

2011 D-65 Partnership Return of Income



Print in CAPITAL letters using black ink.

Federal Employer Identification Number OFFICIAL USE ON		LY Vendor ID # 0002							
Busin	ness name Tax	period ending (MMYY)							
Addr	ess line #1	Fill in if amended return							
Addre	ess line #2	Fill in if final return							
City	State Zip Code + 4								
A.	Date entity was organized	DATE (MMYY)							
B.	Fill in your accounting method cash accrual other (specify)								
C.	Number of partners in this partnership								
D.	Is this a limited partnership?	YES NO							
E.	Is this a limited liability company?	YES NO							
F.	Are any partners in this partnership also partnerships or corporate entities?	YES NO							
G.	Is this partnership a partner in another partnership?	YES NO							
H.	Was there a distribution or transfer of property that caused an adjustment of the basis of the partnership's assets under IRC Section 754?	YES NO							
I.	Was a D-65 filed for the preceding year?	YES NO							
J.	Was a 2011 DC unincorporated business franchise tax return (Form D-30) filed for this business? If "YES," enter the name under which the return was filed.	YES NO							
K.	Have you filed annual federal income tax information return Forms 1099 and 1096?	YES NO							
L.	Did you withhold DC income tax from the wages of your DC employees during 2011?	YES NO							
	If "NO," state reason:								
M.	During 2011, has the IRS made or proposed any adjustments to your federal partnership Form 1065, or did you file amended returns with the IRS?	YES NO							
	If "YES," submit a separate, detailed explanation and an amended D-65 return reflecting the adjustments to: Office of Tax and Revenue, 1101 4th Street, SW, FL4, Washington DC 20024.								
Attach a copy of the Form 1065 with the K-1 and any other schedules you filed.									
Attach a schedule showing the pass-through distribution of income to all members of the partnership.									
• If you are filing Form D-65, instead of Form D-30, attach an explanation (See instruction A).									

Federal Employer Identification No.:

					WHOLE DOLLAR AMOUNTS ONLY
INCOME	1	Gross receipts or sales, minus returns and allowances		1	
	2	Cost of goods sold and/or operations		2	
	3	Gross profit Line 1 minus Line 2.	Fill in if minus:	3	
	4	Ordinary income (loss) from other partnerships, estates and trusts, etc.	Fill in if minus:	4	
	5	Net farm profit (loss)	Fill in if minus:	5	
	6	Net gain (loss)	Fill in if minus:	6	
	7	Other income (loss)	Fill in if minus:	7	
	8	Total income Add Lines 3–7	Fill in if minus:	8	
	9	Salaries and wages paid to non partners		9	
	10	Payments to partners		10	
	11	Repairs and maintenance		11	
	12	Bad debts		12	
S	13	13 Rent		13	
DEDUCTION	14	14 Taxes and licenses		14	
$\frac{1}{2}$	15	15 Interest		15	
)ED	16	16 Depreciation, minus depreciation deducted elsewhere on this return		16	
	17 Depletion			17	
	18 Retirement plans			18	
	19 Employee benefit programs		19		
	20	Other deductions		20	
	21	Total deductions Add Lines 9–20		21	
	22	Ordinary income (loss) Line 8 minus Line 21	Fill in if minus:	22	
	PLEA SIG HEF	Declaration of paid preparer is based on all information available to the preparer.		:.	
		Partner or member's signature	Date	-	
				_	Telephone number of person to contact
	PAI PREPA	ARER	Date		Did D. L. STILL
	ONI	LY Firm name		_	Paid Preparer's PTIN If you want to allow the paid preparer to discuss the
				_	with the Office of Tax and Revenue fill in the oval.
		Firm address		_	

Mail return to: Office of Tax and Revenue, 1101 4th Street, SW, FL4, Washington DC 20024 Make no payment with this return.