

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

▶ Attach Form(s) 8805.

**2001**

Department of the Treasury  
Internal Revenue Service

For calendar year 2001 or tax year beginning , 2001, and ending , 20

Check this box if the partnership consisted entirely of nonresident alien partners during the tax year . . . . .

**Part I Partnership**

|  |  |                                       |    |
|--|--|---------------------------------------|----|
| 1a Name of partnership   |  | b U.S. employer identification number |    |
| c Number, street, and room or suite no. If a P.O. box, see page 5 of the instructions. |  | <b>For IRS Use Only</b>               |    |
|  |  | CC                                    | FD |
|  |  | RD                                    | FF |
| d City, state, and ZIP code. If a foreign address, see page 5 of the instructions.     |  | CAF                                   | FP |
|  |  | CR                                    | I  |
|  |  | EDC                                   |    |

**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. employer identification 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 . . . . . ▶   |    |    |  |
| 4a Total effectively connected taxable income allocable to noncorporate foreign partners . . . . .   | 4a |    |  |
| b Multiply line 4a by 39.1% (.391) . . . . .   |    | 4b |  |
| 5a Total effectively connected taxable income allocable to corporate foreign partners . . . . .  | 5a |    |  |
| b Multiply line 5a by 35% (.35) . . . . .  |    | 5b |  |
| 6 Total section 1446 tax owed. Add lines 4b and 5b . . . . .   |    | 6  |  |
| 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 2000 Form 8804 . . . . .   | 7a |    |  |
| b 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) . . . . .  | 7b |    |  |
| c 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 5 of the instructions . . . . .              | 7c |    |  |
| 8 Total payments. Add lines 7a through 7c . . . . .  |    | 8  |  |
| 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 "United States Treasury." Write the partnership's U.S. employer identification number, tax year, and Form 8804 on it . . . . . |    | 9  |  |
| 10 Overpayment. If line 8 is more than line 6, subtract line 6 from line 8 . . . . .   |    | 10 |  |
| 11 Amount of line 10 you want refunded to you. . . . . ▶   |    | 11 |  |
| 12 Amount of line 10 you want credited to next year's Form 8804  | 12 |    |  |

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner, limited liability company member, or withholding agent) is based on all information of which preparer has any knowledge.

▶ \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Signature of general partner, limited liability company member, or withholding agent

|                                 |  |       |   |                        |
|---------------------------------|--|-------|---|------------------------|
| <b>Paid Preparer's Use Only</b> | Preparer's signature ▶   | Date  | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN |
|                                 | Firm's name (or yours if self-employed), address, and ZIP code ▶ | EIN ▶ | Phone no. ( )                                   |                        |

