Annual Return for Partnership Withholding Tax (Section 1446)

Part I  Partnership

1a Partnership’s name, address (number, street, and room or suite no.), city, state, and ZIP code. (If a P.O. box or foreign address, see page 5 of the Instructions.)

b Employer identification number

Part II  Withholding Agent

2a Name of withholding agent (if partnership is also the withholding agent, enter “SAME” and do not complete lines 2b–d)

b Withholding agent’s U.S. identifying number

c Number, street, and room or suite no. (If a P.O. box, see page 5 of the Instructions.)

d City, state, and ZIP code

Part III  Section 1446 Tax Liability and Payments

3a Enter number of noncorporate foreign partners: ________________________

b Enter number of corporate foreign partners: ____________________________

4 Total effectively connected taxable income allocable to:

a Noncorporate foreign partners $ ______________________ × .396. ............... 4a

b Corporate foreign partners $ ______________________ × .35. .................. 4b

5 Total section 1446 tax owed. Add lines 4a and 4b . .................. 5

6a Payments of section 1446 tax made by the partnership identified on line 1 during its tax year (or with a request for an extension of time to file) and amount credited from 1992 Form 8804 . .................. 6a

b Section 1446 tax paid or withheld by another partnership in which the partnership identified on line 1 was a partner during the tax year (attach Form(s) 1042-S or 8805) . .................. 6b

c Section 1445(a) or 1445(e)(1) tax withheld from the partnership identified on line 1 during the tax year for a disposition of a U.S. real property interest by that partnership (attach Form(s) 1042-S or 8288-A) (see instructions) . .................. 6c

7 Total payments. Add lines 6a through 6c . .................. 7

8 Balance due. If line 5 is more than line 7, subtract line 7 from line 5. Attach a check or money order for the full amount payable to the “Internal Revenue Service.” Write the partnership’s employer identification number, tax year, and “Form 8804” on it . .................. 8

9 Overpayment. If line 7 is more than line 5, subtract line 5 from line 7 . .................. 9

10 Enter amount of line 9 you want: Credited to next year’s Form 8804 . .................. 10

Refunded .................. 10

Please Sign Here

Signature of general partner or withholding agent

Title

Date

Paid

Preparer’s signature

Preparer’s social security no.

Preparer’s name (or yours if self-employed) and address

E.I. No.

ZIP code

For Paperwork Reduction Act Notice, see separate Instructions for Forms 8804, 8805, and 8813.

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