

**2018 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. 05/18

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.