

2006 Virginia
Schedule L
(FORM 765)

Unified Nonresident
Income Tax Return
List of Participants



Name of Pass-Through Entity	FEIN

Identify the Participants

SSN	Name / Address	Allocation %	Guaranteed Payment Amount	
1. _____	_____	<input type="text" value="."/>	_____	•

2. _____	_____	<input type="text" value="."/>	_____	•

3. _____	_____	<input type="text" value="."/>	_____	•

4. _____	_____	<input type="text" value="."/>	_____	•

5. _____	_____	<input type="text" value="."/>	_____	•

6. _____	_____	<input type="text" value="."/>	_____	•

7. _____	_____	<input type="text" value="."/>	_____	•

8. _____	_____	<input type="text" value="."/>	_____	•

9. _____	_____	<input type="text" value="."/>	_____	•

10. _____	_____	<input type="text" value="."/>	_____	•

