

## 2022 D-65 Partnership Return of Income



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Tax	храу	er Identification Number (TIN)	Tax period ending (MMDDYYYY)						OFFICIAL USE ONLY Vendor ID # 0002					
Bus	sines	s name												
Ado	dress					Fill in			DC Ballpark TIF Are					
7100	01000										Fill in	$\simeq$	nded retu	ırn
Ado	dress	line #2									Fill in Fill in		return	r.
	Т										Fill in	$\simeq$		a combined grou
City	y						S	tate	Zip	Code + 4	*You mus	t fill in the D	esignated	Agent info belov
Des	esignated Agent Name								Desi	gnated Ag	ent <b>TIN</b>		_	
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									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, minu	is returns and a	allowances	5			1	\$					.00
	2	Cost of goods sold and/or ope	erations					2	\$					.00
	3	Gross profit Line 1 minus Line 2				Fill in if	minus:	3	\$					.00
	4	Ordinary income (loss) from other partnerships, Fill in if minus: estates and trusts, etc.							\$					.00
INCOME	5	Net farm profit (loss)				Fill in if	minus:	5	\$					00
$\leq$	6	Net gain (loss) Fill in if minus:												.00
	7	Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund							\$					.00
1	8	Other income (loss)				Fill in if	minus:	8	\$					.00
1	9	Total income Add Lines 3–8 Fill in if minus:												.00
	10	Salaries and wages paid to non partners							\$					.00
	11	Payments to partners												.00
	12	Repairs and maintenance												.00
	13	Bad debts							3 \$					.00
	14	Rent												.00
SZ	15	Taxes and licenses												00
9 E	16	Interest (subject to federal limitations)							5 \$					.00
DEDUCTIONS	17	Depreciation, minus depreciation deducted elsewhere on this return. Do not include any additional IRC 179 expenses or IRC 168(k) depreciation.*							7 \$					.00
DE	18	Depletion												.00
	19	Retirement plans												00
	20	Employee benefit programs												00
	21	Capital gains deferred due to DC approved investment in a DC Qualified Opportunity Fund												.00
:	22	Other deductions						22	2 \$					.00
	23	Total deductions Add Lines 10	0–22					23	3 \$					00
	24	Ordinary income (loss) Line S	9 minus Line 23			Fill in if	minus:	2/	Φ.					00



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 1. SALES FACTOR: All gross receipts of the partnership other 00 \$ 00 than gross receipts from items of non-business income (Column 2 divided by Column 1) 2. DC APPORTIONMENT FACTOR: Column 2 divided by Α. Date entity was organized (MMYY) В. Fill in your accounting method cash accrual other (specify) Number of partners in this partnership C. YES NO D. Is this a limited partnership? Is this a limited liability company? YES NO Ε. Are any partners in this partnership also partnerships or corporate entities? F. YES NO YES NO Is this partnership a partner in another partnership? G. 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 ١. Was a D-65 filed for the preceding year? YES NO Was a 2022 DC unincorporated business franchise tax return (Form D-30) filed for this business? YES NO If "YES," enter the name under which the return was filed. 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 2022? YES NO If "NO," state reason: During 2022, 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 Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. PLEASE Declaration of paid preparer is based on all information available to the preparer. SIGN HERE Date Partner or member's signature Telephone number of person to contact Date Preparer's signature (if other than taxpayer) PAID PREPARER Paid Preparer's Tax Identification Number (PTIN) ONLY Firm name If you want to allow the paid preparer to discuss this return with the Office of Tax and Revenue fill in the oval. Firm address **Email Address**