

2002 D-65 SUB Partnership Return of Income



X MARK IF YOUR ADDRESS IS DIFFERENT THAN YOUR LAST RETURN

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

BUSINESS NAME TAXABLE YEAR ENDING
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/YYYY

ADDRESS LINE #1 ADDRESS LINE #2
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CITY STATE ZIP + 4
XXXXXXXXXXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

WHOLE DOLLAR AMOUNTS ONLY

Table with 3 columns: Description, Fill in if minus, and Amount. Rows include Gross Receipts, Cost of Goods Sold, Gross Profit, Ordinary Income, Net Farm Profit, Net Gain, Other Income, Total Income, Salaries and Wages, Payment to Partners, Repairs, Bad Debts, Rent, Taxes, Interest, Depreciation, Depletion, Retirement Plans, Employee Benefit Programs, Other Deductions, Total Deductions, and Ordinary Income (Loss).

