

Form **1065**

U.S. Return of Partnership Income

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2020, or tax year beginning _____, 2020, ending _____, 20

2020

► Go to www.irs.gov/Form1065 for instructions and the latest information.

A Principal business activity <u>Land Management</u>	Type or Print	Name of partnership <u>Hallman E Sease Family Limited Partnership</u>	D Employer identification number <u>36-4510583</u>
B Principal product or service <u>Timber & Farming</u>		Number, street, and room or suite no. If a P.O. box, see instructions. <u>PO Box 35</u>	E Date business started <u>10/15/2000</u>
C Business code number <u>113110</u>		City or town, state or province, country, and ZIP or foreign postal code <u>Ehrhardt SC 29081</u>	F Total assets (see instructions) <u>\$ 30,433.</u>

G Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return

H Check accounting method: (1) Cash (2) Accrual (3) Other (specify) ► _____

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ► 2

J Check if Schedules C and M-3 are attached

K Check if partnership: (1) Aggregated activities for section 465 at-risk purposes (2) Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 22 below. See instructions for more information.

Income	1a Gross receipts or sales	1a	<u>59,351.</u>	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a	1c		<u>59,351.</u>
	2 Cost of goods sold (attach Form 1125-A)	2		
	3 Gross profit. Subtract line 2 from line 1c	3		<u>59,351.</u>
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	4		
	5 Net farm profit (loss) (attach Schedule F (Form 1040))	5		
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6		
7 Other income (loss) (attach statement)	7	<u>See Stmt</u>	<u>20,538.</u>	
8 Total income (loss). Combine lines 3 through 7	8		<u>79,889.</u>	
Deductions (see instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)	9		
	10 Guaranteed payments to partners	10		
	11 Repairs and maintenance	11		<u>13,155.</u>
	12 Bad debts	12		
	13 Rent	13		<u>6,067.</u>
	14 Taxes and licenses	14		
	15 Interest (see instructions)	15		<u>1,320.</u>
	16a Depreciation (if required, attach Form 4562)	16a	<u>11,823.</u>	
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		<u>11,823.</u>
	17 Depletion (Do not deduct oil and gas depletion.)	17		
	18 Retirement plans, etc.	18		
19 Employee benefit programs	19			
20 Other deductions (attach statement)	20	<u>See Stmt</u>	<u>69,058.</u>	
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20	21		<u>101,423.</u>	
22 Ordinary business income (loss). Subtract line 21 from line 8	22		<u>-21,534.</u>	
Tax and Payment	23 Interest due under the look-back method—completed long-term contracts (attach Form 8697)	23		
	24 Interest due under the look-back method—income forecast method (attach Form 8866)	24		
	25 BBA AAR imputed underpayment (see instructions)	25		
	26 Other taxes (see instructions)	26		
	27 Total balance due. Add lines 23 through 26	27		
	28 Payment (see instructions)	28		
	29 Amount owed. If line 28 is smaller than line 27, enter amount owed	29		
	30 Overpayment. If line 28 is larger than line 27, enter overpayment	30		<u>0.</u>

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of partner or limited liability company member _____ Date _____

May the IRS discuss this return with the preparer shown below? See instructions. Yes No

Paid Preparer Use Only

Print/Type preparer's name <u>Thomas L. Trantham, RTRP/AFSP</u>	Preparer's signature <u>Thomas L. Trantham, RTRP/AFSP</u>	Date <u>02/28/2021</u>	Check <input checked="" type="checkbox"/> if self-employed PTIN <u>P01086451</u>
Firm's name <u>TRANTHAMS TAX & FINANCIAL SERVICES LLC</u>	Firm's EIN <u>04-3596029</u>		Phone no. <u>(803) 245-7692</u>
Firm's address <u>PO BOX 525 BAMBERG, SC 29003</u>			