

Form 165 is due on or before the 15th day of the 3rd month following the close of the taxable year.

For the calendar year 2019 or fiscal year beginning MM/DD/2019 and ending MM/DD/20YY.

Business Telephone Number (with area code)	Name	CHECK ONE: <input type="checkbox"/> Original <input type="checkbox"/> Amended
	Address – number and street or PO Box	
Business Activity Code (from federal Form 1065)	City, Town or Post Office	State ZIP Code

- 68** Check box if: **A** This is a first return **B** Name change **C** 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 and part-year resident individual partners _____
- E** Total number of entity partners. See instructions, page 3 _____
- F** Date business commenced MM/DD/YYYY
- G** ARIZONA apportionment for multistate partnerships only (check one box):
1 AIR CARRIER **2** STANDARD **3** SALES FACTOR ONLY
- H** Check if Multistate Service Provider Election and Computation (Arizona Schedule MSP) is included. Indicate the year of the election cycle: Yr 1 Yr 2 Yr 3 Yr 4 Yr 5

Check box if return filed under extension:
82 82E

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

81 PM **66** RCVD

- | | YES | NO |
|--|--------------------------|--------------------------|
| I Is this the partnership's final return under this EIN? | <input type="checkbox"/> | <input type="checkbox"/> |
| J Did you file 2017 and 2018 Arizona partnership returns? | <input type="checkbox"/> | <input type="checkbox"/> |
| If "No", state reason: _____ | | |
| K Have you filed amended federal partnership returns for prior years? | <input type="checkbox"/> | <input type="checkbox"/> |
| If "Yes", list years in MM/DD/YYYY format: _____ | | |
| L Has the Internal Revenue Service (IRS) made any adjustments in any federal income tax return filed by the partnership not previously reported to the department? | <input type="checkbox"/> | <input type="checkbox"/> |
| If "Yes", indicate year(s) in MM/DD/YYYY format: _____ | | |
| Submit a copy of the IRS report(s). | | |
| If the IRS adjustments were for tax years 2016 through 2019 and resulted in a federal imputed underpayment assessment, you must file Arizona Form 165PA to report those changes. | | |
| M The partnership books are in care of: _____ | | |
| Located at: | | |
| _____ | _____ | _____ |
| Number and street or PO Box | City | State ZIP Code |

Adjustment of Partnership Income From Federal to Arizona Basis

1 Federal ordinary business and rental income (loss) from Form 1065, Schedule K. See instructions.....	1		00
SCHEDULE A: Additions to Partnership Income			
A1 Total federal depreciation	A1	00	
A2 Non-Arizona municipal bond interest	A2	00	
A3 Additions related to Arizona tax credits. See instructions.....	A3	00	
A4 Other additions to partnership income. See instructions.....	A4	00	
2 Total additions to partnership income: Add lines A1 through A4. Enter the total.	2		00
3 Subtotal: Add lines 1 and 2. Enter the total.	3		00
SCHEDULE B: Subtractions From Partnership Income			
B1 Recalculated Arizona depreciation: See instructions.....	B1	00	
B2 Basis adjustment for property sold or otherwise disposed of during the taxable year See instructions	B2	00	
B3 Interest from U.S. government obligations	B3	00	
B4 Agricultural crops charitable contribution: See instructions.....	B4	00	
B5 Other subtractions from partnership income. See instructions.....	B5	00	
4 Total subtractions from partnership income: Add lines B1 through B5. Enter the total.	4		00
5 Partnership income adjusted to Arizona basis: Subtract line 4 from line 3. Enter the difference.	5		00
6 Net adjustment of partnership income from federal to Arizona basis: Subtract line 1 from line 5. Enter the difference.....	6		00

Penalty

7 Penalty for late filing or incomplete filing: See instructions	7		00
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SCHEDULE C Apportionment Formula (Multistate Partnerships Only)

IMPORTANT: Qualifying air carriers must use Arizona Schedule ACA. Qualifying multistate service providers must include Arizona Schedule MSP. If the **"SALES FACTOR ONLY"** box on page 1, line G, is checked, complete only Section C3, Sales Factor, lines a through f. See instructions.

C1 Property Factor - STANDARD APPORTIONMENT ONLY

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

- a** Owned Property (at original cost):
 - 1** Inventories
 - 2** Depreciable assets (do not include construction in progress):
 - 3** Land
 - 4** Other assets (describe): _____
 - 5** Less: Nonbusiness property (if included in above totals)
 - 6** Total of section a (the sum of lines 1 through 4 less line 5):
- b** Rented property (capitalize at 8 times net rent paid).....
- c** Total owned and rented property (Total of section a plus section b).

C2 Payroll Factor - STANDARD APPORTIONMENT ONLY

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** Sales of services for **qualifying multistate service providers only** (include Schedule MSP)
- c** Other gross receipts
- d** Total sales and other gross receipts
- e** Weight AZ sales: (STANDARD x 2; SALES FACTOR ONLY x 1).....
- f** Sales Factor (for Column A, multiply line d by line e; for Column B, enter the amount from line d; for Column C, divide Column A by Column B.)

