

Form 1065-B U.S. Return of Income for Electing Large Partnerships	Department of the Treasury - Internal Revenue Service For calendar year _____ or tax year beginning _____, and ending _____	OMB No. Employer Identification Number
Name of Partnership Number, street, and room or suite no. If a P.O. box, see instructions. City or town, state or province, country, and ZIP or foreign postal code		A. Date business started B. Total assets (see instructions) \$
C. Principal business activity	D. Principal product or service	E. Business code number
F. Check applicable boxes: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Name change <input type="checkbox"/> Address change		

PART I - TAXABLE INCOME OR LOSS FROM PASSIVE LOSS LIMITATION ACTIVITIES

Line	Income	Amount
1a	Gross receipts or sales	
1b	Returns and allowances (less)	
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	
7	Other income (loss)	
8	Total income (loss). Combine lines 3 through 7	

Line	Deductions (see instructions for limitations)	Amount
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	Depletion	

Line	Deductions (see instructions for limitations)	Amount
18	Retirement plans, etc.	
19	Employee benefit programs	
20	Other deductions	
21	Total deductions. Add lines 9 through 20	
22	Taxable income (loss) from passive loss limitation activities. Subtract line 21 from line 8	

PART II - TAX AND PAYMENTS

23	Total tax (from Schedule D, Part IV or alternative calculation)	
24	Payments: Tax paid with Form 7004	
25	Other payments and credits	
26	Total payments and credits. Add lines 24 and 25	
27	Tax due. If line 23 is larger than line 26, enter amount owed	
28	Overpayment. If line 26 is larger than line 23, enter amount overpaid	

Sign Here: 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 officer) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member manager

Date

Title

Paid Preparer's Signature

Date

PTIN

Firm's name (or yours if self-employed) and address

Firm's EIN