Part I  Partnership

1a Name of partnership

b Employer identification number

c Number, street, and room or suite no. If a P.O. box, see page 4 of the instructions.

d City, state, and ZIP code. If a foreign address, enter city, province or state, postal code and country.

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 4 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

4a Total effectively connected taxable income allocable to noncorporate foreign partners

b Multiply line 4a by 39.6% (.396)

5a Total effectively connected taxable income allocable to corporate foreign partners

b Multiply line 5a by 35% (.35)

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

7a Payments of section 1446 tax made by the partnership identified on line 1a during its tax year (or with a request for an extension of time to file) and amount credited from 1995 Form 8804

7b Section 1446 tax paid or withheld by another partnership in which the partnership identified on line 1a was a partner during the tax year (attach Form(s) 1042-S or 8805)

7c Section 1445(a) or 1445(e)(1) tax withheld from the partnership identified on line 1a 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 page 4 of the instructions

8 Total payments. Add lines 7a through 7c

9 Balance due. If line 6 is more than line 8, subtract line 8 from line 6. 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

10 Overpayment. If line 8 is more than line 6, subtract line 6 from line 8

11 Amount of line 10 you want refunded to you

12 Amount of line 10 you want credited to next year’s Form 8804

Please Sign Here

Signature of general partner, limited liability company member, or withholding agent

Title

Date

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed □

Preparer's social security no.

EIN

ZIP code

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