



Business Name: \_\_\_\_\_



Taxpayer Identification Number: \_\_\_\_\_

**Schedule F - DC apportionment factor (See instructions.)**

Round cents to the nearest dollar. If an amount is zero, leave the line blank.

Carry all factors to six decimal places

1. **SALES FACTOR:** All gross receipts of the partnership other than gross receipts from items of non-business income.

Column 1 TOTAL

Column 2 in DC

DC Apportionment Factor

\$ \_\_\_\_\_ .00 \$ \_\_\_\_\_ .00

(Column 2 divided by Column 1)

2. **DC APPORTIONMENT FACTOR:** Column 2 divided by Column 1.

\_\_\_\_\_

A. Date entity was organized (MMYY) \_\_\_\_\_

B. Fill in your accounting method  cash  accrual  other (specify) \_\_\_\_\_

C. Number of partners in this partnership \_\_\_\_\_

D. Is this a limited partnership?  YES  NO

E. Is this a limited liability company?  YES  NO

F. Are any partners in this partnership also partnerships or corporate entities?  YES  NO

G. Is this partnership a partner in another partnership?  YES  NO

H. Was there a distribution or transfer of property that caused an adjustment of the basis of the partnership's assets under IRC Section 754?  YES  NO

I. Was a D-65 filed for the preceding year?  YES  NO

J. Was a 2023 DC unincorporated business franchise tax return (Form D-30) filed for this business? If "YES," enter the name under which the return was filed.  YES  NO

K. Did you file and pay an annual ballpark fee return?  YES  NO

L. Have you filed annual federal income tax information return Forms 1099 and 1096?  YES  NO

M. Did you withhold DC income tax from the wages of your DC employees during 2023?  YES  NO

If "NO," state reason: \_\_\_\_\_

N. During 2023, has the IRS made or proposed any adjustments to your federal partnership Form 1065, or did you file amended returns with the IRS?  YES  NO

If "YES," submit a separate, detailed explanation and an amended D-65 return reflecting the adjustments to: Office of Tax and Revenue, 1101 4th Street, SW, FL4, Washington DC 20024.

- Attach a copy of the Form 1065 with the K-1 and any other schedules you filed.
- Attach a schedule showing the pass-through distribution of income to all members of the partnership.
- If you are filing Form D-65, instead of Form D-30, attach an explanation.

Third party designee To authorize another person to discuss this return with OTR, fill in here  and enter the name and phone number of that person. See instructions.

Designee's name \_\_\_\_\_

Phone number \_\_\_\_\_

PLEASE SIGN HERE

Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on all information available to the preparer.

Partner or member's signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Telephone number of person to contact

PAID PREPARER ONLY

Preparer's signature (if other than taxpayer) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Paid Preparer's Tax Identification Number (PTIN)

Firm name \_\_\_\_\_

If you want to allow the paid preparer to discuss this return with the Office of Tax and Revenue fill in the oval.

Firm address \_\_\_\_\_

Email Address \_\_\_\_\_