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

Taxpayer Identification Number (TIN)

Tax period ending (MMDDYYYY)

Business name

Address line #1

Address line #2

City  State  Zip Code + 4

Designated Agent Name  Designated Agent TIN

OFFICIAL USE ONLY Vendor ID # 0002

Fill in  if QHTC located in DC Ballpark TIF Area  
 Fill in  if amended return  
 Fill in  if final return  
 Fill in  if Certified QHTC  
 Fill in  if unitary with a combined group\*

\*You must fill in the Designated Agent info below

INCOME

DEDUCTIONS

		Round cents to nearest dollar. If amount is zero, leave line blank; if minus, enter amount and fill in oval.					
1	Gross receipts or sales, minus returns and allowances	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
2	Cost of goods sold and/or operations	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
3	Gross profit <i>Line 1 minus Line 2.</i>						.00
			Fill in if minus: <input type="radio"/>				
4	Ordinary income (loss) from other partnerships, estates and trusts, etc.	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
			Fill in if minus: <input type="radio"/>				
5	Net farm profit (loss)	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
			Fill in if minus: <input type="radio"/>				
6	Net gain (loss)	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
			Fill in if minus: <input type="radio"/>				
7	Other income (loss)	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
			Fill in if minus: <input type="radio"/>				
8	Total income <i>Add Lines 3-7</i>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
			Fill in if minus: <input type="radio"/>				
9	Salaries and wages paid to non partners	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
10	Payments to partners	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
11	Repairs and maintenance	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
12	Bad debts	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
13	Rent	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
14	Taxes and licenses	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
15	Interest (subject to federal limitations)	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
16	Depreciation, minus depreciation deducted elsewhere on this return. Do not include any additional IRC 179 expenses or IRC 168(k) depreciation.*	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
17	Depletion	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
18	Retirement plans	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
19	Employee benefit programs	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
20	Other deductions	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
21	Total deductions <i>Add Lines 9-20</i>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
22	Ordinary income (loss) <i>Line 8 minus Line 21</i>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
			Fill in if minus: <input type="radio"/>				

\* Attach a copy of your federal Form 4562

Business Name: \_\_\_\_\_



Taxpayer Identification Number: \_\_\_\_\_

**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 (Column 2 divided by Column 1)
1. <b>SALES FACTOR:</b> All gross receipts of the partnership other than gross receipts from items of non-business income.	\$ _____ .00	\$ _____ .00	_____
2. <b>DC APPORTIONMENT FACTOR:</b> Column 2 divided by Column 1.			_____

A. Date entity was organized (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 2019 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. Did you file and pay an annual ballpark fee return?  YES  NO

L. Have you filed annual federal income tax information return Forms 1099 and 1096?  YES  NO

M. Did you withhold DC income tax from the wages of your DC employees during 2019?  YES  NO

If "NO," state reason: \_\_\_\_\_

N. During 2019, 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.

Third party designee To authorize another person to discuss this return with OTR, fill in here  and enter the name and phone number of that person. See instructions.

Designee's name \_\_\_\_\_ Phone number \_\_\_\_\_

PLEASE SIGN HERE Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on all information available to the preparer. Partner or member's signature \_\_\_\_\_ Date \_\_\_\_\_

PAID PREPARER ONLY Preparer's signature (if other than taxpayer) \_\_\_\_\_ Date \_\_\_\_\_ Firm name \_\_\_\_\_ Firm address \_\_\_\_\_

Telephone number of person to contact \_\_\_\_\_

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.

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