Government of the District of Columbia

## 2013 D-65 SUB Partnership Return of Income



SOFTWARE DEVELOPER USE Federal Employer ID Number VENDOR # 1234 123456789 Tax period ending MM/YY Business name ABCDEFGHIJKLABCDEFGHIJKLA MMYY 12345ABCDEFGHIJKLABCDEFGH Mark if Amended return X Final return line 12345ABCDEFGHIJKLABCDEFGH Zipcode + State City ABCDEFGHIJKLABCDEFGH AB 123456789 Date MMYY A. Date entity was organized MMYY B. Mark if your accounting method X cash X accrual X other (specify) ABCDEFGHIJKLABCDEFGHIJKLABCDEF C. Number of partners in this partnership 1234 D. Is this a limited partnership? YE\$ X NO E. Is this a limited liability company? YE\$ NO X X NO F. Are any partners in this partnership also partnerships or corporate entities? YE\$ G. Is this partnership a partner in another partnership? YE\$ X NO H. Was there a distribution or transfer of property that caused an adjustment X YES X NO of the basis of the partnership's assets under IRC Section 754? I. Was a D-65 filed for the preceding year? Χ YES X NO J. Was a 2013 unincorporated business franchise tax return (Form D-30) X YE\$ X NO filed for this business? If "YES", provide name under which return was filed ABCDEFGHIJKLABCDEFGHIJKLABCDEF K. Have you filed annual federal income tax information return Forms X NO YES 1099 and 1096? L. Did you withhold DC income tax from the wages of your employees YE\$ X NO during 2013? If "NO", state reason: ABCDEFGHIJKLABCDEFGHIJKLABCDEF M. During 2013, has the IRS made or proposed any adjustments to your X YES X NO federal Form 1065, or did you file amended returns with the IRS? If "YES", submit a separate detailed explanation and an amended D-65 return reflecting the adjustments to: THE OFFICE OF TAX AND REVENUE, 1101 4TH STREET, SW WASHINGTON, D.C. 20024. • Attach a copy of the Form 1065 with the 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).

FE	N or SSN 123456789	1 3 0 6 5 0	0 2 2 0 0 0 1	
1	Gross receipts or sales, minus returns and all	awa ngog	WHOLE DOLLAR AMOUNTS ONLY	0.0
1		owances	1 \$123456789123.	
2	Cost of goods sold and/or operations		2 \$123456789123.	00
3	Gross profit (Line 1 minus Line 2)	Mark if minus X	3\$123456789123.	00
4	Ordinary income (loss) from other	Mark if minus X	4\$123456789123.	00
	partnerships, estates and trusts, etc.			
5	Net farm profit (loss)	Mark if minus X	5\$123456789123.	00
6	Net gain (loss)	Mark if minus X	6\$123456789123.	
<b>*</b>				
7	Other income (loss)	Mark if minus X	7\$123456789123.	00
8	Total income (Add Lines 3-7)	Mark if minus X	8\$123456789123.	00
			4102456500102	
9	Salaries and wages paid to non partners		9\$123456789123.	UU
10	Payments to partners		10\$123456789123.	00
11	Repairs and maintenance		11\$123456789123.	
12	Bad debts		12\$123456789123.	00
13	Rent		13\$123456789123.	
<b>F</b>	Taxes and licenses		140102456500102	0.0
	Interest		14\$123456789123. 15\$123456789123.	
16	Depreciation, minus depreciation deducted else Depletion	where on return	16\$123456789123. 17\$123456789123.	
18	Retirement plans		18\$123456789123.	00
19	Employee benefit programs		19\$123456789123.	0.0
	Other deductions		20\$123456789123.	
	Total deductions (Add Lines 9-20)	<b>Y</b>	21\$123456789123.	
22	Ordinary income (loss) (Line 8 minus Line 21)	Mark if minus X	22\$123456789123.	00
Und Dec	er penalties of law, I declare that I have examined this retu laration of paid preparer is based on information available t	rn and, to the best to the preparer.	of my knowledge, it is c	orrect
1 1 1	ASE GN			
	RE PARTNER OR MEMBER'S SIGNATURE	MM DD YYYY DATE	1234567890 Elephane number of person to a	mtart
	PARINER OR MEMBER 5 SIGNATURE			
		MM DD YYYY	123456789	
	PREPARER'S SIGNATURE (If other than taxpayer)	<del></del>	id Preparer's PTIN	
			allow the paid preparer	to
1 1 1	AID XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		urn with the Office of	
	NLY FIRM NAME		here. X	
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
	Mail return to: DC Office of Tax and Revenue, 1101 4th Str Make no payment with this r		n, DC 20024.	
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