

**2019 CITY OF WALKER W-1065
PARTNERSHIP INCOME TAX RETURN**

For calendar year 2019 or other taxable period beginning _____, 2019 and ending _____, _____.

IDENTIFICATION AND INFORMATION						
PLEASE TYPE OR PRINT	Name of Partnership		Federal Employer Identification Number			
	Number and Street		Type of Return - Check one <input type="checkbox"/> Information only <input type="checkbox"/> Payment on behalf of all partners			
	City, Town or Post Office	State	Zip Code	Date Business Started		
	<input type="checkbox"/> Initial Walker Return <input type="checkbox"/> Final Walker return		Number of Employees on December 31, 2019			
ATTACH A COPY OF PAGES 1-5 OF FEDERAL FORM 1065			Number of Partners			
			Telephone number			
NAME, HOME ADDRESS, SOCIAL SECURITY NUMBER AND RESIDENCY STATUS OF EACH PARTNER (Place a check mark in Column A or B or fill in Column C)			SOCIAL SECURITY OR FEDERAL IDENTIFICATION NUMBER	COLUMN A RESIDENT OR CORPORATION FULL YEAR	COLUMN B NON- RESIDENT FULL YEAR	COLUMN C IF RESIDENT PART OF YEAR, INDICATE TIME PERIOD
(a) _____						
(b) _____						
(c) _____						
(d) _____						

Note 1. The partnership may pay tax for partners only if it pays for ALL partners subject to the tax. If the partnership elects to use this return as an information return, complete page 2 and fill in Column 1 below; It will not be necessary to fill in Columns 2 through 6 since a computation of tax need not be made.

Note 2. A partner who has other income in addition to the partnership income must file an individual return and show on such return the amounts entered below in Columns 1, 2 and 6. A partner who is claiming his or her exemption as a member of another partnership is NOT entitled to claim the exemption in this partnership return in Column 3

ALL PARTNERSHIPS	TAX PAYMENT BY PARTNERSHIP (If information return only, disregard this section)						
	COLUMN 1 TOTAL INCOME (From Page 2, Schedule C, Column 7) (See Note 1 above)	COLUMN 2 ALLOWABLE INDIVIDUAL DEDUCTIONS (See Instructions)	COLUMN 3 EXEMPTIONS (See Note 2, above, and Instructions)	COLUMN 4 TAXABLE INCOME (Column 1 less Columns 2 and 3)	COLUMN 5 (a) RESIDENT TOTAL TAX (Multiply Column 4 by .01)	COLUMN 5 (b) NON-RESIDENT TOTAL TAX (Multiply Column 4 by .005)	COLUMN 6 CREDITS (See Instructions)
1. (a)	\$	\$	\$	\$	\$	\$	\$
2. (b)							
3. (c)							
4. (d)							
5. (e)							
6. Totals	\$	\$	\$	\$	\$	\$	\$
7. Total tax (Add Line 6 of Column 5a and Column 5b)						\$	

PAYMENTS AND CREDITS		TAX DUE OR OVERPAYMENT	
8. a. Tax paid with tentative return			
b. Payments and credits on 2019 Declaration of Estimated Walker Income Tax	\$		
c. Other Credits - explain in attached statement	\$		
9. TOTAL - Add Lines 8a, b and c. (This total must agree with the total of Column 6 above)	\$		
10. If tax (Line 7) is larger than payments (Line 9) enter BALANCE DUE (PAY BALANCE DUE IN FULL WITH THIS RETURN. MAKE REMITTANCE PAYABLE TO: WALKER CITY TREASURER)	\$		
11. If payments (line 9) are larger than tax (line 7), enter overpayment	\$		
12. Amount of overpayment on line 11 to be applied to 2020 Estimated Tax	\$		
13. Amount of overpayment on line 11 to be refunded	\$		
14. Amount of overpayment on line 11 to be refunded via direct deposit to the following account:			
a. Routing number			b. Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
c. Account number			\$
15. May the Income Tax Department discuss this return with the preparer shown below?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Do not write in space below	
File	Items
Code	
Auditor	
Approval	

I declare that I have examined this return (including accompanying schedules) and 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 _____ (Date) _____ (Signature of partner or member) _____ (Title) _____ (Phone number)

SIGN HERE _____ (Date) _____ (Individual or firm signature of preparer) _____ (Address) _____ (Phone number)

SCHEDULE A - ALLOCABLE PARTNERSHIP ORDINARY BUSINESS INCOME

1. ORDINARY INCOME (OR LOSS) from Page 1, Line 22, U.S. Partnership Return of Income, Form 1065 (ATTACH COPY OF PAGES 1-5 FEDERAL 1065)	
2. Add City of Walker income tax, if deducted in determining income on Federal Form 1065	
3. Add interest and other costs incurred in connection with the production of income exempt from Walker income tax	
4. Deduct Sec. 179 depreciation	
5. TOTAL adjusted ordinary business income (Add Lines 1, 2, and 3 and subtract line 4)	

