

Government of the District of Columbia

2005 D-65 SUB Partnership Return of Income



Taxable year beginning MM/DD/YYYY
MM/DD/YYYY

Federal Employer ID Number
123456789

Social Security Number (If self employed)
123456789

OFFICIAL USE ONLY

Taxable year ending MM/DD/YYYY
MM/DD/YYYY

Business name
ABCDEFGHIJKLMABCDEFGHIJKLM

Address line #1 MARK IF THIS IS YOUR FIRST RETURN OR IF YOUR ADDRESS IS DIFFERENT FROM LAST YEAR'S RETURN
12345ABCDEFGHIJKLMABCDEFGHI

Mark if Amended Return

Address line #2
12345ABCDEFGHIJKLMABCDEFGHI

City
ABCDEFGHIJKLMABCDEFGHI

State Zipcode
AB 123456789

INCOME

DEDUCTIONS

WHOLE DOLLAR AMOUNTS ONLY

1	Gross receipts or sales, minus returns and allowances	1	\$123456789.00
2	Cost of goods sold and/or operations	2	\$123456789.00
3	Gross profit (Line 1 minus Line 2)..... Mark if minus <input checked="" type="checkbox"/>	3	\$123456789.00
4	Ordinary income (loss) from other partnerships,	4	\$123456789.00
	estates, and trusts, etc. Mark if minus <input checked="" type="checkbox"/>		
5	Net farm profit (loss)	5	\$123456789.00
	Mark if minus <input checked="" type="checkbox"/>		
6	Net gain (loss)	6	\$123456789.00
	Mark if minus <input checked="" type="checkbox"/>		
7	Other income (loss)	7	\$123456789.00
	Mark if minus <input checked="" type="checkbox"/>		
8	Total income (Add Lines 3 through 7)	8	\$123456789.00
	Mark if minus <input checked="" type="checkbox"/>		
9	Salaries and wages paid other than to partners	9	\$123456789.00
10	Payments to partners.....	10	\$123456789.00
11	Repairs and maintenance	11	\$123456789.00
12	Bad debts	12	\$123456789.00
13	Rent	13	\$123456789.00
14	Taxes and licenses	14	\$123456789.00
15	Interest	15	\$123456789.00
16	Depreciation, minus depreciation reported elsewhere on return	16	\$123456789.00
17	Depletion	17	\$123456789.00
18	Retirement plans	18	\$123456789.00
19	Employee benefit programs	19	\$123456789.00
20	Other deductions	20	\$123456789.00
21	Total deductions (Add Lines 9 through 20)	21	\$123456789.00
22	Ordinary income (loss) (Line 8 minus Line 21)..... Mark if minus <input checked="" type="checkbox"/>	22	\$123456789.00

YOU MUST ANSWER THE QUESTIONS ON PAGE 2 OF THIS RETURN
Mail return to: DC Office of Tax and Revenue, PO Box 447, Washington, DC 20044-0447.
Make no payment with this return.

Business Name : ABCDEFGHIJKLMNOPQRSTUVWXYZ
Federal Employer Identification NO. or SSN 123456789



Date MM/DD/YYYY
MM/DD/YYYY

- A. Date entity was organized.....
- B. Mark if this return is..... an initial return a final return
- C. Mark if your accounting method..... cash accrual other (specify) ABCDEFGHIJKLMNOPQRSTUVWXYZ
ABCDEFGHIJKLMNOPQRSTUVWXYZ
- D. Number of partners in this partnership..... ABCD
- 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 an adjustment of the basis of the partnership's assets under IRC Section 754?..... YES NO
- J. Was a D-65 filed for the preceding year?..... YES NO
- K. Was a 2005 unincorporated business franchise tax return (Form D-30) filed for this business?..... YES NO
If YES, provide name under which return was filed. ABCDEFGHIJKLMNOPQRSTUVWXYZ
- 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 employees during 2005?..... YES NO
If NO, state reason: ABCDEFGHIJKLMNOPQRSTUVWXYZ
- N. During 2005, has the IRS made or proposed any adjustments to your federal 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:
THE OFFICE OF TAX AND REVENUE, P.O. BOX 447, WASHINGTON, D.C. 20044-0447.

- Attach a copy of the Federal partnership return (Form 1065) with K-1 and other schedules which you file.
- 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 an explanation (See instruction A).

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.

PLEASE

**SIGN
HERE**

PARTNER OR MEMBER'S SIGNATURE

MM/DD/YYYY
DATE

1234567890
Telephone number of person to contact

PREPARER'S SIGNATURE (If other than taxpayer)

MM/DD/YYYY
DATE

123456789
Paid Preparer's, FEIN, SSN or PTIN

**PAID
PREPARER
ONLY**

XX
FIRM NAME

XX
FIRM ADDRESS