

2005 Virginia
Schedule L
(FORM 765)

Unified Nonresident
Income Tax Return
List of Participants



Name of Pass-Through Entity	FEIN

Identify the Participants

Name	Address	Allocation %	SSN
1. _____	_____	_____	_____
		Guaranteed Payment _____	•
2. _____	_____	_____	_____
		Guaranteed Payment _____	•
3. _____	_____	_____	_____
		Guaranteed Payment _____	•
4. _____	_____	_____	_____
		Guaranteed Payment _____	•
5. _____	_____	_____	_____
		Guaranteed Payment _____	•
6. _____	_____	_____	_____
		Guaranteed Payment _____	•
7. _____	_____	_____	_____
		Guaranteed Payment _____	•
8. _____	_____	_____	_____
		Guaranteed Payment _____	•
9. _____	_____	_____	_____
		Guaranteed Payment _____	•
10. _____	_____	_____	_____
		Guaranteed Payment _____	•
11. _____	_____	_____	_____
		Guaranteed Payment _____	•
12. _____	_____	_____	_____
		Guaranteed Payment _____	•
13. _____	_____	_____	_____
		Guaranteed Payment _____	•
14. _____	_____	_____	_____
		Guaranteed Payment _____	•
15. _____	_____	_____	_____
		Guaranteed Payment _____	•