SCHEDULE B - NON-BUSINESS INCOME AND EXCLUSIONS

ATTACH COPY OF FEDERAL SCHEDULE K (1065) ATTACH SCHEDULES TO EXPLAIN ALL EXCLUSIONS	Federal Form 1065 Reference	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
		NON-BUSINESS INCOME	EXCLUDABLE RESIDENT PARTNERS PORTION OF COLUMN 1	TAXABLE RESIDENT PARTNERS PORTION OF COLUMN 1	EXCLUDABLE NONRESIDENT PARTNERS PORTION OF COLUMN 1	TAXABLE NONRESIDENT PARTNERS PORTION OF COLUMN 1
INTEREST AND DIVIDENDS						
1. Interest income	Sch. K, Line 5					
2. Dividend income	Sch. K, Line 6a					
SALE OR EXCHANGE OF PROPERTY (SEE INSTRUCTIONS)						
3. Net short term capital gain (loss)	Sch. K, Line 8					
4. Net long term capital gain (loss)	Sch. K, Line 9a					
5. Net Section 1231 gain (loss)	Sch. K, Line 10					
RENTS AND ROYALTIES (IF NON-BUSINESS INCOME INCLUDES RENTAL REAL ESTATE, ATTACH COPY OF FEDERAL FORM 8825)						
6. Net income (loss) from rental real estate activities	Sch. K, Line 2					
7. Net income (loss) from other rental activities	Sch. K, Line 3c					
8. Royalty Income	Sch. K, Line 7					
OTHER INCOME						
9. Other Income	Sch. K, Line 11					
10. TOTALS (Add lines 1 through 9)				*		*

SCHEDULE C - DISTRIBUTION TO PARTNERS

	COLUMN 1 ADJUSTED BUSINESS INCOME (Schedule A, Line 5)	COLUMN 2 GUARANTEED PAYMENTS TO PARTNERS (Fed. 1065, line 10)	COLUMN 3 INCOME SUBJECT TO ALLOCATION (Add Column 1 and Column 2)	COLUMN 4 NONRESIDENT ALLOCATION PERCENTAGE PER SCH. D (Enter 100% for resident partners)	COLUMN 5 ALLOCATED BUSINESS INCOME (Column 3 times % in Column 4)	COLUMN 6a RESIDENT PARTNER'S NON-BUSINESS INCOME (Total equals Sch. B Column 3, Line 10)	COLUMN 6b NONRESIDENT PARTNER'S NON-BUSINESS INCOME (Total equals Sch. B Column 5, Line 10)	COLUMN 7 TOTAL INCOME (Add Columns 5, 6a and 6b) (Enter here and on page 1, column 1)
(a)				%				
(b)				%				
(c)				%				
(d)				%				
(e)				%				
Totals								

SCHEDULE D - BUSINESS ALLOCATION FORMULA

	COLUMN 1 LOCATED EVERYWHERE	COLUMN 2 LOCATED IN WALKER	COLUMN 3 PERCENTAGE (Column 2 divided by Column 1)
1. a. Average net book value of real and tangible personal property			
b. Gross annual rent paid for real property only, multiplied by 8			
c. TOTALS (Add Lines 1a and 1b)			%
2. Total wages, salaries, commissions and other compensation of all employees			%
3. Gross receipts from sales made or services rendered			%
4. Total Percentages - add the percentages computed in Column 3, Lines 1c, 2 and 3 (A percentage must be computed for each line)			%
5. Business Allocation Percentage (Divide Line 4 by the number of factors) Enter here and on Schedule C, Column 4 (See note below)			%
NOTE 3. In determining the business allocation percentage (Line 5), a factor shall be excluded from the computation only when such factor does not exist anywhere insofar as the taxpayer's business operation is concerned, in such cases, the sum of the remaining percentages shall be divided by the number of factors actually used.			
In the case of a taxpayer authorized by the Income Tax Administrator to use one of the special formulae, attach an explanation and use the lines provided below:			
a. Numerator		c. Percentage (a divided by b) Enter here and on Schedule C, Column 4	
b. Denominator		d. Date of Administrator's approval letter	

SCHEDULE E - RENTAL REAL ESTATE

If the business activity of this partnership includes rental of real estate, indicate below the complete address and the gain or loss of each property.

PROPERTY	STREET ADDRESS	GAIN OR LOSS	PROPERTY	STREET ADDRESS	GAIN OR LOSS
A			D		
B			E		
C			TOTALS	(ATTACH COPY OF FEDERAL FORM 8825)	