Government of the District of Columbia

2014 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 2014 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 2014? If "NO", state reason: ABCDEFGHIJKLABCDEFGHIJKLABCDEF M. During 2014, 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).

2014 D-65 \$UB P1

Ві	siness Name: ABCDEFGHIJKLABCDEFGHIJKLA		
F	EIN or SSN 123456789	1 4 0 6 5 0	2 2 0 0 0 1
			WHOLE DOLLAR AMOUNTS ONLY
1		llowances	1 \$123456789123.00
2	Cost of goods sold and/or operations		2 \$123456789123.00
		Mark if minus X	0.010045.0700100.00
3	Gross profit (Line 1 minus Line 2) Ordinary income (loss) from other	Mark if minus X	3\$123456789123. 00 4\$123456789123. 00
	partnerships, estates and trusts, etc.	Walk II IIIII us 2	9123456769123.00
	partition, detacts and tracts, etc.		
NCOME	Net farm profit (loss)	Mark if minus X	5\$123456789123.00
0 6		Mark if minus X	6\$123456789123.00
Ž			7 - 2 2 3 3 1 3 2 2 3 7 9 9
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
9	Salaries and wages paid to non partners		9\$123456789123.00
	0 Payments to partners		10\$123456789123.00
1	1 Repairs and maintenance		11\$123456789123.00
			400122456500122
\$ 1	2 Bad debts		12\$123456789123.00
SNOW 1	3 Rent		13\$123456789123.00
F 1	4 Taxes and licenses		1491 22 45 67 0 0 1 2 2 0 0
. D	5 Interest		14\$123456789123. 00 15\$123456789123. 00
DED(J 111042000		133123436763123.00
	6 Depreciation, minus depreciation deducted els	sewhere on return	¹⁶ \$123456789123. 00
	7 Depletion		17\$123456789123.00
			7
1	8 Retirement plans		18\$123456789123.00
1	9 Employee benefit programs		19\$123456789123.00
2	0 Other deductions		20\$123456789123.00
	1 Total deductions (Add Lines 9-20)		21\$123456789123.00
2	2 Ordinary income (loss) (Line 8 minus Line 21)	Mark if minus X	22\$123456789123.00
TT	nder penalties of law, I declare that I have examined this r	return and to the hest	of my knowledge, it is correct.
D.	eclaration of paid preparer is based on information available	e to the preparer.	or my knowledge, it is correct.
PI	EASE		
	SIGN	MM DD YYYY	1234567890
	HERE PARTNER OR MEMBER'S SIGNATURE		elephane number of person to contact
		MM DD YYYY	123456789
	PREPARER'S SIGNATURE (If other than taxpayer)	DATE Pai	d Preparer's PTIN
		If you want to a	llow the paid preparer to
DE	PAID EPARER XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		arm with the Office of Tax
Fr	ONLY FIRM NAME	and Revenue, mark	here. X
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	FIRM ADDRESS		
	Mail return to: DC Office of Tax and Revenue, 1101 4th		, DC 20024.
		IIS II CLUIII.	
	Make no payment with th		
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