



Print in CAPITAL letters using black ink.

Taxpayer Identification Number (TIN) Tax period ending (MMDDYYYY)

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

OFFICIAL USE ONLY Vendor ID # 0002

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*

		Round cents to nearest dollar. If amount is zero, leave line blank; if minus, enter amount and fill in oval.	
INCOME	1 Gross receipts or sales, minus returns and allowances	1 \$	.00
	2 Cost of goods sold and/or operations	2 \$	.00
	3 Gross profit <i>Line 1 minus Line 2.</i> <input type="radio"/> Fill in if minus:	3 \$	.00
	4 Ordinary income (loss) from other partnerships, estates and trusts, etc. <input type="radio"/> Fill in if minus:	4 \$	.00
	5 Net farm profit (loss) <input type="radio"/> Fill in if minus:	5 \$	.00
	6 Net gain (loss) <input type="radio"/> Fill in if minus:	6 \$	.00
	7 Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund	7 \$	.00
	8 Other income (loss) <input type="radio"/> Fill in if minus:	8 \$	.00
	9 Total income <i>Add Lines 3-8</i> <input type="radio"/> Fill in if minus:	9 \$	.00
DEDUCTIONS	10 Salaries and wages paid to non partners	10 \$	.00
	11 Payments to partners	11 \$	.00
	12 Repairs and maintenance	12 \$	.00
	13 Bad debts	13 \$	.00
	14 Rent	14 \$	.00
	15 Taxes and licenses	15 \$	.00
	16 Interest (subject to federal limitations)	16 \$	.00
	17 Depreciation, minus depreciation deducted elsewhere on this return. Do not include any additional IRC 179 expenses or IRC 168(k) depreciation.*	17 \$	.00
	18 Depletion	18 \$	.00
	19 Retirement plans	19 \$	.00
	20 Employee benefit programs	20 \$	.00
	21 Capital gains deferred due to DC approved investment in a DC Qualified Opportunity Fund	21 \$	.00
	22 Other deductions	22 \$	.00
	23 Total deductions <i>Add Lines 10-22</i>	23 \$	.00
	24 Ordinary income (loss) <i>Line 9 minus Line 23</i> <input type="radio"/> Fill in if minus:	24 \$	.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

\$ _____ .00 \$ _____ .00

(Column 2 divided by Column 1)

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 2021 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 2021? YES NO

If "NO," state reason: _____

N. During 2021, 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 _____

_____ Telephone number of person to contact

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

_____ Paid Preparer's Tax Identification Number (PTIN)

Firm name _____

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

Firm address _____

Email Address _____