

## 2015 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

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1		Gross receipts or sales, minus returns and allowances	1					Γ							
2		Cost of goods sold and/or operations	2					Ι							
3		Gross profit Line 1 minus Line 2. Fill in if minus:	3												
4 5		Ordinary income (loss) from other partnerships, Fill in if minus: estates and trusts, etc.	4					I							
5	,	Net farm profit (loss) Fill in if minus:	5					Т			П				
6	,	Net gain (loss) Fill in if minus:	6					Τ							
7		Other income (loss) Fill in if minus:	7					Ι	Ι		Γ				
8		Total income Add Lines 3–7 Fill in if minus:	8					Ι							
9	ı	Salaries and wages paid to non partners	9					L							
1	0	Payments to partners	10					Ļ			L				
1	1	Repairs and maintenance	11												
1:	2	Bad debts	12					L							
1	3	Rent	13					Ι			L				
1	4	Taxes and licenses	14					I							
1	5	Interest	15												
	6	Depreciation, minus depreciation deducted elsewhere on this return	16												
	7	Depletion	17					Ļ		Ļ	Ļ				
18	8	Retirement plans	18					Ļ		-	Ļ				
1	9	Employee benefit programs	19					Ļ		-	L				
2	0	Other deductions	20					Ļ	+	+	Ļ				
2	1	Total deductions Add Lines 9–20	21					Ļ	+	Ļ	Ļ				
2	2	Ordinary income (loss) Line 8 minus Line 21 Fill in if minus:	22					L							



Paid Preparer's Tax Identification Number (PTIN)

If you want to allow the paid preparer to discuss this return with the Office of Tax and Revenue fill in the oval.

Business Name Federal Employer Identification No.: Schedule F - DC apportionment factor (See instructions.) Round cents to the nearest dollar. If an amount is zero, leave the line blank. Carry all factors to six decimal places Column 1 TOTAL Column 2 in DC DC Apportionment Factor 1. **SALES FACTOR:** All gross receipts of the partnership other than gross receipts from items of non-business income. 00 \$ 00 (Column 2 divided by Column 1) 2. DC APPORTIONMENT FACTOR: Column 2 divided by Column 1. Date entity was organized Fill in your accounting method other (specify) cash accrual C. Number of partners in this partnership YES NO D. Is this a limited partnership? Is this a limited liability company? YES NO F. Are any partners in this partnership also partnerships or corporate entities? YES NO YES NO G. Is this partnership a partner in another partnership? 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 Ι. Was a D-65 filed for the preceding year? YES NO Was a 2015 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 Did you file and pay an annual ballpark fee return? YES NO Have you filed annual federal income tax information return Forms 1099 and 1096? YES NO Did you withhold DC income tax from the wages of your DC employees during 2015? YES NO If "NO," state reason: N. During 2015, has the IRS made or proposed any adjustments to your federal partnership NO Form 1065, or did you file amended returns with the IRS? YES 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. Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. PLFASE Declaration of paid preparer is based on all information available to the preparer. SIGN HERE Partner or member's signature Date Telephone number of person to contact Date Preparer's signature (if other than taxpayer) PAID PREPARER

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

ONLY

Firm name

Firm address