income (Combine Line 1 to Line 11).....                             | <input type="text"/>                          | <input type="text"/>                                    |

| Allocable Share of Deductions                      | Column A<br>Federal 1065, Schedule K-1 Amount | Column B<br>Portion of Items Derived from Sources in DE |
|----------------------------------------------------|-----------------------------------------------|---------------------------------------------------------|
| 13. Charitable Contributions.....                  | <input type="text"/>                          | <input type="text"/>                                    |
| 14. Section 179 Expense Deductions.....            | <input type="text"/>                          | <input type="text"/>                                    |
| 15. Expenses from Portfolio Income.....            | <input type="text"/>                          | <input type="text"/>                                    |
| 16. Other Deduction/Credits (Attach Schedule)..... | <input type="text"/>                          | <input type="text"/>                                    |

