Government of the District of Columbia

2003 D-65 SUB Partnership Return of Income

0 3 0 6 5 0 2 1 0 0 0 0

TAXABLE YEAR BEGINNING MM/DD/YYYY

X MARK IF THIS IS YOUR FIRST RETURN OR IF YOUR ADDRESS IS DIFFERENT THAN YOUR LAST RETURN

FEDERAL ID NUMBER XX-XXXXXXX OR SSN (If self employed) XXX-XX-XXXX

TAXABLE YEAR ENDING MM/DD/YYYY Mark if X AMENDED RETURN

BUSINESS NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ADDRESS LINE #1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ADDRESS LINE #2 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CITY XXXXXXXXXXXXXXXXXXXX STATE XX ZIP + 4 XXXXX-XXXX

			ENTER DOLLAR AMOUNTS ONLY
1. GROSS RECEIPTS or GROSS SALES, MINUS RETURNS and ALLOWANCES			XXXXXXXXXXX.00
2. COST OF GOODS SOLD and/or OPERATIONS			XXXXXXXXXXX.00
3. GROSS PROFIT (Line 1 minus Line 2)	Mark if minus	X	XXXXXXXXXXX.00
4. ORDINARY INCOME (LOSS) FROM OTHER PARTNERSHIPS, ESTATES, and TRUSTS, ETC.	Mark if minus	X	XXXXXXXXXXX.00
5. NET FARM PROFIT (LOSS)	Mark if minus	X	XXXXXXXXXXX.00
6. NET GAIN (LOSS)	Mark if minus	X	XXXXXXXXXXX.00
7. OTHER INCOME (LOSS)	Mark if minus	X	XXXXXXXXXXX.00
8. TOTAL INCOME (Add Lines 3 through 7)	Mark if minus	X	XXXXXXXXXXX.00
9. SALARIES and WAGES OTHER THAN TO PARTNERS			XXXXXXXXXXX.00
10. PAYMENT TO PARTNERS			XXXXXXXXXXX.00
11. REPAIRS			XXXXXXXXXXX.00
12. BAD DEBTS			XXXXXXXXXXX.00
13. RENT			XXXXXXXXXXX.00
14. TAXES and LICENSES			XXXXXXXXXXX.00
15. INTEREST			XXXXXXXXXXX.00
16. DEPRECIATION, MINUS DEPRECIATION REPORTED ELSEWHERE ON RETURN			XXXXXXXXXXX.00
17. DEPLETION			XXXXXXXXXXX.00
18. RETIREMENT PLANS			XXXXXXXXXXX.00
19. EMPLOYEE BENEFIT PROGRAMS			XXXXXXXXXXX.00
20. OTHER DEDUCTIONS			XXXXXXXXXXX.00
21. TOTAL DEDUCTIONS (Add Lines 9 through 20)			XXXXXXXXXXX.00
22. ORDINARY INCOME (LOSS) (Line 8 minus Line 21)	Mark if minus	X	XXXXXXXXXXX.00

Rev. 11/03

TAXPAYER NAME : XXXXXXXXXXXXXXXXXXXXXXXXX
FEDERAL EMPLOYER I.D. NO. (OR SSN) XXXXXXXXXXXXX

0 3 0 6 5 0 2 2 0 0 0 0

A. DATE ENTITY WAS ORGANIZED........ MM/DD/YYYY

B. MARK IF THIS RETURN IS........ X AN INITIAL RETURN X A FINAL RETURN

C. INDICATE YOUR ACCOUNTING METHOD........ X CASH X ACCRUAL
X OTHER (specify) XXXXXXXXXXXXXXXXXXXX

D. NUMBER OF PARTNERS IN THIS PARTNERSHIP........ XXXX

E. IS THIS A LIMITED PARTNERSHIP?........ X YES X NO

F. IS THIS A LIMITED LIABILITY COMPANY? .... X YES X NO

G. ARE ANY PARTNERS IN THIS PARTNERSHIP ALSO PARTNERSHIPS OR CORPORATE ENTITIES?........ X YES X NO

H. IS THIS PARTNERSHIP A PARTNER IN ANOTHER PARTNERSHIP?........ X YES X NO

I. WAS THERE A DISTRIBUTION OR TRANSFER OF PROPERTY THAT CAUSED AN ADJUSTMENT OF THE BASIS OF THE PARTNERSHIP'S ASSETS UNDER SEC. 754 (IRC)?........ X YES X NO

J. WAS A D-65 FILED FOR THE PRECEDING YEAR?........ X YES X NO

K. WAS A 2003 UNINCORPORATED BUSINESS FRANCHISE TAX RETURN (FORM D-30) FILED FOR THIS BUSINESS? X YES X NO
IF "YES", PROVIDE NAME UNDER WHICH RETURN WAS FILED ____________________

L. HAVE YOU FILED ANNUAL FEDERAL INCOME TAX INFORMATION RETURN FORMS 1099 AND 1096 ?........ X YES X NO

M. DID YOU WITHHOLD D.C. INCOME TAX FROM THE WAGES OF YOUR EMPLOYEES DURING 2003?........ X YES X NO
IF "NO",STATE REASON ... XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

N. DURING 2003, HAS THE IRS MADE OR PROPOSED ANY ADJUSTMENTS TO YOUR FORM 1065, OR DID YOU FILE ANY AMENDED RETURNS WITH THE IRS? .... X YES X NO

IF "YES", SUBMIT A SEPARATE DETAILED EXPLANATION AND AN AMENDED D-65 RETURN 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 this return, to the best of my knowledge, is correct. Declaration of paid preparer is based on all the information available to the preparer.

PLEASE SIGN HERE

____________________ PARTNER OR MEMBER'S SIGNATURE
MM/DD/YYYY DATE
XXXXXXXXX Paid Preparer's, FEIN, SSN or PTIN

____________________ PREPARER'S SIGNATURE (If other than taxpayer)
MM/DD/YYYY DATE

PAID PREPARER ONLY

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
FIRM NAME

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
FIRM ADDRESS