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.**	**20** **OMB No. 1545-0123**

Name of partnership

A Principal business activity

B. Principal product or service

Number, street, and room or suite no. (If a P.O. box, see instructions.)

C. Business code number

D. Employer identification number

City or town, state or province, country, and ZIP or foreign postal code

E. Date business started

F. Total assets (see instructions)

G. Check applicable boxes:

- ☐ Initial return
- ☐ Final return
- ☐ Name change
- ☐ Address change
- ☐ Amended return
- ☐ Technical termination

H. Check accounting method:

- ☐ Cash
- ☐ Accrual
- ☐ Other (specify): .....

I. Number of Schedules K-1 attached to this return: .....

INCOME (LOSS)		
1a	Gross receipts or sales	
b	Returns and allowances (subtract line 1b from 1a)	
2	Cost of goods sold (page 2, line 8)	
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 (see instructions)	
16a	Depreciation (if required, attach Form 4562)	
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**	

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 Name	**Preparer's Signature**	**Date**	**PTIN**

Firm's Name	**Firm's Address**	**Firm's EIN**	**Phone No.**