

## 2016 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.

Federa	Employer Identification Number Tax period ending (MMYY)		OFFICIAL USE ONLY Vendor ID # 0002			
Address Address City	ss name s line #1 s line #2 sted Agent Name	Stat	Fill in if amended return  Fill in if final return  Fill in if Certified QHTC  Fill in if unitary with a combined ground in the Designated Agent info below  Designated Agent FEIN			
1 2	Gross receipts or sales, minus returns and allowances  Cost of goods sold and/or operations		WHOLE DOLLAR AMOUNTS ONLY  1 \$ 2 \$			
3 4	Gross profit Line 1 minus Line 2.  Ordinary income (loss) from other partnerships, estates and trusts, etc.	Fill in if minus:	3 \$ 4 \$			
5 6 7	Net farm profit (loss)  Net gain (loss)  Other income (loss)	Fill in if minus:  Fill in if minus:  Fill in if minus:	5 \$ 6 \$ 7 \$			
9 10	Total income <i>Add Lines 3–7</i> Salaries and wages paid to non partners  Payments to partners	Fill in if minus:	9 \$ 10 \$			
13	Repairs and maintenance  Bad debts  Rent		11 \$			
14	Taxes and licenses Interest		14 \$ 15 \$ 16 \$			
16 17 18	Depletion Retirement plans	n tnis return	17 \$ 18 \$ 18 \$ 18 \$ 18 \$ 18 \$ 18 \$ 18 \$			
19 20 21	Employee benefit programs  Other deductions  Total deductions Add Lines 9–20		19 \$ 20 \$ 21 \$			
22	Ordinary income (loss) Line 8 minus Line 21	Fill in if minus:	22 \$			

Business Name: \_

Federal Employer Identification No.:

	nedule F - DC apportionment factor (See instructions.) and cents to the nearest dollar. If an amount is zero, leave the	line blank				Carry all	factors to six decimal place
rtoui	id cents to the nearest donal. If an amount is zero, leave the		olumn 1 TOTAL		Column 2 in DC	Carry an	DC Apportionment
	ALES FACTOR: All gross receipts of the partnership other an gross receipts from items of non-business income.	\$		00 \$		.00	Factor (Column 2 divided by Column
	C APPORTIONMENT FACTOR: Column 2 divided by blumn 1.						
A.	Date entity was organized						
В.	Fill in your accounting method cash c	accrual	other (specif	fy)			
C.	Number of partners in this partnership						
D.	Is this a limited partnership?	YES	NO				
E.	Is this a limited liability company?	YES	S NO				
F.	Are any partners in this partnership also partner	YES	NO NO				
G.	Is this partnership a partner in another partner		YES	S NO			
H.	Was there a distribution or transfer of property the partnership's assets under IRC Section 75.	YES	s NO				
l.	Was a D-65 filed for the preceding year?		YES	NO NO			
J.	Was a 2016 DC unincorporated business francilf "YES," enter the name under which the retu	YES	s NO				
K.	Did you file and pay an annual ballpark fee ret	urn?				YES	S NO
L.	Have you filed annual federal income tax infor	mation retur	n Forms 1099 a	and 1096	5?	YES	S NO
M.	Did you withhold DC income tax from the wag	ges of your D	C employees du	uring 201	16?	YES	NO NO
	If "NO," state reason:						
N.	During 2016, has the IRS made or proposed any adjustments to your federal partnership Form 1065, or did you file amended returns with the IRS?						s NO
	If "YES," submit a separate, detailed explanati Office of Tax and Revenue, 1101 4th Street, St				ecting the adjustme	ents to:	
	ttach a copy of the Form 1065 with the K-1 an	-					
	ttach a schedule showing the pass-through dist			mbers of	the partnership.		
	rty designee To authorize another person to discuss this retu			nter the na	me and phone number	of that ners	on See instructions
Designee		ii widi o iii, iii	in note and o	Phone nu		or that porc	
PLEASE SIGN HERE	Under penalties of law, I declare that I have examined this return and Declaration of paid preparer is based on all information available to the		knowledge, it is correct				
	Partner or member's signature		Date				
				_	Telephone numb	er of person	to contact
PAID REPARER	Preparer's signature (if other than taxpayer)		Date		Paid Preparer's Tax I	dentification	Number (PTINI)
ONLY	Firm name				If you want to allow the p with the Office of Tax and	aid preparer	to discuss this return
	Firm address			_			