Government of the District of Columbia

2024 D-65 SUB Partnership Return of Income

2 4 0 6 5 0 S 1 0 0 0 1

Taxpayer Identification Number (TIN): 999999999

Tax period ending (MMDDYYYY): 99999999

SOFTWARE DEVELOPER USE ONLY
VENDOR # 9999

Business name: XXXXXXXXXXXXXXXXXXXXXXXXXX

Mark if: X Amended Return
Mark if: X Final Return
Mark if: X 52-53 week filer

Mark if: X Combined Report*
*You must fill in the Designated Agent info below
Mark if: X Certified QHTC
Mark if: X QHTC located in Ballpark TIF Area

Address line #1: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Address line #2: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

City: XXXXXXXXXXXXXXXXXXXX
State: XX
Zipcode + 4: 999999999

Designated Agent Name: XXXXXXXXXXXXXXXXXXXXXXXXXXX
Designated Agent TIN: 999999999

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	999999999.00
	2	Cost of goods sold and/or operations		2	999999999.00
	3	Gross profit (Line 1 minus Line 2)	Mark if minus X	3	999999999.00
	4	Ordinary income (loss) from other partnerships, estates and trusts, etc.	Mark if minus X	4	999999999.00
	5	Net farm profit (loss)	Mark if minus X	5	999999999.00
	6	Net gain (loss)	Mark if minus X	6	999999999.00
	7	Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund		7	999999999.00
	8	Other income (loss)	Mark if minus X	8	999999999.00
	9	Total income (Add Lines 3-8)	Mark if minus X	9	999999999.00
DEDUCTIONS	10	Salaries and wages paid to non partners		10	999999999.00
	11	Payments to partners		11	999999999.00
	12	Repairs and maintenance		12	999999999.00
	13	Bad debts		13	999999999.00
	14	Rent		14	999999999.00
	15	Taxes and licenses		15	999999999.00
	16	Interest (subject to federal limitations)		16	999999999.00
	17	Depreciation, minus depreciation deducted elsewhere on return. Do not include any additional IRC 179 expenses or IRC 168(k) depreciation.*		17	999999999.00
	18	Depletion		18	999999999.00
	19	Retirement plans		19	999999999.00
	20	Employee benefit programs		20	999999999.00
	21	Capital gains deferred due to DC approved investment in a DC Qualified Opportunity Fund		21	999999999.00
	22	Other deductions		22	999999999.00
	23	Total deductions (Add Lines 10-22)		23	999999999.00
	24	Ordinary income (loss) (Line 9 minus Line 23)	Mark if minus X	24	999999999.00

*Attach a copy of your federal Form 4562

Revised 09/2024

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Business Name: XXXXXXXXXXXXXXXXXXXXXXXXXX

Tax Identification Number 999999999

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 (Column 2 divided by Column1)
1. **Sales Factor:** All gross receipts of the partnership other than gross receipts from items of non-business income.	999999999.00	999999999.00	
2. **DC APPORTIONMENT FACTOR:** Column 2 divided by Column 1.			9.999999

A. Date entity was organized. (MMYY) 9999

B. Mark your accounting method X cash X accrual X other (specify)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

C. Number of partners in this partnership 9999

D. Is this a limited partnership? X YES X NO

E. Is this a limited liability company? X YES X NO

F. Are there 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 2024 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 2024? X YES X NO
If "NO," state reason: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

N. During 2024, 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 for Line N," 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 any other schedules 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 number of that person.*

Designee's name XXXXXXXXXXXXXXXXXXXXXXXXXX Phone 9999999999

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 — DATE 99999999 — Telephone number of person to contact 9999999999

PREPARER'S SIGNATURE (If other than taxpayer) — DATE 99999999 — Paid Preparer's PTIN 999999999

PAID PREPARER ONLY

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

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
FIRM NAME

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
FIRM ADDRESS

Email Address
9XXXX9XXXX9XXXX9XXXXXXXXXXXXXXXXXXXXX

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

Revised 09/2024 **Make no payment with this return.**