Tax Year_____
Virginia Schedule L
FORM 765

Unified Nonresident Income Tax Return (Composite Return)

List of Participants

Name of Pass-Through Entity	FEIN

Identify the Participants

	SSN	Name / Address	Allocation %	Guaranteed Payment Amount
1.			.	
2.			.	
3.			.	
4.			.	
5.			.	
6.			.	
7.			.	
8.			.	
9.			.	
10.			.	

Va. Dept. Of Taxation 6201039 Sch L (Rev 08/15)

Substitute versions of this form that are produced using computer software must provide the same information in the same four column format as shown on the official version of this form. Minimum font size is 10 point.