

## 2013 D-65 Partnership Return of Income



This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

Fede	oral Employer Identification Number OFFI	CIAL USE ONLY Vendor ID # 0002						
Busir	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 Zi	p Code + 4						
0.1.5								
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?	f YES NO						
I.	Was a D-65 filed for the preceding year?	YES NO						
J.	Was a 2013 DC unincorporated business franchise tax return (Form D-30) filed for this If "YES," enter the name under which the return was filed.	business?  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 2013?	YES NO						
	If "NO," state reason:							
M.	During 2013 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 Office of Tax and Revenue, 1101 4th Street, SW, FL4, Washington DC 20024.	g the adjustments to:						
• /	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.								
•	f you are filing Form D-65, instead of Form D-30, attach an explanation (See instruction A	.).						

Business Name:

Federal Employer Identification No.:

					٧	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	Rent		13								
	14	4 Taxes and licenses		14								
DEDUCTIONS	15	Interest		15								
	16	Depreciation, minus depreciation deducted elsewhere on	this return	16								
	17	Depletion		17								
	18	Retirement plans		18								
	19	19 Employee benefit programs										
	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 HER	N Declaration of paid preparer is based on all information available to the preparer.	of my knowledge, it is correct									
	neh	Partner or member's signature	Date	-								
						Te	lephon	e numl	ber of pe	rson to	contact	
	PAI		Date	-								
	PREPA ONL			-				·	r's PTIN			
											discuss 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.