Form **1065** Department of the Treasury Internal Revenue Service	**U.S. Return of Partnership Income** For calendar year or tax year beginning _____, and ending _____ **Go to www.irs.gov/Form1065 for instructions and the latest information.**	**OMB No. 1545-0123** **20__**

Name of partnership **Number, street, and room or suite no. If a P.O. box, see instructions.** **City or town, state or province, country, and ZIP or foreign postal code**	**A** Principal business activity	**D** Employer identification number
	B Principal product or service	**E** Date business started
	C Business code number	**F** Total assets (see instructions) $
	G Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return (6) ☐ Technical termination	

H Check accounting method: (1) ☐ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____	**I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year:	**J** Check if Schedules C and M-3 are attached: ☐

Income (see instructions for limitations on deductions)			
1a	Gross receipts or sales		
b	Returns and allowances (attach Form 8990 if applicable)		
c	Subtract line 1b from line 1a		
2	Cost of goods sold (attach Form 1125-A)		
3	Gross profit. Subtract line 2 from line 1c		
4	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)		
5	Net farm profit (loss) (attach Schedule F (Form 1040))		
6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		
7	Other income (loss) (attach statement)		
8	**Total income (loss). Combine lines 3 through 7**		

Deductions (see instructions for limitations on deductions)			
9	Salaries and wages (other than to partners) (less employment credits)		
10	Guaranteed payments to partners		
11	Repairs and maintenance		
12	Bad debts		
13	Rent		
14	Taxes and licenses		
15	Interest (see instructions)		
16a	Depreciation (if required, attach Form 4562)		
b	Less depreciation claimed on Form 1125-A and elsewhere on return		
17	Depletion (Do not deduct oil and gas depletion.)		
18	Retirement plans, etc.		
19	Employee benefit programs		
20	Other deductions (attach statement)		
21	**Total deductions. Add the amounts shown in the far right column for lines 9 through 20**		
22	**Ordinary business income (loss). Subtract line 21 from line 8**		

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. Declaration of preparer (other than partner) is based on all information of which preparer has any knowledge.

Signature of partner or member	Date	Title
Paid Preparer's Signature	Date	PTIN
Firm's Name	Firm's EIN / Address	