

# Partnership Income Tax Electronic Filing Authorization Form

Tax Year:

## Part I: Partnership Information

<b>Name of Partnership:</b> <input type="text"/>	<b>Employer Identification Number (FEIN):</b> <input type="text"/>
<b>In Care Of / Street Address:</b> <input type="text"/>	
<b>City, State, and ZIP Code:</b> <input type="text"/>	<b>Contact Phone Number:</b> <input type="text"/>

## Part II: Tax Return Information (Whole Dollars Only)

<b>1. Gross receipts or sales (Form 1065, line 1a)</b>	\$ <input type="text"/>
<b>2. Ordinary business income (loss) (Form 1065, line 22)</b>	\$ <input type="text"/>
<b>3. Net rental real estate income (loss) (Form 1065, Schedule K, line 2)</b>	\$ <input type="text"/>
<b>4. Other net income (loss) (Form 1065, Schedule K, line 11)</b>	\$ <input type="text"/>
<b>5. Analysis of net income (loss) (Form 1065, Schedule K, line 1)</b>	\$ <input type="text"/>

## Part III: Declaration and Signature of Partner or Member

I declare under penalties of perjury that I am a partner or member of the above partnership and that I have examined a copy of the partnership's electronic income tax return and accompanying schedules. I authorize the Electronic Return Originator (ERO) named below to transmit this return electronically to the taxing authority.

<b>Signature of Partner or Member (Sign on printed copy):</b> <input type="text" value="Sign on printed copy"/>	<b>Date:</b> <input type="text" value="MM/DD/YYYY"/>
<b>Print Name of Partner or Member:</b> <input type="text"/>	<b>Title:</b> <input type="text"/>

## Part IV: Declaration of Electronic Return Originator (ERO)

I declare that I have reviewed the above partnership's return and that the entries on this form are complete and correct to the best of my knowledge.

<b>ERO Signature (Sign on printed copy):</b> <input type="text" value="Sign on printed copy"/>	<b>Date:</b> <input type="text" value="MM/DD/YYYY"/>
<b>Firm Name (or yours if self-employed):</b> <input type="text"/>	<b>Electronic Filing Identification Number (EFIN):</b> <input type="text"/>
<b>ERO Address (Street, City, State, ZIP Code):</b> <input type="text"/>	