Form 1065 Department of the Treasury Internal Revenue Service	**U.S. Return of Partnership Income** For calendar year or tax year beginning fiscal year details	20 ___

A. Principal business activity		Name of partnership	
B. Principal product or service		Number, street, and room or suite no. If a P.O. box, see instructions.	
C. Business code number		City or town, state or province, country, and ZIP or foreign postal code	
D. Employer identification number	E. Date business started	F. Total assets (see instructions)	G. Gross receipts (see instructions)

H Check accounting method: ☐ Cash ☐ Accrual ☐ Other

I Number of Schedules K-1 attached: _____

	INCOME
1a	Gross receipts or sales
b	Returns and allowances (less)
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
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
16a	Depreciation (if required, attach Form 4562)
b	Depreciation claimed on Form 1125-A and elsewhere on return (less)
c	Subtract line 16b from line 16a
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 lines 9 through 20**
22	**Ordinary business income (loss). Subtract line 21 from line 8**

Sign Here

Signature of partner or member	Date	Title	Phone number

Paid Preparer Use Only

Preparer's signature	Date	PTIN
Firm's name		Firm's EIN