2023 D-65 Partnership Return of Income

23	06	5 0 1	1 0 0	02

Government of the District of Columbia

		cAPITAL letters using black ink. er Identification Number (TIN) Tax period ending (MMDDYYYY)	2	3				0 1				-	2	
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В	usines	s name												
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A	ddress	line #1	-					F	ill in	\bigcirc	if am	ende	d retu	rn
0.									ill in		if fin	al reti	urn	
A	luress	line #2	Т						ill in ill in	~			QHT	C combined grou
С	ty	Sta	te		Zi	p Code	+ 4							Agent info belov
ſ			Т									Т	Т	
D	esigna	ted Agent Name			De	esignate	ed Age	ent Tl	IN					
			F	Rour	nd cer	nts to n	earest	dollar	. If a	mount	is zero), leav	e line	blank;
	1	Gross receipts or sales, minus returns and allowances	п 1		nus, e \$	enter an	nount	and fi		ovai.	T.			.00
	2	Cost of goods sold and/or operations	2	2	\$			t			T			.00
	3	Gross profit Line 1 minus Line 2.	3		\$			t			T			.00
	4	Ordinary income (loss) from other partnerships, Fill in if minus:	4	4	\$			T			Г			.00
INCOME		estates and trusts, etc.												
NCO	5	Net farm profit (loss) Fill in if minus:	5	5	\$			Ļ			-			.00
_	6	Net gain (loss) Fill in if minus:	6	5	\$		_	1		_	1			.00
	7	Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund	7	7	\$.00
	8	Other income (loss) Fill in if minus:	8	3	\$.00
	9	Total income Add Lines 3–8 Fill in if minus:	9	Э	\$.00
	10	Salaries and wages paid to non partners	1	0	\$.00
	11	Payments to partners	1	1										.00
	12	Repairs and maintenance	1	2										.00
	13	Bad debts	1	13				L			L			.00
	14	Rent	1	4				L			L			.00
NS	15	Taxes and licenses	1	15				L						.00
CTIC	16	Interest (subject to federal limitations)	1	16										.00
DEDUCTIONS	17	Depreciation, minus depreciation deducted elsewhere on this return. Do not include any additional IRC 179 expenses or IRC 168(k) depreciation.*	1	.7										.00
D	18	Depletion	1	8										.00
	19	Retirement plans	1	9										.00
	20	Employee benefit programs	2	20										.00
	21	Capital gains deferred due to DC approved investment in a DC Qualified Opportunity Fund	2	21	\$.00
	22	Other deductions	2	22										.00
	23	Total deductions Add Lines 10–22	2	23	\$			Г			Г			00
	24	Ordinary income (loss) Line 9 minus Line 23 Fill in if minus:	2	24	\$									00
	-	Attach a copy of your federal Form 4562												

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Business Name: _



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ayer le	dentification Number: 2 3 0 6 5 0 1	2 0 0 0 2			
Sch	edule F - DC apportionment factor (See instructions.)				
Rour	id cents to the nearest dollar. If an amount is zero, leave the line blank.	Carry all factors to six decimal place			
	LES FACTOR: All gross receipts of the partnership other in gross receipts from items of non-business income.	DC Apportionment Factor 00 (Column 2 divided by Colum			
2. DC	CAPPORTIONMENT FACTOR: Column 2 divided by lumn 1.				
A.	Date entity was organized (MMYY)				
В.	Fill in your accounting method Cash Cacrual Cother (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 2023 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 2023?	YES NO			
	If "NO," state reason:				
N.	During 2023, 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 adjustm Office of Tax and Revenue, 1101 4th Street, SW, FL4, Washington DC 20024.	ents to:			
• A	ttach a copy of the Form 1065 with the K-1 and any other schedules you filed.				
• A	ttach 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.				
	ty designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number 's name Phone number	of that person. See instructions.			
ASE GN RE	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 Telephone number	per of person to contact			
ID ARER	Preparer's signature (if other than taxpayer) Date Paid Preparer's Tax	Identification Number (PTIN)			
ILY	Firm name If you want to allow the p	paid preparer to discuss this return			
	Firm address	d Revenue fill in the oval.			
il Add					

Make no payment with this return.