## Form 8804

Department of the Treasury Internal Revenue Service

## Annual Return for Partnership Withholding Tax (Section 1446)

► See separate Instructions for Forms 8804, 8805, and 8813.

► Attach Form(s) 8805.

- Attach Form

For calendar year 2001 or tax year beginning , 2001, and ending

OMB No. 1545-1119

2001

| Par           |                                                                                      | Partnership                                                                                                                                                                                                                                         | ien parmers dunn          | y me tax ye          | tai                                   |                                   |                |  |
|---------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------|---------------------------------------|-----------------------------------|----------------|--|
|               |                                                                                      | of partnership                                                                                                                                                                                                                                      |                           |                      | b U.S. employer identification number |                                   |                |  |
| -             |                                                                                      |                                                                                                                                                                                                                                                     |                           |                      |                                       |                                   |                |  |
| С             | Number, street, and room or suite no. If a P.O. box, see page 5 of the instructions. |                                                                                                                                                                                                                                                     |                           | For IRS Use Only     |                                       |                                   |                |  |
|               |                                                                                      |                                                                                                                                                                                                                                                     |                           | СС                   |                                       | FD                                |                |  |
|               |                                                                                      |                                                                                                                                                                                                                                                     |                           | RD                   |                                       | FF                                |                |  |
| d             | City, st                                                                             | ate, and ZIP code. If a foreign address, see page 5 of the instructions.                                                                                                                                                                            |                           | CAF                  |                                       | FP                                |                |  |
|               |                                                                                      |                                                                                                                                                                                                                                                     |                           | CR                   |                                       | 1                                 |                |  |
| Par           | 311                                                                                  | Withholding Agent                                                                                                                                                                                                                                   |                           | EDC                  |                                       |                                   |                |  |
|               |                                                                                      | of withholding agent. If partnership is also the withholding agent, enter "SAME" a                                                                                                                                                                  | and do not complete line: | s 2b-d.              |                                       | olding agent's<br>yer identificat |                |  |
| С             | Numbe                                                                                | r, street, and room or suite no. If a P.O. box, see page 5 of the instruction                                                                                                                                                                       | ns.                       |                      |                                       |                                   |                |  |
| d             | City, st                                                                             | ate, and ZIP code                                                                                                                                                                                                                                   |                           |                      |                                       |                                   |                |  |
| Par           | t III                                                                                | Section 1446 Tax Liability and Payments                                                                                                                                                                                                             |                           |                      |                                       |                                   |                |  |
| 3a            | Enter                                                                                | number of noncorporate foreign partners                                                                                                                                                                                                             | •                         |                      |                                       |                                   |                |  |
| b             | Enter                                                                                | number of corporate foreign partners                                                                                                                                                                                                                | •                         |                      |                                       |                                   |                |  |
|               | nonco                                                                                | effectively connected taxable income allocable to prporate foreign partners                                                                                                                                                                         | . 4a                      |                      |                                       |                                   |                |  |
|               |                                                                                      | oly line 4a by 39.1% (.391)                                                                                                                                                                                                                         |                           |                      | . 4b                                  |                                   |                |  |
|               | foreig                                                                               | effectively connected taxable income allocable to corporate n partners.                                                                                                                                                                             | . 5a                      |                      |                                       |                                   |                |  |
|               |                                                                                      | oly line 5a by 35% (.35)                                                                                                                                                                                                                            |                           |                      | . 5b                                  |                                   |                |  |
|               | on lin                                                                               | ents of section 1446 tax made by the partnership identified e 1a during its tax year (or with a request for an extension to file) and amount credited from 2000 Form 8804 .                                                                         |                           |                      |                                       |                                   |                |  |
|               | the pa                                                                               | on 1446 tax paid or withheld by another partnership in which artnership identified on line 1a was a partner during the tax attach Form(s) 1042-S or 8805)                                                                                           | (                         |                      |                                       |                                   |                |  |
|               | identi<br>real p<br>or 828                                                           | on 1445(a) or 1445(e)(1) tax withheld from the partnership<br>fied on line 1a during the tax year for a disposition of a U.S<br>roperty interest by that partnership. Attach Form(s) 1042-S<br>88-A. See page 5 of the instructions                 | .                         |                      |                                       |                                   |                |  |
| 8             | Total                                                                                | payments. Add lines 7a through 7c                                                                                                                                                                                                                   |                           |                      | . 8                                   |                                   |                |  |
|               | order<br>emplo                                                                       | nce due. If line 6 is more than line 8, subtract line 8 from line for the full amount payable to the "United States Treasury byer identification number, tax year, and Form 8804 on it payment. If line 8 is more than line 6, subtract line 6 from | v." Write the partne      |                      | ś.   <u> </u>                         |                                   |                |  |
| 11            | Amou                                                                                 | unt of line 10 you want <b>refunded to you</b>                                                                                                                                                                                                      | ,,                        | . ; ; ; <b>,</b> ▶   | 11                                    |                                   |                |  |
| Sigı<br>Her   |                                                                                      | Under penalties of perjury, I declare that I have examined this return, incluand belief, it is true, correct, and complete. Declaration of preparer (other is based on all information of which preparer has any knowledge.                         | er than general partner,  | limited liability    |                                       |                                   | holding agent) |  |
|               |                                                                                      | Signature of general partner, limited liability company member, or withholding agent                                                                                                                                                                | 1                         | itle                 | T -                                   |                                   | Date           |  |
| Paid<br>Prepa | arer's                                                                               | Preparer's signature                                                                                                                                                                                                                                | Date                      | Check if self-employ |                                       | reparer's SSN                     | or PTIN        |  |
| Use (         |                                                                                      | Firm's name (or yours if self-employed),                                                                                                                                                                                                            |                           | EIN                  |                                       |                                   |                |  |
|               | -                                                                                    | address, and ZIP code                                                                                                                                                                                                                               |                           | Phor                 | ne no. (                              | )                                 |                |  |