## 8804

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

► Attach Form(s) 8804-C and 8805.

▶ Information about Form 8804 and its instructions is at www.irs.gov/form8804.

, 2016, and ending 20 OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

**Partnership** 

For calendar year 2016 or tax year beginning Check this box if the partnership keeps its records and books of account outside the United States and Puerto Rico.

| 1a     | Name of partnership   |               | b U.S        | b U.S. employer i |    |                         | dentification number (EIN) |  |  |  |  |
|--------|---|---------------|--------------|-------------------|----|-------------------------|----------------------------|--|--|--|--|
| С      | Number, street, and room or suite no. If a P.O. box, see instructions.  |               |              | For IRS Use Only  |    |                         |                            |  |  |  |  |
|        |   |               | СС           |                   |    | FD                      |                            |  |  |  |  |
|        |   |               | RD           |                   |    | FF                      |                            |  |  |  |  |
| d      | City or town, state or province, country, and ZIP or foreign postal code. If a foreign address, se  | e instruction | ons. CAF     | CAF               |    | FP                      |                            |  |  |  |  |
|        |   |               | CR           |                   |    | 1                       |                            |  |  |  |  |
|        |   |               | EDC          |                   |    |                         |                            |  |  |  |  |
| Par    | Withholding Agent   |               |              |                   |    |                         | -                          |  |  |  |  |
| 2a     | Name of withholding agent. If partnership is also the withholding agent, enter "SAME" and do not complete lines 2b, 2c, and 2d.                   |               |              |                   |    | olding agent's U.S. EIN |                            |  |  |  |  |
|        | Number, street, and room or suite no. If a P.O. box, see instructions.  City or town, state or province, country, and ZIP or foreign postal code. |               |              |                   |    |                         |                            |  |  |  |  |
| Part   | Section 1446 Tax Liability and Payments   |               |              |                   |    |                         |                            |  |  |  |  |
| 3a     | Enter number of foreign partners  | . ▶           |              |                   |    |                         |                            |  |  |  |  |
| b      | Enter number of Forms 8805 attached to this Form 8804   | .▶            |              |                   |    |                         |                            |  |  |  |  |
| С      | Enter number of Forms 8804-C attached to Forms 8805   | .▶            |              |                   |    |                         |                            |  |  |  |  |
| 4      | Total effectively connected taxable income (ECTI) allocable to foreign  | partners      | s (see instr | uctions           | ): |                         |                            |  |  |  |  |
| а      | Total ECTI allocable to corporate partners  | 4a            |              |                   |    |                         |                            |  |  |  |  |
| b      | Reduction to line 4a for state and local taxes under Regulations section 1.1446-6(c)(1)(iii)  | 4b (          |              |                   | )  |                         |                            |  |  |  |  |
| С      | Reduction to line 4a for certified foreign partner-level items submitted using Form 8804-C  | 4c (          |              |                   | )  |                         |                            |  |  |  |  |
| d      | Combine lines 4a, 4b, and 4c  |               |              |                   | 4d |                         |                            |  |  |  |  |
| е      | Total ECTI allocable to noncorporate partners other than on lines 4i, 4m, and 4q  | 4e            |              | 1                 |    |                         |                            |  |  |  |  |
| f      | Reduction to line 4e for state and local taxes under Regulations section 1.1446-6(c)(1)(iii)  | 4f (          |              |                   | )  |                         |                            |  |  |  |  |
| g      | Reduction to line 4e for certified foreign partner-level items submitted using Form 8804-C  | 4g (          |              |                   | )  |                         |                            |  |  |  |  |
| h      | Combine lines 4e, 4f, and 4g  |               |              |                   | 4h |                         |                            |  |  |  |  |
| i      | 28% rate gain allocable to noncorporate partners  | 4i            |              |                   |    |                         |                            |  |  |  |  |
| j      | Reduction to line 4i for state and local taxes under Regulations section 1.1446-6(c)(1)(iii)  | <b>4</b> j (  |              |                   | )  |                         |                            |  |  |  |  |
| k      | Reduction to line 4i for certified foreign partner-level items submitted using Form 8804-C  | 4k (          |              |                   | )  |                         |                            |  |  |  |  |
| l<br>m | Combine lines 4i, 4j, and 4k  |               |              |                   | 41 |                         |                            |  |  |  |  |
|        | partners  | 4m            |              |                   |    |                         |                            |  |  |  |  |
| n      | Reduction to line 4m for state and local taxes under Regulations section 1.1446-6(c)(1)(iii)  | 4n (          |              |                   | )  |                         |                            |  |  |  |  |
| 0      | Reduction to line 4m for certified foreign partner-level items submitted using Form 8804-C  | 40 (          |              |                   | )  |                         |                            |  |  |  |  |
| p      | Combine lines 4m, 4n, and 4o  |               |              | <u></u>           | 4p |                         |                            |  |  |  |  |

