

Form 1065-B Department of the Treasury Internal Revenue Service	Annual Income Return for Electing Large Partnerships For calendar year or tax year period beginning _____ and ending _____	OMB No. Tax Year: _____
Name of Partnership Number, Street, and Room or Suite No. City or Town, State, and ZIP Code		A. Employer Identification Number _____ B. Date Business Started _____ C. Total Assets _____

PART I - TAXABLE INCOME (LOSS) FROM PASSIVE LOSS LIMITATION ACTIVITIES

1a	Gross receipts or sales		
1b	Returns and allowances		
1c	Subtract line 1b from line 1a		
2	Cost of goods sold		
3	Gross profit (subtract line 2 from line 1c)		
4	Ordinary income (loss) from other partnerships, estates, and trusts		
5	Net farm profit (loss)		
6	Net gain (loss) from Form 4797, Part II, line 17		
7	Other income (loss)		
8	Total income (loss). Combine lines 3 through 7		
9	Salaries and wages (other than to partners)		
10	Guaranteed payments to partners		
11	Repairs and maintenance		
12	Bad debts		
13	Rent		
14	Taxes and licenses		
15	Interest		
16	Depreciation		
17	Depletion		
18	Retirement plans, etc.		
19	Employee benefit programs		
20	Other deductions		
21	Total deductions. Add lines 9 through 20		
22	Taxable income (loss) from passive loss limitation activities. Subtract line 21 from line 8		

PART II - TAXABLE INCOME (LOSS) FROM OTHER ACTIVITIES

1	Interest income		
2	Dividends		
3	Royalties		

4	Net capital gain (loss)		
5	Other income (loss) from other activities		
6	Total income (loss) from other activities. Add lines 1 through 5		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of general partner or limited liability company member	Date	Title

Paid Preparer Use Only

Preparer's signature	Date	PTIN

Firm's name (or yours if self-employed)	Firm's EIN	Phone no.