

2019 Form OR-65

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(Rev. 08-02-19, ver. 01)

Oregon Department of Revenue



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|-----------------|
| Office use only |
| Date received |
| |

Oregon Partnership Return of Income

Submit original form—do not submit photocopy.

| | | |
|--|-------------------------------|----------------------------|
| For calendar year 2019, or fiscal or short year | Beginning: Mo Day Year | Ending: Mo Day Year |
|--|-------------------------------|----------------------------|

Amended return

Type or print clearly and answer all the questions below.

| | | | | |
|---|-------|----------|---|----------|
| Name of partnership | | | Federal employer identification number (FEIN) | |
| Partnership mailing address | | | Partnership phone | |
| City | State | ZIP code | Date activities started in Oregon | |
| Name of partner who has the partnership books | | | Partner contact phone | |
| Partner mailing address | | City | State | ZIP code |

Type of entity:

- Partnership
 Limited partnership
 Limited liability company
 Limited liability partnership

Check all applicable boxes:

- (a) Final return
 (b) Initial return
 (c) Amended due to federal audit or adjustments
 (d) Name change _____
 (e) Accounting period change
 (f) Extension filed—extension due date: Mo Day Year _____
 (g) Form OR-24 is included
 (h) You have federal Form 8886, a REIT, or a RIC

Yes

1. Doing business in Oregon.

A. Did the partnership do business in Oregon during the year?1A.

2. Requirement to file Oregon partnership return.

A. Does the partnership have income or loss derived from sources in Oregon?2A.

B. Does the partnership have Oregon resident partners?2B.

3. Partnership minimum tax.

- A. **Tax liability.** Did you answer **yes** to question 1 **and** question 2A and/or 2B?
If **yes**, enter \$150; if no, enter -0- (see instructions)3A. \$

| |
|-----|
| .00 |
|-----|
- B. **Payments.** Enter prepayments already made3B. \$

| |
|-----|
| .00 |
|-----|
- C. **Tax due.** If line 3A is more than line 3B, you have tax to pay. Line 3A minus line 3B3C. \$

| |
|-----|
| .00 |
|-----|
- D. **Refund.** If line 3B is more than line 3A, you have a refund. Line 3B minus line 3A3D. \$

| |
|-----|
| .00 |
|-----|

4. Partner information.

A. Did the partners' profit/loss sharing percentages change during the year?4A.

B. Were the Oregon modifications divided according to each partner's profit sharing percentage?4B.

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Yes

4. Partner information. (Continued)

- C. Does the partnership have corporate partners? 4C. []
D. Enter the number of federal Schedules K-1 issued to all partners: Total 4D. [] Oregon residents 4D. [] Nonresidents 4D. []
E. If there are nonresident partners, enter how many partners were included on a Form OR-OC to report this income: 4E. []

5. Prior year returns and federal audits.

- A. Was a 2018 Oregon partnership return filed? 5A. []
If not, why?: _____
B. Was an amended federal return filed for a prior year? 5B. []
If yes, what tax year(s) were changed? _____
C. Did a federal audit or adjustments change a prior year or the current year tax return? 5C. []
If yes, what tax year(s) were changed? _____
D. Did the partnership make an opt-out election under Internal Revenue Code (IRC) Section 6221(b) for tax year 2019?... 5D. []
If "No," complete the following information (see instructions).

Federal partnership representative contact information

Table with 4 columns: First name, Initial, Last name, Contact phone. Includes fields for Entity name and Contact phone.

6. Business inside and outside of Oregon.

- A. Did the partnership have business activity both inside and outside of Oregon during the year? 6A. []
If you answered yes, use the Oregon apportionment percentage from Schedule OR-AP to figure Oregon source income. Include the schedule with your return.

7. Other taxing authorities.

- A. Do partnership employees perform services in the TriMet Transit District? 7A. []
B. Do any partners have self-employment income from the partnership in the TriMet Transit District? 7B. []
C. Do partnership employees perform services in the Lane Transit District? 7C. []
D. Do any partners have self-employment income from the partnership in the Lane Transit District? 7D. []
If you answered yes to 7B and/or 7D, Form OR-TM and/or Form OR-LTD must be filed by the individual partners or the partnership may elect to file on the partners' behalf.

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Schedule I—Oregon modifications to federal partnership income and credits passed through to partners. List the name, numeric code, and amount for each addition, subtraction, and credit (see instructions). Include schedules to explain and compute the modifications and credits.

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

| Additions—Items not included in federal partnership income which are taxable to Oregon. | | Code | Amount | |
|--|-------|---------------------------|---------|--------------------------|
| 8. | _____ | 8a. <input type="text"/> | 8b. \$ | <input type="text"/> .00 |
| 9. | _____ | 9a. <input type="text"/> | 9b. \$ | <input type="text"/> .00 |
| 10. | _____ | 10a. <input type="text"/> | 10b. \$ | <input type="text"/> .00 |
| 11. | _____ | 11a. <input type="text"/> | 11b. \$ | <input type="text"/> .00 |

| Subtractions—Items included in federal partnership income that are not taxable to Oregon. | | Code | Amount | |
|--|-------|---------------------------|---------|--------------------------|
| 12. | _____ | 12a. <input type="text"/> | 12b. \$ | <input type="text"/> .00 |
| 13. | _____ | 13a. <input type="text"/> | 13b. \$ | <input type="text"/> .00 |
| 14. | _____ | 14a. <input type="text"/> | 14b. \$ | <input type="text"/> .00 |
| 15. | _____ | 15a. <input type="text"/> | 15b. \$ | <input type="text"/> .00 |

| Credits—Oregon tax credits earned by the partnership that can be passed through to the partners. | | Code | Amount | |
|--|-------|---------------------------|---------|--------------------------|
| 16. | _____ | 16a. <input type="text"/> | 16b. \$ | <input type="text"/> .00 |
| 17. | _____ | 17a. <input type="text"/> | 17b. \$ | <input type="text"/> .00 |
| 18. | _____ | 18a. <input type="text"/> | 18b. \$ | <input type="text"/> .00 |
| 19. | _____ | 19a. <input type="text"/> | 19b. \$ | <input type="text"/> .00 |

Under penalty of false swearing, I declare that the information in this return and any attachments is true, correct, and complete.

| | | | | | |
|---|--|-----------------------------|----------------------------|--------------|----------------------------|
| Sign here <input checked="" type="checkbox"/> X | Signature of general partner or LLC member | | Signature of paid preparer | | License number of preparer |
| | Date | | Date | Phone number | |
| Print name of general partner or LLC member | | Print name of paid preparer | | | |
| Title of general partner or LLC member | | Address of paid preparer | | | |
| | | City | State | ZIP code | |

Make your payment

- **Online payments:** You may make payments online at www.oregon.gov/dor.
- **Mailing your payment:** We accept checks, money orders, and cashier's checks. Make your check or money order payable to the Oregon Department of Revenue. Write your daytime phone number, FEIN, and "2019 Oregon Form OR-65" on your check or money order. Send your payment in the same envelope as your return. Don't mail cash. Don't use Form OR-65-V if sending a payment with your return.

Include a complete copy of the 2019 federal partnership return and required schedules as indicated in the instructions.