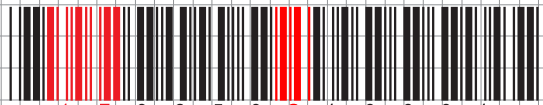


Government of the District of Columbia

# 2017 D-65 SUB Partnership Return of Income



Federal Employer ID Number  
123456789

Tax period ending (MMYY)  
MMYY

SOFTWARE DEVELOPER USE  
VENDOR # 1234

Businessname  
ABCDEFGHIJKLMABCDEFGHIJKLA

Mark if  QHTC located in DC Ballpark TIF Area  
Mark if  Amended return  
Mark if  Final return  
Mark if  Certified QHTC  
Mark if  Unitary with a combined group\*

Address line #1  
12345ABCDEF GHIJKL ABCDEF GH

Zipcode + 4 \*You must fill in the Designated Agent info below  
123456789

Address line #2  
12345ABCDEF GHIJKL ABCDEF GH

City  
ABCDEFGHIJKLMABCDEFGHIGH

State  
AB

Designated Agent Name  
ABCDEFGHIJKLMABCDEFGHIJKLA

Designated Agent FEIN  
123456789

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

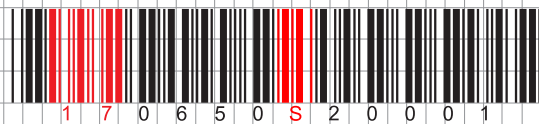
INCOME

1	Gross receipts or sales, minus returns and allowances		1	\$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, estates and trusts, etc.	Mark if minus <input checked="" type="checkbox"/>	4	\$123456789.00
5	Net farm profit (loss)	Mark if minus <input checked="" type="checkbox"/>	5	\$123456789.00
6	Net gain (loss)	Mark if minus <input checked="" type="checkbox"/>	6	\$123456789.00
7	Other income (loss)	Mark if minus <input checked="" type="checkbox"/>	7	\$123456789.00
8	Total income (Add Lines 3-7)	Mark if minus <input checked="" type="checkbox"/>	8	\$123456789.00

DEDUCTIONS

9	Salaries and wages paid to non 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 deducted 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 9-20)		21	\$123456789.00
22	Ordinary income (loss) (Line 8 minus Line 21)	Mark if minus <input checked="" type="checkbox"/>	22	\$123456789.00

Business Name: ABCDEFGHIJKLMNOPQRSTUVWXYZ  
FEIN: 123456789



**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

	Column 1	TOTAL	Column 2	in DC	DC Apportionment Factor
1. SALES FACTOR: All gross receipts of the partnership other than gross receipts from items of non-business income.	\$	.00	\$	.00	(Column 2 divided by Column 1)
2. DC APPORTIONMENT FACTOR: Column 2 divided by Column 1.					.

- A. Date entity was organized Date MMY  
MMYY
- B. Mark your accounting method  cash  accrual  other (specify) ABCDEFGHIJKLMNOPQRSTUVWXYZ
- C. Number of partners in this partnership 1234
- D. Is this a limited partnership? X YES X NO
- E. Is this a limited liability company? X YES X NO
- F. Are any partners in this partnership also partnerships or corporate entities? X YES X NO
- G. Is this partnership a partner in another partnership? X YES X 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? X YES X NO
- I. Was a D-65 filed for the preceding year? X YES X NO
- J. Was a 2017 DC unincorporated business franchise tax return (Form D-30) filed for this business? X YES X NO  
If "YES," enter the name under which the return was filed.
- K. Did you file and pay an annual ballpark fee return? X YES X NO
- L. Have you filed annual federal income tax information return Forms 1099 and 1096? X YES X NO
- M. Did you withhold DC income tax from the wages of your DC employees during 2017? X YES X NO  
If "NO," state reason:
- N. During 2017, has the IRS made or proposed any adjustments to your federal partnership Form 1065, or did you file amended returns with the IRS? X YES X 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 other schedules which 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, mark here  and enter the name and phone  
Designee's name \_\_\_\_\_ Phone \_\_\_\_\_

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 information available to the preparer.

**PLEASE SIGN HERE**

\_\_\_\_\_  
PARTNER OR MEMBER'S SIGNATURE

MM DD YYYY 1234567890  
DATE Telephone number of person to contact

\_\_\_\_\_  
PREPARER'S SIGNATURE (If other than taxpayer)

MM DD YYYY 123456789  
DATE Paid Preparer's PTIN

**PAID PREPARER ONLY**

XXXXXXXXX XXX XXXX XXX XXXX XXX XX  
FIRM NAME  
XXXXXXXXX XXX XXXX XXX XXXX XXXXXX  
FIRM ADDRESS

If you want to allow the paid preparer to discuss this return with the Office of Tax and Revenue, mark here.

Mail return to: Office of Tax and Revenue, 1101 4th Street, SW, FL4, Washington DC 20024

Make no payment with this return.

2017 D-65 SUB P2