

FORM 1065-DP

Tax Year

INCOME TAX RETURN FOR DOMESTIC PARTNERSHIPS

For calendar year or tax year beginning _____ and ending _____

Employer ID Number (EN)

Name of Domestic Partnership

Date Business Started

Number, Street, and Room or Suite Number

Total Assets

City, State, and ZIP Code

Principal Business Activity

Type of Return: Initial Return Final Return Amended Return Name Change Address Change**PART I – INCOME**

1a	Gross receipts or sales	
b	Less returns and allowances	
2	Cost of goods sold	
3	Gross profit (subtract line 2 from line 1a)	
4	Ordinary income (loss) from other partnerships, estates, and trusts	
5	Net farm profit (loss)	
6	Net gain (loss) from Form 4797	
7	Other income (loss) (attach schedule)	
8	Total income (loss) (combine lines 3 through 7)	

PART II – DEDUCTIONS

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	
17	Retirement plans, etc.	
18	Employee benefit programs	
19	Other deductions (attach schedule)	
20	Total deductions (add lines 9 through 19)	
21	Ordinary business income (loss) (subtract line 20 from line 8)	

PART III – PARTNERS' DISTRIBUTIVE SHARE ITEMS

22a	Ordinary business income (loss) (amount from line 21)	
b	Net rental real estate income (loss)	
c	Other net rental income (loss)	
23	Guaranteed payments	
24	Interest income	
25	Dividends	
26	Royalties	
27	Net short-term capital gain (loss)	
28	Net long-term capital gain (loss)	
29	Section 179 expense deduction	
30	Other items (attach schedule)	

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.

Signature of partner or member	Date	Title	PTIN
Signature of paid preparer	Date	Preparer's Firm Name	Firm EIN