



Government of the District of Columbia
Office of the Chief Financial Officer
Office of Tax and Revenue

**D-65 : 2000 Partnership
Return of Income**

*** 000650010001 ***

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FEDERAL EMPLOYER ID NUMBER OR SSN (If self employed)
XX - XXXXXX OR XXX - XX - XXXX

BUSINESS NAME TAXABLE YEAR ENDING
XXX MM / DD / YYYY

ADDRESS LINE #1 ADDRESS LINE #2
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CITY STATE ZIP + 4
XXXXXXXXXXXXXXXXXXXXXXXXX XX XXXXX - XXXX

1. GROSS RECEIPTS OR GROSS SALES, LESS RETURNS AND ALLOWANCES	\$	XXXXXXXXXX .XX
2. COST OF GOODS SOLD AND/OR OPERATION	\$	XXXXXXXXXX .XX
3. GROSS PROFIT (Subtract Line 2 from Line 1)	\$	XXXXXXXXXX .XX
4. ORDINARY INCOME (LOSS) FROM OTHER PARTNERSHIPS, SYNDICATES, ETC.....	\$	XXXXXXXXXX .XX
5. NET FARM PROFIT (LOSS)	\$	XXXXXXXXXX .XX
6. NET GAIN (LOSS)	\$	XXXXXXXXXX .XX
7. OTHER INCOME	\$	XXXXXXXXXX .XX
8. TOTAL INCOME (Add Lines 3 through 7)	\$	XXXXXXXXXX .XX
9. SALARIES AND WAGES OTHER THAN TO PARTNERS	\$	XXXXXXXXXX .XX
10. PAYMENT TO PARTNERS	\$	XXXXXXXXXX .XX
11. REPAIRS	\$	XXXXXXXXXX .XX
12. BAD DEBTS	\$	XXXXXXXXXX .XX
13. RENT	\$	XXXXXXXXXX .XX
14. TAXES	\$	XXXXXXXXXX .XX
15. INTEREST	\$	XXXXXXXXXX .XX
16. DEPRECIATION, LESS DEPRECIATION REPORTED ELSEWHERE ON RETURN.....	\$	XXXXXXXXXX .XX
17. DEPLETION	\$	XXXXXXXXXX .XX
18. RETIREMENT PLANS	\$	XXXXXXXXXX .XX
19. EMPLOYEE BENEFIT PROGRAMS	\$	XXXXXXXXXX .XX
20. OTHER DEDUCTIONS	\$	XXXXXXXXXX .XX
21. TOTAL DEDUCTIONS (Add Lines 9 through 20)	\$	XXXXXXXXXX .XX
22. ORDINARY INCOME (LOSS) (Subtract Line 21 from Line 8)	\$	XXXXXXXXXX .XX

TAXPAYER NAME : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
FEDERAL E.I.D. NUM. : XX-XXXXXXXX

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- A. DATE ENTITY WAS ORGANIZED..... MM/DD/YYYY
- B. THIS RETURN IS..... INITIAL RETURN AMENDED RETURN FINAL RETURN
- C. INDICATE YOUR ACCOUNTING METHOD..... CASH ACCRUAL
 OTHER (specify) XXXXXXXXXXXXXXXXXXXX
- D. NUMBER OF PARTNERS IN THIS PARTNERSHIP..... XXXX
- E. IS THIS A LIMITED PARTNERSHIP?..... YES NO
- F. IS THIS A LIMITED LIABILITY COMPANY? YES NO
- G. ARE ANY PARTNERS IN THIS PARTNERSHIP ALSO PARTNERSHIPS OR CORPORATE ENTITIES?..... YES NO
- H. IS THIS PARTNERSHIP A PARTNER IN ANOTHER PARTNERSHIP?..... YES NO
- I. WAS THERE A DISTRIBUTION OR TRANSFER OF PROPERTY THAT CAUSED THE ADJUSTMENT OF THE BASIS OF THE PARTNERSHIP'S ASSETS UNDER SEC. 754 (IRC)?..... YES NO
- J. WAS A RETURN OF INCOME FILED FOR THE PRECEDING YEAR?..... YES NO
- K. WAS A 2000 UNINCORPORATED BUSINESS FRANCHISE TAX RETURN FILED FOR THIS BUSINESS? (FORM D-30)? IF "YES", NAME UNDER WHICH RETURN WAS FILED..... YES NO
- L. HAVE YOU FILED ANNUAL FEDERAL INCOME TAX INFORMATION RETURN FORMS 1099 AND 1096 ?..... YES NO
- M. DID YOU WITHHOLD D.C. INCOME TAX FROM THE WAGES OF YOUR EMPLOYEES DURING 2000?..... YES NO
IF "NO", STATE REASON ... XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
- N. DURING 2000, HAS THE IRS MADE OR PROPOSED ANY ADJUSTMENTS IN YOUR FORM 1065, OR DID YOU FILE ANY AMENDED RETURNS WITH THE IRS? YES NO
IF "YES", SUBMIT SEPARATELY A DETAILED EXPLANATION TO:
THE OFFICE OF TAX AND REVENUE, AUDIT DIVISION, P.O. BOX 556, WASHINGTON, D.C. 20044-0556.

- You must attach a copy of the Federal partnership return (Form 1065) which you file.
- You must 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 a statement of explanation (See instruction A).

Under penalties of law, including criminal penalties for false statements and tax preparer penalties under D.C. Code secs. 22-2514 and 47-161, et seq., I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information available to the preparer.

PLEASE SIGN HERE

PARTNER OR MEMBER'S SIGNATURE

MM/DD/YYYY
DATE

XXXXXXXXXX
Preparer's PTIN

PREPARER'S SIGNATURE (If other than taxpayer)

MM/DD/YYYY
DATE

XXX-XX-XXXX
Preparer's SSN

PAID PREPARER ONLY

XX
FIRM NAME

XX-XXXXXXXX
Preparer's Federal Employer I.D. Number

XX
FIRM ADDRESS

Mail return and payment to: D.C. Office of Tax and Revenue, P.O. Box 447, Washington, D.C. 20044-0447. Make check or money order payable to the D.C. Treasurer. Include your Federal Employer ID Number, "D-65" and tax year on your payment.