

2015 D-65 SUB Partnership Return of Income



Federal Employer ID Number 123456789

SOFTWARE DEVELOPER USE

VENDOR # 1234

Businessname ABCDEFGHIJKLMNOPQRSTUVWXYZ

Tax period ending (MMYY) MMY

Address line #1 12345678901234567890

Mark if [X] Amended return

Address line #2 12345678901234567890

Mark if [X] Final return

City ABCDEFGHIJKLMNOPQRSTUVWXYZ

Mark if [X] Certified QHTC

Designated Agent Name ABCDEFGHIJKLMNOPQRSTUVWXYZ

State AB

Zipcode + 4 123456789

\*You must fill in the Designated Agent info below

Designated Agent FEIN 123456789

WHOLE DOLLAR AMOUNTS ONLY

INCOME

Table with 3 columns: Description, Mark if minus, Amount. Rows 1-8: Gross receipts, Cost of goods sold, Gross profit, Ordinary income, Net farm profit, Net gain, Other income, Total income.

DEDUCTIONS

Table with 3 columns: Description, Mark if minus, Amount. Rows 9-22: Salaries and wages, Payments to partners, Repairs and maintenance, Bad debts, Rent, Taxes and licenses, Interest, Depreciation, Retirement plans, Employee benefit programs, Other deductions, Total deductions, Ordinary income (loss).

Business Name: ABCDEFGHIJKLABCDEFGHIJKLA  
FEIN: 123456789



**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 than gross receipts from items of non-business income.	\$ .00	\$ .00	(Column 2 divided by Column 1)
2. DC APPORTIONMENT FACTOR: Column 2 divided by Column 1.			.

- A. Date entity was organized Date MMY  
MMYY
- B. Mark your accounting method  cash  accrual  other (specify) ABCDEFGHIJKLABCDEFGHIJKLABCDEF
- C. Number of partners in this partnership 1234
- D. Is this a limited partnership? X YES X NO
- E. Is this a limited liability company? X YES X NO
- F. Are any partners in this partnership also partnerships or corporate entities? X YES X NO
- G. Is this partnership a partner in another partnership? X YES X 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? X YES X NO
- I. Was a D-65 filed for the preceding year? X YES X NO
- J. Was a 2015 DC unincorporated business franchise tax return (Form D-30) filed for this business? X YES X NO  
If "YES," enter the name under which the return was filed.
- K. Did you file and pay an annual ballpark fee return? X YES X NO
- L. Have you filed annual federal income tax information return Forms 1099 and 1096? X YES X NO
- M. Did you withhold DC income tax from the wages of your DC employees during 2015? X YES X NO  
If "NO," state reason:
- N. During 2015, has the IRS made or proposed any adjustments to your federal partnership Form 1065, or did you file amended returns with the IRS? X YES X 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 other schedules which 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.

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.

PLEASE SIGN HERE

\_\_\_\_\_  
PARTNER OR MEMBER'S SIGNATURE

MM DD YYYY 1234567890  
DATE Telephone number of person to contact

\_\_\_\_\_  
PREPARER'S SIGNATURE (If other than taxpayer)

MM DD YYYY 123456789  
DATE Paid Preparer's PTIN

PAID PREPARER ONLY

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
FIRM NAME  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
FIRM ADDRESS

If you want to allow the paid preparer to discuss this return with the Office of Tax and Revenue, mark here.

Mail return to: DC Office of Tax and Revenue, 1101 4th Street, SW, FL4 Washington, DC 20024.  
Make no payment with this return.