



Louisville Metro Revenue Commission

Family Limited Partnership Annual Information Questionnaire

2021

Form **FLP**

Legal name/ Business name			Federal ID Number	
Address (number and street)		Unit/Apt. no.	Account ID	
City, town, or post office	State	Zip code	Tax Year Ending	
Email		Phone no.	Ext.	

General Information

For the purposes of this Questionnaire, a Family Limited Partnership is defined as: Any family-owned non-corporate entity where the sole activity of such entity is the production of investment income and as such is exempted from Occupational License Tax. **INVESTMENT INCOME** means and includes gross receipts derived from dividends, interest, annuities, and sales or exchanges of stock or securities to the extent of any gains therefrom. **FAMILY-OWNED** is defined as at least 95% of the equity of such entity is owned by members of the family, which means, with respect to an individual, only:

(a) An ancestor of such individual

(b) The spouse or former spouse of such individual

(c) A lineal descendent of such individual, of such individual's spouse or former spouse, or of a parent of such individual, including a legally adopted child of such individual

(d) The spouse or former spouse of any lineal descendent described above

(e) The estate or trust of a deceased individual who, while living, would have been categorized as any of the above

Partnership Questions

An annual informational return must be filed to qualify for this exemption.

1.	Has the Family Limited Partnership elected to be a limited liability partnership?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Does the General Partner have majority ownership of the limited partnership interests as well as the general partnership interests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Is the sole activity of the partnership the production of investment income, foreign and/or domestic, or limited to gross receipts derived from dividends, interest annuities, and sales or exchanges of stock or securities to the extent of any gains therefrom?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Is the partnership involved in the acquisition, sale and or rental of real and or tangible property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Is this your initial filing of the Family Limited Partnership Questionnaire?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, what is the date of the execution of the Family Limited Partnership Agreement or other organizational document (Attach a copy of said agreement and a list of the Family Limited Partnership partners, including mailing addresses)	Date	
6.	Have you amended your Family Limited Partnership Agreement since your last filing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, what is the date of the latest amendment of the Family Limited Partnership Agreement (Attach a copy of each amendment executed since your last filing.)	Date	
7.	Was there a change in Family Limited Partnership partners?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, indicate the date of the change and attach a list of the Partnership's partners, including mailing addresses.	Date	
8.	Attach a copy of the federal tax return and applicable federal schedules filed by the Family Limited Partnership.		

Signature	Partner signature	Title
	Print Name	Date