

FORM
65

**OREGON PARTNERSHIP
RETURN OF INCOME**

2001

For calendar year 2001 or fiscal year ending: _____

For Office Use Only

Date Received

- **No payment is due with this return.**
- Please type or print plainly and answer all the questions below.

Name of Partnership			Federal Employer Identification Number
Street Address			Oregon Business Identification Number
City	State	ZIP code	Date Activities Started in Oregon

- Type of entity: Partnership Limited Liability Company Electing Large Partnership
 Limited Partnership Limited Liability Partnership

1. Requirement to file Oregon Partnership Return.

Yes No

- A. Does the partnership have income derived from sources in Oregon?
B. Does the partnership have Oregon resident partners?

If you answered **yes** to A or B, you must file an Oregon partnership return. Attach a complete copy of your federal return to **this** return. See question 2 to see if you need to include federal Schedule K-1s.

2. Attaching copies of partners' federal Schedule K-1s.

- A. Did the partnership have a net profit for the year (including capital gains and losses)?
B. Were the partners' profit/loss sharing percentages the same throughout the year?
C. Were all amounts shown on federal Schedule K (including guaranteed payments) and Oregon modifications divided according to each partner's profit sharing percentage?
D. Did the partnership have more than 10 partners at any time during the year?

- If A, B, and C were **all answered yes**; or
- If you answered **yes** to D, **don't** attach copies of the federal Schedule K-1s to your return. Instead, attach a list showing each partner's name, Social Security or Federal Identification number, address, and profit/loss sharing percentage.

3. Prior year return and final return.

- A. Was a 2000 Oregon partnership return filed?
If **no**, give the reason. If filed using a different name, give the name it was filed under.

- B. Is this the final return for the partnership?
If yes, **attach a schedule** showing disposition and distribution of all partnership assets and liabilities. Show each asset's adjusted basis and fair market value.

4. Changes to a prior year partnership return during this tax year.

- A. Did an IRS audit change a prior year return during the 2001 tax year?
B. Was an amended federal return filed for a prior year?

If you answered **yes** to A or B, what tax years were changed? _____. Send us a copy of the federal revenue agent's report or the amended return separately from this return if not previously sent.

5. Business inside and outside of Oregon with out-of-state partners.

- A. Did the partnership have business activity both inside and outside of Oregon during the year?
B. Did the partnership have any partners who were not Oregon residents during the year?

If you answered yes to **both A and B**, use Schedule AP-1 from Oregon Form 20 or equivalent to figure your Oregon source income. Attach the schedule to this return. To order forms, see page 2 of the instructions.

6. Oregon tax credits.

- Are any partners eligible for Oregon tax credits based on costs the partnership paid or incurred?
If yes, identify the tax credits. _____

7. Other taxing authorities.

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| A. Do partnership employees perform services in the Tri-Met Transportation District? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Do any partners have self-employment income from the partnership in the Tri-Met Transportation District? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Do partnership employees perform services in the Lane Transit District? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Do any partners have self-employment income from the partnership in the Lane Transit District? | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer is **yes** to A, B, C, or D, you must file the appropriate return(s). See page 2 of the instructions.

8. Who has the partnership books?

Name		Telephone Number ()	
Street Address	City	State	ZIP Code

SCHEDULE I—Oregon modifications to Federal Partnership Income. Attach schedules to explain and figure modifications.

ADDITIONS—Items not included in federal partnership income taxable to Oregon.

1. Interest on government bonds of other states	1		
2. Gain on property transactions not deferred for Oregon	2		
3. Depreciation, see instructions on page 2 for more information	3		
4. Recognition of previously deferred capital gain	4		
5. Depletion in excess of basis	5		
6. Gain or loss on sale of assets when Oregon basis is different	6		
7. Other additions. Identify	7		

SUBTRACTIONS—Items included in federal partnership income **not taxable** to Oregon.

8. U.S. Government Interest	8		
9. Gain on property transactions already taxed by Oregon	9		
10. Depreciation, see instructions on page 2 for more information	10		
11. Work opportunity credit	11		
12. Gain or loss on sale of assets when Oregon basis is different	12		
13. Other subtractions. Identify	13		

Note: Generally, a partner's share of each Oregon modification is figured by using the partner's profit/loss sharing percentage. A partner's share of each modification must be reported to the partner on Schedule K-1 or an equivalent form.

Attach a copy of your 2001 federal Partnership return.

Under penalties for false swearing, I declare that I have examined this return, including accompanying schedules and statements. To the best of my knowledge and belief it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

SIGN HERE	<input checked="" type="checkbox"/> Your signature _____ Date _____	<input checked="" type="checkbox"/> Signature of preparer other than taxpayer _____ License No. _____
	Street Address _____	Street Address _____
	City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____

Tear off the instructions and file the return on or before the 15th day of the fourth month after the close of the partnership's tax year.

MAIL TO:
 Oregon Department of Revenue
 PO Box 14260
 Salem OR 97309-5060

Detach instructions before mailing