

2018 D-65 Partnership Return
of Income



Print in CAPITAL letters using black ink.

OFFICIAL USE ONLY Vendor ID # 0002

Taxpayer Identification Number (TIN)

Tax period ending (MMYY)

Business name

Address line #1

Address line #2

City

State

Zip Code + 4

*You must fill in the Designated Agent info below

Designated Agent Name

Designated Agent TIN

Fill in ☐ if QHTC located in DC Ballpark TIF Area

Fill in ☐ if amended return

Fill in ☐ if final return

Fill in ☐ if Certified QHTC

Fill in ☐ if unitary with a combined group*

INCOME

1 Gross receipts or sales, minus returns and allowances

2 Cost of goods sold and/or operations

3 Gross profit *Line 1 minus Line 2.*

Fill in if minus: ☐

4 Ordinary income (loss) from other partnerships,
estates and trusts, etc.

Fill in if minus: ☐

5 Net farm profit (loss)

Fill in if minus: ☐

6 Net gain (loss)

Fill in if minus: ☐

7 Other income (loss)

Fill in if minus: ☐

8 Total income *Add Lines 3-7*

Fill in if minus: ☐

9 Salaries and wages paid to non partners

10 Payments to partners

11 Repairs and maintenance

12 Bad debts

13 Rent

14 Taxes and licenses

15 Interest

16 Depreciation, minus depreciation deducted elsewhere on this return. Do not
include any additional IRC 179 expenses or IRC 168(k) depreciation.*

17 Depletion

18 Retirement plans

19 Employee benefit programs

20 Other deductions

21 Total deductions *Add Lines 9-20*

22 Ordinary income (loss) *Line 8 minus Line 21*

Fill in if minus: ☐

DEDUCTIONS

Round cents to nearest dollar. If amount is zero, leave line blank;
if minus, enter amount and fill in oval.

1 \$.00

2 \$.00

3 \$.00

4 \$.00

5 \$.00

6 \$.00

7 \$.00

8 \$.00

9 \$.00

10 \$.00

11 \$.00

12 \$.00

13 \$.00

14 \$.00

15 \$.00

16 \$.00

17 \$.00

18 \$.00

19 \$.00

20 \$.00

21 \$.00

22 \$.00

* Attach a copy of your federal Form 4562

Business Name: _____



Taxpayer Identification Number: _____

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

1. **SALES FACTOR:** All gross receipts of the partnership other than gross receipts from items of non-business income.

Column 1 TOTAL

Column 2 in DC

DC Apportionment Factor

(Column 2 divided by Column 1)

\$ _____ .00 \$ _____ .00

2. **DC APPORTIONMENT FACTOR:** Column 2 divided by Column 1.

. _____

A. Date entity was organized (MMYY)

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 2018 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 2018?**☐ YES ☐ NO

If "NO," state reason: _____

N. During 2018, 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
HEREUnder 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.