

For taxable year beginning _____, and ending _____

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 withholding tax number	
AZ transaction privilege tax number	

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

FOR DOR USE ONLY

68 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 _____

81	66
82 CHECK BOX IF: Federal extension used to file return. ^{82 F} <input type="checkbox"/>	

- G Is this the partnership's final return?
- H Did you file 2002 and 2003 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

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

