

**2024 Virginia  
Schedule L  
(Form 765)**

**Unified Nonresident  
Individual Income Tax Return  
List of Participants**



Name of Pass-Through Entity	FEIN
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**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-W Rev. 07/24

Substitute versions of this form that are produced using computer software must provide the same information in the same 4-column format as shown on the official version of this form. Minimum font size is 10 point.