

1995

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

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.	For IRS Use Only	
	CC	FD
	RD	FF
	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. 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	4a			
b Multiply line 4a by 39.6% (.396)		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 1 during its tax year (or with a request for an extension of time to file) and amount credited from 1994 Form 8804	7a			
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)	7b			
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 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 Internal Revenue Service. Write the partnership'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			

Please 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

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security no. : : : :
	Firm's name (or yours if self-employed) and address ▶	EIN	ZIP code	