

Form R-5P**Commonwealth of Virginia
Department of Taxation
Nonresident Real Property Owner Shareholder/Partner Schedule**

Use this form to register partners, shareholders or beneficiaries.

Corporations must record Federal Employer Identification Number or Virginia Account Number.

<input type="checkbox"/> 1. Social Security Number <input type="checkbox"/> 2. Federal Employer Identification Number or <input type="checkbox"/> 3. Virginia Business Account Number	(check one and enter number)
Name	
If Trust, Name and Title of Fiduciary	
Address (of Fiduciary if Trust) Number and Street or Rural Route and Box Number	
City or Town, State and ZIP Code	
Partners, shareholders or beneficiaries average gross monthly rental income or gross proceeds from sale	\$.

<input type="checkbox"/> 1. Social Security Number <input type="checkbox"/> 2. Federal Employer Identification Number or <input type="checkbox"/> 3. Virginia Business Account Number	(check one and enter number)
Name	
If Trust, Name and Title of Fiduciary	
Address (of Fiduciary if Trust) Number and Street or Rural Route and Box Number	
City or Town, State and ZIP Code	
Partners, shareholders or beneficiaries average gross monthly rental income or gross proceeds from sale	\$.

<input type="checkbox"/> 1. Social Security Number <input type="checkbox"/> 2. Federal Employer Identification Number or <input type="checkbox"/> 3. Virginia Business Account Number	(check one and enter number)
Name	
If Trust, Name and Title of Fiduciary	
Address (of Fiduciary if Trust) Number and Street or Rural Route and Box Number	
City or Town, State and ZIP Code	
Partners, shareholders or beneficiaries average gross monthly rental income or gross proceeds from sale	\$.

<input type="checkbox"/> 1. Social Security Number <input type="checkbox"/> 2. Federal Employer Identification Number or <input type="checkbox"/> 3. Virginia Business Account Number	(check one and enter number)
Name	
If Trust, Name and Title of Fiduciary	
Address (of Fiduciary if Trust) Number and Street or Rural Route and Box Number	
City or Town, State and ZIP Code	
Partners, shareholders or beneficiaries average gross monthly rental income or gross proceeds from sale	\$.

<input type="checkbox"/> 1. Social Security Number <input type="checkbox"/> 2. Federal Employer Identification Number or <input type="checkbox"/> 3. Virginia Business Account Number	(check one and enter number)
Name	
If Trust, Name and Title of Fiduciary	
Address (of Fiduciary if Trust) Number and Street or Rural Route and Box Number	
City or Town, State and ZIP Code	
Partners, shareholders or beneficiaries average gross monthly rental income or gross proceeds from sale	\$.

<input type="checkbox"/> 1. Social Security Number <input type="checkbox"/> 2. Federal Employer Identification Number or <input type="checkbox"/> 3. Virginia Business Account Number	(check one and enter number)
Name	
If Trust, Name and Title of Fiduciary	
Address (of Fiduciary if Trust) Number and Street or Rural Route and Box Number	
City or Town, State and ZIP Code	
Partners, shareholders or beneficiaries average gross monthly rental income or gross proceeds from sale	\$.

INSTRUCTIONS

1. Computer forms submitted must be a facsimile of this document (information is to be in the exact sequence presented on this form).
2. "\$" on this form indicate an amount **NOT** a percentage.
3. Record losses in brackets.
4. Partnerships are to list individual partners.
5. Any form that is not complete or is illegible will be returned.