| orm 88       | 804 (2016)       |   |  |                |            |               |                  |              | F         | Page 2 |  |  |  |
|--------------|------------------|---|--|----------------|------------|---------------|------------------|--------------|-----------|--------|--|--|--|
| q            |                  | ed net capital gain (including qualified<br>ction 1231 gain) allocable to noncorpor   |  | 4q             |            |               |                  |              |           |        |  |  |  |
| r            | Reduc            | tion to line 4q for state and local taxes 1.1446-6(c)(1)(iii)   | kes under Regulations                            | 4q<br>4r       | (          |               | )                |              |           |        |  |  |  |
| s            |                  | tion to line 4q for certified foreig<br>ted using Form 8804-C   |  | 4s             | (          |               | )                |              |           |        |  |  |  |
| t<br>5       | Gross            | ne lines 4q, 4r, and 4s section 1446 tax liability:   |  |                |            |               | 4t               |              |           |        |  |  |  |
| a<br>b<br>c  | Multip           | y line 4d by 35% (0.35)   |  | 5a<br>5b<br>5c |            |               |                  |              |           |        |  |  |  |
| d<br>e<br>f  | Multip           | y line 4p by 25% (0.25)   | [  | 5d<br>5e       |            |               | 5f               |              |           |        |  |  |  |
| 6a           | Payme<br>line 1a | ents of section 1446 tax made by the particular during its tax year (or with a request for and amount credited from 2015 Form 8   | artnership identified on or an extension of time | 6a             |            |               | 0.               |              |           |        |  |  |  |
| b            | the pa           | n 1446 tax paid or withheld by another<br>rtnership identified on line 1a was a<br>enter only amounts reported on Form(s<br>s) 8805 to Form 8804)                       | partner during the tax s) 8805 and attach the    | 6b             |            |               |                  |              |           |        |  |  |  |
| С            | the pa           | n 1446 tax paid or withheld by another the rtnership identified on line 1a was a senter only amounts reported on Form rm(s) 1042-S to Form 8804)                        | partner during the tax (s) 1042-S and attach     | 6c             |            |               |                  |              |           |        |  |  |  |
| d            | partne<br>of a U | n 1445(a) or 1445(e)(1) tax withheld<br>rship identified on line 1a during the ta<br>J.S. real property interest (enter only<br>s) 8288-A and attach the Form(s) 8288-A | x year for a disposition amounts reported on     | 6d             |            |               |                  |              |           |        |  |  |  |
| е            | 1a dui           | n 1445(e) tax withheld from the partnering the tax year for a disposition of t (enter only amounts reported on Formm(s) 1042-S to Form 8804)                            | f a U.S. real property n(s) 1042-S and attach    | 6e             |            |               |                  |              |           |        |  |  |  |
| 7            | Total            | payments. Add lines 6a through 6e .   |  |                |            |               | 7                |              |           |        |  |  |  |
| 8            | Estima           | ted tax penalty (see instructions). Chec  | ck if Schedule A (Form 88                        | 04) is         | attache    | L             | 8                |              |           |        |  |  |  |
| 9            | Add lir          | nes 5f and 8  |  |                |            |               | 9                |              |           |        |  |  |  |
| 10           | for the          | ce due. If line 7 is smaller than line 9, full amount payable to "United State and "Form 8804" on it  | es Treasury." Write the p                        | artne          | ership's l | J.S. EIN, tax |                  |              |           |        |  |  |  |
|              | •                |   |  |                |            |               | 10               |              |           |        |  |  |  |
| 11           | Overp            | ayment. If line 7 is more than line 9, en   | ter amount overpaid .                            |                |            |               | 11               |              |           |        |  |  |  |
| 12           | Amour            | nt of line 11 you want <b>refunded to you</b>   |  |                |            | ▶             | 12               |              |           |        |  |  |  |
| 13           | Amour            | nt of line 11 you want credited to next   | year's Form 8804                                 | 13             |            |               |                  |              |           |        |  |  |  |
| Sign<br>Here | ar<br>ba         | nder penalties of perjury, I declare that I have exa<br>id belief, it is true, correct, and complete. Declara<br>ised on all information of which preparer has any k    | ation of preparer (other than gei<br>knowledge.  |                |            |               |                  |              |           |        |  |  |  |
|              |                  | Signature of general partner, limited liability or member, or withholding agent   | ompany   |                | Title      |               |                  |              | Date      |        |  |  |  |
| Paid<br>Prep | arer             | Print/Type preparer's name  | Preparer's signature                             |                |            | Date          | Check<br>self-em | if if        | PTIN      |        |  |  |  |
| -            | Only             | Firmle name   |  |                |            |               |                  | Firm's EIN ▶ |           |        |  |  |  |
|              | - ··· <b>J</b>   | Firm's address ▶  |  |                |            |               |                  |              | Phone no. |        |  |  |  |