STANDARD Apportionment, continue to C4.
SALES FACTOR ONLY Apportionment, enter the amount from Column C on Arizona Form 165, Schedule K-1(NR), Part 1, column (b).

C4 STANDARD Apportionment Total Ratio: Add Column C of lines C1c, C2, and C3f. Enter the total.

C5 Average Apportionment Ratio for STANDARD Apportionment: Divide line C4, Column C, by four (4). Enter the result on Arizona Form 165, Schedule K-1(NR), Part 1, column (b). (If one of the factors is "0" in both Column A and Column B, see instructions.)

COLUMN A Total Within Arizona Round to nearest dollar	COLUMN B Total Everywhere Round to nearest dollar.	COLUMN C Ratio Within Arizona A ÷ B
		.
		.
x2 OR x1		
		.
		.
		.

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**:

Name (as shown on page 1)	EIN
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SCHEDULE E Partner Information

Complete Schedule E for all partners in the partnership. If the partnership has more than 8 partners, include additional schedules as necessary.

	(a) Partner Name	(b) Street Address (c) City, State ZIP	(d) Partner Tax Information Number	(e) Partner's Ownership Percentage	(f) Distributive Share of Income (Loss)	(g) Resident (R) Nonresident (N) Other Entity (O)
1						
2						
3						
4						
5						
6						
7						
8						
Include additional sheets as necessary						

Due Date	Form 165 is due on or before the 15 th day of the 3 rd month following the close of the taxable year.												
Declaration	I, the undersigned partner of the partnership for which this return is made, declare 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	<table style="width:100%; border: none;"> <tr> <td style="border: none;">PARTNER'S SIGNATURE _____</td> <td style="border: none;">DATE _____</td> <td style="border: none;">TITLE _____</td> </tr> </table>	PARTNER'S SIGNATURE _____	DATE _____	TITLE _____									
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Paid Preparer's Use Only	<table style="width:100%; border: none;"> <tr> <td style="border: none;">PAID PREPARER'S SIGNATURE _____</td> <td style="border: none;">DATE _____</td> <td style="border: none;">PAID PREPARER'S TIN _____</td> </tr> <tr> <td colspan="2" style="border: none;">FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) _____</td> <td style="border: none;">FIRM'S EIN _____</td> </tr> <tr> <td colspan="2" style="border: none;">FIRM'S STREET ADDRESS _____</td> <td style="border: none;">FIRM'S TELEPHONE NUMBER _____</td> </tr> <tr> <td style="border: none;">CITY _____</td> <td style="border: none;">STATE _____</td> <td style="border: none;">ZIP CODE _____</td> </tr> </table>	PAID PREPARER'S SIGNATURE _____	DATE _____	PAID PREPARER'S TIN _____	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) _____		FIRM'S EIN _____	FIRM'S STREET ADDRESS _____		FIRM'S TELEPHONE NUMBER _____	CITY _____	STATE _____	ZIP CODE _____
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CITY _____	STATE _____	ZIP CODE _____											

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix, AZ 85072-2153

Adjustment of Partnership Income From Federal to Arizona Basis Continued

SCHEDULE A: Additions to Partnership Income

A3 Additions related to Arizona tax credits

A Environmental Technology Facility Credit

1 Excess Federal Depreciation or Amortization	A1	00
2 Excess in Federal Adjusted Basis.....	A2	00

B Agricultural Water Conservation System Credit

B	00
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C Pollution Control Credit

1 Excess Federal Depreciation or Amortization.....	C1	00
2 Excess in Federal Adjusted Basis.....	C2	00

D Credit for Taxes Paid for Coal Consumed in Generating Electrical Power.....

D	00
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E Credit for Employment of TANF Recipients.....

E	00
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F Agricultural Pollution Control Equipment Credit

1 Excess Federal Depreciation or Amortization.....	F1	00
2 Excess in Federal Adjusted Basis.....	F2	00

G Total Additions Related to Arizona Tax Credits

G	00
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A4 Other additions to partnership income

A Positive Partnership Income Adjustment.....

A	00
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B Federal Depreciation of Child Care Facilities

B	00
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C Expenditures for the Americans With Disabilities Act

C	00
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D Total Other Additions

D	00
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SCHEDULE B: Subtractions From Partnership Income

B5 Other subtractions from partnership income

A Negative Partnership Income Adjustment

A	00
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B Mine Exploration Expenses.....

B	00
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C Interest on Federally Taxable Arizona Obligations Evidence by Bonds.....

C	00
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D Wood Stoves, Wood Fireplaces or Gas-Fired Fireplaces

D	00
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E Expenses Related to Certain Federal Credits

1 Work Opportunity Credit	E1	00
2 Empowerment Zone Employment Credit.....	E2	00
3 Credit for Employer-Paid Social Security Taxes on Employee Cash Tips	E3	00
4 Indian Employment Credit	E4	00

F Expenditures for the Americans With Disabilities Act

F	00
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G Total Other Subtractions from Partnership Income

G	00
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