Government of the District of Columbia

2018 D-65 SUB Partnership Return of Income

1 8 0 6 5 0 S 1 0 0 0 1

Taxpayer Identification Number (TIN): 123456789

Tax period ending (MMYY): MMYY

SOFTWARE DEVELOPER USE
VENDOR # 1234

Business name: ABCDEFGHIJKLABCDEFGHIJKLA

Address line #1: 12345ABCDEFGHIJKLABCDEFGH

Address line #2: 12345ABCDEFGHIJKLABCDEFGH

City: ABCDEFGHIJKLABCDEFGH

State: AB

Zipcode + 4: 123456789

Designated Agent Name: ABCDEFGHIJKLABCDEFGHIJKLA

Designated Agent TIN: 123456789

Mark if X — QHTC located in DC Ballpark TIF Area

Mark if X — Amended return

Mark if X — Final return

Mark if X — Certified QHTC

Mark if X — Unitary with a combined group*

*You must fill in the Designated Agent info below

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 X	3	$123456789.00
	4 Ordinary income (loss) from other partnerships, estates and trusts, etc.	Mark if minus X	4	$123456789.00
	5 Net farm profit (loss)	Mark if minus X	5	$123456789.00
	6 Net gain (loss)	Mark if minus X	6	$123456789.00
	7 Other income (loss)	Mark if minus X	7	$123456789.00
	8 Total income (Add Lines 3-7)	Mark if minus X	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. Do not include any additional IRC 179 expenses or IRC 168(k) depreciation.*		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 X	22	$123456789.00

*Attach a copy of your federal Form 4562

Business Name: ABCDEFGHIJKLABCDEFGHIJKLA

Taxpayer Identification Number: 123456789

1 8 0 6 5 0 S 2 0 0 0 1

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.			.

		Date MMYY
A.	Date entity was organized	MMYY
B.	Mark your accounting method X cash X accrual X other (specify) ABCDEFGHIJKLABCDEFGHIJKLABCDEF	
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 2018 DC unincorporated business franchise tax return (Form D-30) filed for this business? If "YES," enter the name under which the return was filed.	X YES X NO
K.	Did you file and pay an annual ballparkfee 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 2018? If "NO," state reason:	X YES X NO
N.	During 2018, has the IRS made or proposed any adjustments to your federal partnership Form 1065, or did you file amended returns with the IRS? If "YES," submit a separate, detailed explanation and an amended D-65return reflecting the adjustments to: Office of Tax and Revenue, 1101 4th Street, SW, FL4, Washington, DC 20024.	X YES X NO

- 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* X *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 DATE — 1234567890 Telephone number of person to contact

PREPARER'S SIGNATURE (If other than taxpayer) — MM DD YYYY DATE — 123456789 Paid Preparer's PTIN

PAID PREPARER ONLY

XXXXXXXX XXX XXXX XXX XXXX XXX XX
FIRM NAME

XXXXXXXX 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. X

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

Make no payment with this return.

Rev 10/18