Schedule 3: Partnership and S Corporation Disclosure

Enter your first name mid	ddle initial and I	ast name and spouse's full nar	me if filing	a a ioir	nt return	A Your So	cial				
				9 0]0.		Security Num					
Part 1: Schedule	K-1 Totals										
Enter in Box 1 the tota	al number of fe	ederal Schedule K-1s you re	eceived	for th	e tax yea	ar from all partner	ships				
and/or S corporations.	. Include the n	umber of spouse's federal	Schedul	le K-1	s if marri	ied filing jointly		Вох	(1		
		·				0, ,					
Note: You also must	complete Sch	edule 3A if you have more t	than ton	fodor	al Schoo	lulo K 1c ontorod	in Roy	z 1			
Note. Tou also must	complete Sch	edule SA li you have more		leuei	al Schet		11 00	Κ Τ.			
Part 2: Partnershi	p and S Cor	poration Information									
	-	•									
Provide the following	g information	if you are reporting part	nership	and/o	or S corp	poration income	(loss)	on fed	eral S	Schedu	ule E,
Part II.*											
Column A – Enter fro	om each feder	al Schedule K-1 the employ	ver ident	tificati	օր ուլաի	er (FINI)					
								III line	1		
	e ordinary bus	iness income (loss) from ea	acricon	espor	iung ieu	eral Schedule K-	I, Pan	. m, me	1.		
* If you have a federal	Schedule K-	I from Form 1065-B, enter	the follo	wing i	nformatio	on:					
Column A – Enter pa	irtnership's en	nployer I.D. number.									
Column B – Enter fro	om Box 1 of fe	deral Schedule K-1 (from F	orm 106	65-B)	any taxa	ble income (loss)	from	bassive	activi	ties.	
COLUMN A		COLUMN B			COL	UMN A		00		NВ	
Employer ID Number (from federal Sch. K-1, Part I)		Line 1 Income (loss)				er ID Number	Line 1 Income (loss) (from federal Sch. K-1, Part III				
(from rederal Sch. K-1	, Part I) (fror	n federal Sch. K-1, Part III)		(11011)	n rederai	Sch. K-1, Part I)	(from	n federa	I Sch.	K-1, P	art III)
1A	1B			6A			6B				
2A	2B			7A			7B				
3A	3B			8A			8B				
4A	4B			9A			9B				
5A	5B			10A			10B				

Enter your first name, middle initial and last name and spouse's full name if filing a joint return

Your Social Security Number

А

Complete Schedule 3A if you have information from additional K-1s to report after completing Schedule 3. Use additional pages if necessary. Attach to Form IT-40.

COLUMN A	COLUMN B	COLUMN A	COLUMN B		
Employer ID Number (from federal Sch. K-1, Part I)	Line 1 Income (loss) (from federal Sch. K-1, Part III)	Employer ID Number (from federal Sch. K-1, Part I)	Line 1 Income (loss) (from federal Sch. K-1, Part III)		
11A	11B	49A	49B		
12A	12B	50A	50B		
13A	13B	51A	51B		
14A	14B	52A	52B		
15A	15B	53A	53B		
16A	16B	54A	54B		
17A	17B	55A	55B		
18A	18B	56A	56B		
19A	19B	57A	57B		
20A	20B	58A	58B		
21A	21B	59A	59B		
22A	22B	60A	60B		
23A	23B	61A	61B		
24A	24B	62A	62B		
25A	25B	63A	63B		
26A	26B	64A	64B		
27A	27B	65A	65B		
28A	28B	66A	66B		
29A	29B	67A	67B		
30A	30B	68A	68B		
31A	31B	69A	69B		
32A	32B	70A	70B		
33A	33B	71A	71B		
34A	34B	72A	72B		
35A	35B	73A	73B		
36A	36B	74A	74B		
37A	37B	75A	75B		
38A	38B	76A	76B		
39A	39B	77A	77B		
40A	40B	78A	78B		
41A	41B	79A	79B		
42A	42B	80A	80B		
43A	43B	81A	81B		
44A	44B	82A	82B		
45A	45B	83A	83B		
46A	46B	84A	84B		
47A	47B	85A	85B		
48A	48B	86A	86B		