

2023 D-65 SUB Partnership Return of Income



Taxpayer Identification Number (TIN) 999999999 Tax period ending (MMDDYYYY) 99999999 SOFTWARE DEVELOPER USE ONLY VENDOR # 9999

Business name XXXXXXXXXXXXXXXXXXXXXXXXXXXX

- 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

Address line #1 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Address line #2 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

City XXXXXXXXXXXXXXXXXXXX State XX Zipcode + 4 99999999

Designated Agent Name XXXXXXXXXXXXXXXXXXXX Designated Agent TIN 99999999

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

INCOME

Table with 9 rows for income items: 1 Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4 Ordinary income, 5 Net farm profit, 6 Net gain, 7 Capital gains, 8 Other income, 9 Total income. All amounts are 999,999,999.00.

DEDUCTIONS

Table with 14 rows for deduction items: 10 Salaries and wages, 11 Payments to partners, 12 Repairs and maintenance, 13 Bad debts, 14 Rent, 15 Taxes and licenses, 16 Interest, 17 Depreciation, 18 Depletion, 19 Retirement plans, 20 Employee benefit programs, 21 Capital gains deferred, 22 Other deductions, 23 Total deductions, 24 Ordinary income (loss). All amounts are 999,999,999.00.

*Attach a copy of your federal Form 4562



Business Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
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

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

- A. Date entity was organized. (MMYY) 9999
- B. Mark your accounting method cash accrual other (specify) XXXXXXXXXXXXXXXXXXXXXXXXXXXX
- C. Number of partners in this partnership 9999
- D. Is this a limited partnership? YES NO
- E. Is this a limited liability company? YES NO
- F. Are there any partners in this partnership also partnerships or corporate entities? YES NO
- G. Is this partnership a partner in another partnership? YES 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? YES NO
- I. Was a D-65 filed for the preceding year? YES NO
- J. Was a 2023 DC unincorporated business franchise tax return (Form D-30) filed for this business? YES NO
If "YES," enter the name under which the return was filed.
- K. Did you file and pay an annual ballpark fee return? YES NO
- 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 DC employees during 2023? YES NO
If "NO," state reason: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
- N. During 2023, has the IRS made or proposed any adjustments to your federal partnership 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:
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 and enter the name and phone number of that person.
Designee's name XXXXXXXXXXXXXXXXXXXXXXXXXXXX Phone 999999999

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	99999999	9999999999
		DATE	Telephone number of person to contact
	_____ PREPARER'S SIGNATURE (If other than taxpayer)	99999999	999999999
		DATE	Paid Preparer's PTIN

PAID PREPARER ONLY XXXXXXXXXXXXXXXXXXXXXXXXXXXX
 If you want to allow the paid preparer to discuss this return with the Office of Tax and Revenue, mark here.
 FIRM NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXX
 FIRM ADDRESS _____
 Email Address 9XXXX9XXXX9XXXX9XXXXXXXXXXXXXXXXXXXX