

FORM LLC-1065

Department of the Treasury
Internal Revenue Service

U.S. RETURN OF PARTNERSHIP INCOME

For Limited Liability Companies (LLCs) Filing as Partnerships

For calendar year _____, or tax year beginning _____,
and ending _____

OMB No.

20____

Name of Limited Liability Company Number, street, and room or suite no. City or town, state or province, country, and ZIP or foreign postal code	A. Employer identification number (EN)			
	B. Principal business activity			
	C. Principal product or service			
	D. Date LLC formulated			
E Check applicable boxes:	<input type="checkbox"/> Initial return	<input type="checkbox"/> Final return	<input type="checkbox"/> Name change	<input type="checkbox"/> Address change
F. Number of Partners:		G. Check if LLC is a: <input type="checkbox"/> Member-Managed <input type="checkbox"/> Manager-Managed		

INCOME		
No.	Income Description	Amount (USD)
1a	Gross receipts or sales	
1b	Returns and allowances (subtract from 1a)	
1c	Balance (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) (attach statement)	
8	Total Income (Loss) (add lines 3 through 7)	

DEDUCTIONS (LIMITATIONS MAY APPLY)		
No.	Deduction Description	Amount (USD)
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 (less portion claimed elsewhere)	
17	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)	

SIGNATURES

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 or member) is based on all information of which preparer has any knowledge.

Signature of managing member or partner

Date

Title

Signature of paid preparer

Date

PTIN

Firm's EIN