165

Arizona Partnership Income Tax Return

| | For the \square calend | dar year 2013 or 🗌 fiscal year begir | nning $M_1M_1D_1D_12_0_1$ | 3 and endi | ng (M,M)D | $D_1Y_1Y_1Y$ | Υ. |
|--------------------------|---|---|----------------------------------|-------------|--|------------------|------------|
| | th area code) | | | CHECK O | NE: | | |
| (with area code) | | | | | ☐ Original ☐ Amended | | |
| | | Address – number and street or PO Box | | | Employer Id | entification Nun | nber (EIN) |
| | ness Activity Code | | | | | | |
| (from federal Form 1065) | | City, Town or Post Office | | State | ZIP Code | | |
| | | | | | | | |
| _ | | | | CHECK BOX | IF return file | d under exte | nsion: |
| 68 | Check box if: | This is a first return 🔲 Name change 🔲 A | Address change | 82 82E | | | |
| Α | | | | REVENUE USI | E ONLY. DO NO | T MARK IN TH | IIS AREA. |
| В | Will a composite ret | urn be filed on Form 140NR? | Yes No | 60 | | | |
| С | Total number of non | resident individual partners | | | | | |
| D | Total number of resi | dent individual partners | | | | | |
| Ε | Total number of enti | ty partners (see instructions, page 2) | | | | | |
| F | Date business comr | menced | $M_1M_1D_1D_1Y_1Y_1Y_1Y_1$ | DM | | □ BCVD | |
| G | Multistate partners | ships only – | | 81 PM | | 66 RCVD | |
| | | ent (check only one): | | | | | |
| | ☐ AIR Carrier ☐ | STANDARD Sales Factor | Sales Factor | | | | |
| | | | | | | YES | NO |
| Н | Is this the partnersh | ip's final return under this EIN? | | | | | |
| I | Did you file 2011 an | d 2012 Arizona partnership returns? | | | | . 🔲 | |
| | · | : | | | | | |
| J | Have you filed amer | nded federal partnership returns for prior yea | rs? | | | . Ј 🔲 | |
| | | | | | | | _ |
| | | a copy of your federal Form 1065 and suppo | = | - | | . к 🗌 | |
| L | Has the Internal Revenue Service (IRS) made any adjustments in any federal income tax return filed by the partnership not | | | | | _ | _ |
| | | to the department? | | | | . ∟ 📙 | Ш |
| | | ar(s): | | | | , | |
| | | eparate cover a copy of the IRS report as fina | | | | | |
| M | | oks are in care of: | | | | _ | |
| | Located at: | | | | | | |
| | Number an | d street or PO Box | City | | State | ZIP Code | |
| ۸ ما: | | | • | | | | |
| | | nership Income From Federal to A | | | ٦ | | 00 |
| 1 | | siness and rental income – from Form 1065, | Schedule K. See Instructions | | 1 | | 100 |
| | | ditions to Partnership Income | . | | 00 | | |
| | | preciation | | | 00 | | |
| | | unicipal bond interest | | | 00 | | |
| | • | ent by certified defense contractor | | | 00 | | |
| | | d to Arizona tax creditsto partnership income | | | 00 | | |
| 2 | | rto partnersnip income | | | · · · | | 00 |
| 2 | | 1 and 2 | | | I | | 00 |
| 3 | | btractions From Partnership Income | | | ა∟ | | 100 |
| | | izona depreciation – see instructions | D4 | | 00 | | |
| | | nt for property sold or otherwise disposed of | | | - 00 | | |
| | | it for property sold of otherwise disposed of | | | 00 | | |
| | | | | | 00 | | |
| | | S. government obligations | | | 00 | | |
| | | justed basis of property os charitable contribution – see instructions | | | 00 | | |
| | | | | | 00 | | |
| | • | ent by certified defense contractor ons from partnership income | | | 00 | | |
| 4 | | | | | , , | | 00 |
| 4 | | om partnership income – add lines B1 throug | | | | | 00 |
| 5 | | adjusted to Arizona basis – subtract line 4 fro | | | | | 00 |
| 6 Pan | alty | artnership income from federal to Arizona ba | sis – subtract line i from IMe 5 | | ······································ | | 100 |
| | • | g or incomplete filing – see instructions | | | 7 | | 00 |
| | i onany ioi iale illille | joi moompiote iiing see matuctions | | | / <u>_</u> | | 100 |

| Name (as shown on page 1) | EIN | | | | | |
|--|-------------------------------|------------------------------|----------------------------------|--|--|--|
| Schedule C – Apportionment Formula (Multistate Partne | erships Only) | | | | | |
| Qualifying air carriers must use Arizona Schedule ACA.See instructions, pages 6 and 7. | Column A Total Within Arizona | Column B Total Everywhere | Column C Ratio Within Arizona | | | |
| C1 Property Factor | Round to nearest dollar. | Round to nearest dollar. | A ÷ B | | | |
| 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): | | | | | | |
| Inventories Depreciable assets – (do not include construction in progress). | | | | | | |
| Land | | | | | | |
| Other assets – (describe) | | | | | | |
| Less – Nonbusiness property (if included in above totals) | (| (| | | | |
| Total of section a | | | | | | |
| b Rented property (capitalize at 8 times net rental paid) | | | | | | |
| | | | | | | |
| c Total owned and rented property (section a total plus section b) | | | | | | |
| C2 Payroll Factor | | | | | | |
| Total wages, salaries, commissions and other compensation paid | | | | | | |
| 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 | 0.00 | | | | | |
| d Weight AZ sales (STANDARD uses ×2; ENHANCED uses ×8). | ×2 OR ×8 | | | | | |
| e Sales factor (For column A, multiply line c by line d; | | | | | | |
| for column B, enter the amount from line c.) | | | • | | | |
| | | | | | | |
| C4 Total Ratio – add C1c, C2, and C3e, in column C | | | | | | |
| C5 Average Apportionment Ratio – | ov form (4). ENLIANCED dis | idea by tan (10)) | | | | |
| Divide line C4, column C, by the denominator (STANDARD divides be Enter the result in column C and on Arizona Form 165, Schedule K- | | | | | | |
| Effici the result in column C and off Affizona Point 165, Schedule K- | r(NK), column (b) | | | | | |
| Schedule D – Business Information | | | | | | |
| Describe briefly the nature and location(s) of the partnership's Arizona bu | siness activities | | | | | |
| | | | | | | |
| Describe briefly the nature and location(s) of the partnership's business a | ctivities outside of Arizon | a: | | | | |
| | | | | | | |
| | | | | | | |
| Schedule E – Partner Information | | | | | | |
| Prepare a schedule that lists each partner's name, address, taxpayer iden | tification number, and pro ra | ata share of the amount sho | own on line 5. Label the | | | |

listing as "Schedule E – Partner Information" and attach the schedule immediately after page 2 of Form 165.

| 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 | PARTNER'S SIGNATURE | DATE | | TITLE | | | | | |
| | | | | | | | | | |
| Paid | PAID PREPARER'S SIGNATURE | | DATE | | PAID PREPARER'S PTIN | | | | |
| Preparer's | | | | | | | | | |
| • | FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) | | | | FIRM'S EIN OR SSN | | | | |
| Use | | | | | | | | | |
| Only | FIRM'S STREET ADDRESS | | | | FIRM'S TELEPHONE NUMBER | | | | |
| | | | | | | | | | |
| | CITY | | STATE | | ZIP CODE | | | | |

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

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