

FORM 1065-PTP

U.S. Return of Publicly Traded Partnership Income

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

NAME OF PUBLICLY TRADED PARTNERSHIP	EMPLOYER IDENTIFICATION NUMBER (EIN)
	DATE BUSINESS STARTED
	TOTAL ASSETS (SEE INSTRUCTIONS)
NUMBER, STREET, AND ROOM OR SUITE NO. (IF P.O. BOX, SEE INSTRUCTIONS)	CUSIP NUMBER
CITY OR TOWN, STATE, AND ZIP CODE	TRADING SYMBOL

ACTIVITY & STATUS (CHECK ALL THAT APPLY)

☐ Initial Return ☐ Final Return ☐ Name Change ☐ Address Change ☐ Amended Return

INCOME

No.	Income Category	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) (attach statement)	
8	Total Income (Loss) (combine lines 3 through 7)	

DEDUCTIONS

No.	Deduction Category	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	

No.	Deduction Category	Amount (\$)
15	Interest	
16	Depreciation (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)	

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 General Partner or Managing Member

Date

Title

Phone Number

Paid Preparer's Signature

Date

PTIN

Firm EIN