FORM

OREGON PARTNERSHIP RETURN OF INCOME

1999

No payment is due with this return.

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		For Office Us	se Only	
For calendar year 1999 or fiscal year ending		Date Received		
• Please type or print plainly and answer all the questions below.				
Name of Partnership		Federal Employer Identification	n Number	
Street Address	Oregon Business Identificatio	Oregon Business Identification Number		
City State	ZIP Code	Date Activities Started in Oreg	gon	
	ed Liability Company ed Liability Partnershi	0	YES	NO
 Requirement to file Oregon Partnership Return. A. Does the partnership have income derived from sources. B. Does the partnership have Oregon resident partners? 				
If you answered yes to A or B, you must file an Oregon part federal return to this return. See question 2 to see if you ne	•	,		
 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 and 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 partr D. Did the partnership have more than 10 partners at an				
 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 rener's name, Social Security or Federal Identification number 		• .		
3. Prior year return and final return.A. Was a 1998 Oregon partnership return filed? If no, give the reason. If filed using a different name,				
B. Is this the final return for the partnership? If yes, attach a schedule showing disposition of all p Show each asset's adjusted basis and fair market val	artnership assets and			
4. Changes to a prior year partnership return during thin A. Did an IRS audit change a prior year return during the B. Was an amended federal return filed for a prior year?	e 1999 tax year?			
If you answered yes to A or B, what tax years were change of the federal revenue agent's report or the amended return				
 Business inside and outside of Oregon with out-of-set A. Does the partnership have business activity both inside B. Does the partnership have any partners who were no 	de and outside of Ore			
If you answered yes to both A and B, use Schedule AP-1 fr Oregon source income. Attach the schedule to this return. T	_			
6. Oregon tax credits. Are any partners eligible for Oregon tax credits based on If yes, identify the tax credits.	costs the partnership	paid or incurred?		

uę	ge 2 – Form 65 1999					YES	NO
	Other taxing authorities. A. Do partnership employees perform service	as in the Tri-Mat Trans	nortation F	Nietrict?			
	B. Do any partners have self-employment inc					_	
,	Transportation District?						
	Do partnership employees perform serviceDo any partners have self-employment inc						片
		·	•				
i th	e answer is yes to A, B, C, or D, you must file	e the appropriate retur	n(s). See p	age 2 of the ins	structions	S.	
3. \	Who has the partnership books?						
Ī	Name		Telephone	Number		7	
			()			
	Street Address (City	State	ZIP Code			
Ĺ						_	
sc	HEDULE I—Oregon modifications to Federa	al Partnership Income.	Attach sch	nedules to expla	ain and fi	gure modif	ication
AD	DITIONS – Items not included in federal pa	irtnership income taxal	ble to Oreg	on.	-		1
	Interest on government bonds of other state				1		
	Gain on property transactions not deferred f Depreciation, see instructions on page 1 for				2		
4.	Recognition of previously deferred capital ga	ain			4		
	Depletion in excess of basis				5		
	Gain or loss on sale of assets when Oregon Other additions. Identify	n basis is different			6 7		
٠.	Circi additions. Identity			-			•
SU	BTRACTIONS - Items included in federal pa	artnership income not	taxable to	Oregon.			
R	U.S. Government Interest				8		
	Gain on property transactions already taxed				9		
10.	Depreciation, see instructions on page 1 for	more information			10		
	Oregon deferral of reinvested capital gain .				11		
	Work opportunity credit				12		
					14		
	•						
Vot	e: Generally, a partner's share of each Orego						
	percentage. A partner's share of each mode equivalent form.	dification must be repo	rted to the	partner on Sch	edule K-	1 or an	
	equivalent lonni.						
	ATTACH: A copy	of your 1999 Federal	Partnersh	nip Return.			

	penalties for false swearing, I declare e, correct, and complete. If prepared b			, , , ,		, ,
SIGN HERE	X Your signature Date		X 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.

Detach Instructions before mailing