

Government of the District of Columbia

2007 D-65 SUB Partnership Return of Income



Taxable year beginning MMDDYYYY
MMDDYYYY

Federal Employer ID Number 123456789 Social Security Number (If self employed) 123456789

OFFICIAL USE ONLY

Taxable year ending MMDDYYYY
MMDDYYYY

Business name
ABCDEFGHIJKLMABCDEFGHIJKLA

Address line #1
12345ABCDEFGHIJKLMABCDEFGHIH

Mark if Amended Return

Address line #2
12345ABCDEFGHIJKLMABCDEFGHIH

City ABCDEFGHIJKLMABCDEFGHIH State AB Zipcode + 4 123456789

INCOME

WHOLE DOLLAR AMOUNTS ONLY

1	Gross receipts or sales, minus returns and allowances		1	\$123456789.00
2	Cost of goods sold and/or operations		2	\$123456789.00
3	Gross profit (Line 1 minus Line 2)	Mark if minus <input checked="" type="checkbox"/>	3	\$123456789.00
4	Ordinary income (loss) from other partnerships, estates and trusts, etc.	Mark if minus <input checked="" type="checkbox"/>	4	\$123456789.00
5	Net farm profit (loss)	Mark if minus <input checked="" type="checkbox"/>	5	\$123456789.00
6	Net gain (loss)	Mark if minus <input checked="" type="checkbox"/>	6	\$123456789.00
7	Other income (loss)	Mark if minus <input checked="" type="checkbox"/>	7	\$123456789.00
8	Total income (Add Lines 3-7)	Mark if minus <input checked="" type="checkbox"/>	8	\$123456789.00

DEDUCTIONS

9	Salaries and wages paid to non partners		9	\$123456789.00
10	Payments to partners		10	\$123456789.00
11	Repairs and maintenance		11	\$123456789.00
12	Bad debts		12	\$123456789.00
13	Rent		13	\$123456789.00
14	Taxes and licenses		14	\$123456789.00
15	Interest		15	\$123456789.00
16	Depreciation, minus depreciation reported elsewhere on return		16	\$123456789.00
17	Depletion		17	\$123456789.00
18	Retirement plans		18	\$123456789.00
19	Employee benefit programs		19	\$123456789.00
20	Other deductions		20	\$123456789.00
21	Total deductions (Add Lines 9-20)		21	\$123456789.00
22	Ordinary income(loss) (Line 8 minus Line 21)	Mark if minus <input checked="" type="checkbox"/>	22	\$123456789.00

TO COMPLETE THIS RETURN ANSWER THE QUESTIONS ON PAGE 2 OF THIS RETURN
Mail return to: DC Office of Tax and Revenue, PO Box 447, Washington, DC 20044-0447.
Make no payment with this return.

Business Name: ABCDEFGHIJKLABCDEFGHIJKLA
FEIN or SSN 123456789



Date MMDDYYYY
MMDDYYYY

- A. Date entity was organized
- B. Mark if this return is an initial return a final return
- C. Mark if your accounting method cash accrual other (specify) ABCDEFGHIJKLABC
ABCDEFGHIJKLABC
- D. Number of partners in this partnership 1234
- E. Is this a limited partnership? YES NO
- F. Is this a limited liability company? YES NO
- G. Are any partners in this partnership also partnerships or corporate entities? YES NO
- H. Is this partnership a partner in another partnership? YES NO
- I. 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
- J. Was a D-65 filed for the preceding year? YES NO
- K. Was a 2007 unincorporated business franchise tax return (Form D-30) filed for this business? YES NO
If "YES", provide name under which return was filed
ABCDEFGHIJKLABCDEFGHIJKLABCDEF
- 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 employees during 2007? YES NO
If "NO", state reason: ABCDEFGHIJKLABCDEFGHIJKLABCDEF
- N. During 2007, has the IRS made or proposed any adjustments to your federal 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:
THE OFFICE OF TAX AND REVENUE, P.O. BOX 447, WASHINGTON, D.C. 20044-0447.

- Attach a copy of the Federal partnership return (Form 1065) with K-1 and other schedules which you file.
- Attach a schedule showing the pass-through distribution of income to all members of the partnership.
- If you are filing this Form D-65, instead of Form D-30, attach an explanation (See instruction A).

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 information available to the preparer.

MM DD YYYY 1234567890

PLEASE SIGN HERE _____ DATE Telephone number of person to contact

PARTNER OR MEMBER'S SIGNATURE

MM DD YYYY 123456789

PREPARER'S SIGNATURE (If other than taxpayer)

DATE Paid Preparer's, FEIN, SSN or PTIN

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PAID FIRM NAME

PREPARER ONLY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

FIRM ADDRESS