

Business Name: _____



Federal Employer Identification No.: _____

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 _____

B. Fill in your accounting method cash accrual other (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 2016 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 2016? YES NO

If "NO," state reason: _____

N. During 2016, 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 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 any other schedules 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.

Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number of that person. See instructions.

Designee's name _____ Phone number _____

PLEASE SIGN HERE 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 _____

PAID PREPARER ONLY Preparer's signature (if other than taxpayer) _____ Date _____

Firm name _____

Firm address _____

Telephone number of person to contact

Paid Preparer's Tax Identification Number (PTIN)

If you want to allow the paid preparer to discuss this return with the Office of Tax and Revenue fill in the oval.

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