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.**	**2023** OMB No. 1545-0123

Name of partnership	**A. Principal business activity**	**D. Employer identification number**
Number, street, and room or suite no. If a P.O. box, see instructions.	**B. Principal product or service**	**E. Date business started**
City or town, state or province, country, and ZIP or foreign postal code	**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

INCOME

1a	Gross receipts or sales	
b	Returns and allowances (less)	
c	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). Combine lines 3 through 7**	

DEDUCTIONS (SEE INSTRUCTIONS FOR LIMITATIONS)

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	
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: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements.

Signature of partner or member	**Date**	**Title**
Paid Preparer's Signature	**Date**	**PTIN**
Firm's name		**Firm's EIN**