

For the calendar year 2006 or  
fiscal year beginning MM,DD,YYYY and ending MM,DD,YYYY.

Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079

|  |                                      |
|--|--------------------------------------|
| CHECK ONE:                             |                                      |
| Calendar year <input type="checkbox"/> | Fiscal year <input type="checkbox"/> |
| CHECK ONE:                             |                                      |
| Original <input type="checkbox"/>      | Amended <input type="checkbox"/>     |
| Employer identification number (EIN)   |                                      |
| AZ transaction privilege tax number    |                                      |

|   |                               |                                    |
|---|-------------------------------|------------------------------------|
| Business telephone number                                 | Please<br>Type<br>or<br>Print | Name                               |
|   |                               | Number and street or PO Box        |
|   |                               | City, or town, state, and ZIP code |
| Business activity code number<br>(from federal Form 1065) |                               |                                    |

Check box if:  This is a first return  Name change  Address change

- A DBA \_\_\_\_\_
- B Will a composite return be filed on Form 140NR?  Yes  No
- C Total number of nonresident individual partners \_\_\_\_\_
- D Total number of resident individual partners \_\_\_\_\_
- E Total number of entity partners (see instruction page 2) \_\_\_\_\_
- F Date business commenced \_\_\_\_\_

|  |                                     |
|--|-------------------------------------|
| CHECK BOX IF:  |                                     |
| <input checked="" type="checkbox"/> Federal extension used to file return. 82 F <input type="checkbox"/> |                                     |
| FOR DOR USE ONLY   |                                     |
| <input checked="" type="checkbox"/>  | <input checked="" type="checkbox"/> |

- G Is this the partnership's final return? .....
- H Did you file 2004 and 2005 Arizona partnership returns? If no, state reason \_\_\_\_\_
- I Have you filed amended federal partnership returns for prior years? .....  
If yes, list years \_\_\_\_\_
- J Have you attached a copy of your federal Form 1065 and supporting schedules to this return, including Schedule(s) K-1? .....
- K Has the Internal Revenue Service made any adjustments in any federal income tax return filed by the partnership not previously reported to the department? If yes, indicate year(s) \_\_\_\_\_, and submit under separate cover a copy of the IRS report as finally determined.....
- L The partnership books are in care of: \_\_\_\_\_ located at: \_\_\_\_\_

| YES | NO |
|-----|----|
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|--|---|---|---|--|----|
| Adjustment of Partnership Income From Federal to Arizona Basis | 1 | Federal ordinary business and rental income - from Form 1065, Schedule K. See instructions..... | 1 |  | 00 |
|  | 2 | Additions to partnership income - from page 2, Schedule A, line A6.....                         | 2 |  | 00 |
|  | 3 | Subtotal - add lines 1 and 2.....   | 3 |  | 00 |
|  | 4 | Subtractions from partnership income - from page 2, Schedule B, line B9.....                    | 4 |  | 00 |
|  | 5 | Partnership income adjusted to Arizona basis - line 3 minus line 4.....                         | 5 |  | 00 |
|  | 6 | Net adjustment of partnership income from federal to Arizona basis - line 5 minus line 1 .....  | 6 |  | 00 |
| Penalty  | 7 | Penalty for late filing or incomplete filing ( \$500.00 ).....                                  | 7 |  | 00 |

**Certification** I, the undersigned partner of the partnership for which this return is made, certify under penalty of perjury, that this return, including the accompanying schedules and statements, has been examined by me and is to the best of my knowledge and belief, a correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign Here Partner's signature \_\_\_\_\_ Date \_\_\_\_\_ Partner's social security number or EIN \_\_\_\_\_

Paid Preparer's Use Only Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_

Firm's name (or preparer's, if self-employed) \_\_\_\_\_ Preparer's TIN \_\_\_\_\_  
Firm's address \_\_\_\_\_ Zip code \_\_\_\_\_

Attach all schedules to this return including federal Form 1065 and federal Schedule(s) K-1

Schedule A - Additions to Partnership Income

Table with 3 columns: Line Item, Description, Amount. Rows A1 through A6.

Schedule B - Subtractions From Partnership Income

Table with 3 columns: Line Item, Description, Amount. Rows B1 through B9.

Schedule C - Apportionment Formula (Multistate Partnerships Only) See instruction pages 5 and 6

NOTE: Qualifying air carriers must use Schedule ACA

C1 Property Factor

Value of real and tangible personal property (by averaging the value of owned property used at the beginning and end of the tax period; rented property at capitalized value)

- a. Owned property (at original cost): Inventories, Depreciable assets, Land, Other assets - (describe)
b. Rented property (capitalize at 8 times net rental paid)
c. Total owned and rented property (section a total plus section b)

Table with 3 columns: Column A (Total Within Arizona), Column B (Total Within and Without Arizona), Column C (Ratio Within Arizona A ÷ B). Rows for property items, payroll, sales, and ratios.

C2 Payroll Factor

Total wages, salaries, commissions and other compensation to employees (per federal Form 1065 or payroll reports)

C3 Sales Factor

- a. Sales delivered or shipped to Arizona purchasers
b. Other gross receipts
c. Total sales and other gross receipts
d. Double weight Arizona sales and gross receipts
e. Sales factor (for column A - multiply item c by item d; for column B - enter amount from item c)

C4 Total ratio - add C1(c), C2 and C3(e) in column C

C5 Average apportionment ratio - divide C4 by four (4). Enter the result in column C and on the Arizona Schedule K-1(NR) in column (b)

Schedule D - Business Information

Describe briefly the nature and location(s) of the partnership's Arizona business activities:

Describe briefly the nature and location(s) of the partnership's business activities outside of Arizona:

Schedule E - Partner Information Prepare a schedule that lists each partner's name, address, TIN, and pro rata share of the amount shown on line 5. Label the listing as "Schedule E - Partner Information" and attach the schedule immediately after page 2 of the Form 165.