Arizona Partnership Income Tax Return

		ar year 2015 or 🔲 fiscal year beginning 🕅 MLD, D	2,0,1	<u>5</u> and endi			Υ.
	usiness Telephone Number Name CHECK C vith area code)						
					Origir		
		Address – number and street or PO Box	Employer	dentification Nun	nber (EIN)		
Business Activity Code (from federal Form 1065)							
(City, Town or Post Office		State	ZIP Code		
	1						
68	Check box if:	his is a first return Name change Address change			IF return fi	ed under exte	nsion:
Α	DBA:			82 82E			
В	Will a composite retu	urn be filed on Form 140NR?	□No	88	ONLY. DO	NOT MARK IN TH	115 AREA.
С		resident individual partners					
D	Total number of resident and part-year resident individual partners						
E	Total number of entity partners (see instructions, page 3)						
F		henced	Y Y				
G	ARIZONA apportionment for multistate partnerships only (check one box):					66 RCVD	
						00	
Н		e Provider Election and Computation (Arizona Schedule MSP) is					
	Indicate the year	of the election cycle Yr 1 Yr 2 Yr 3 Yr 4	LlYr 5	L		YES	NO
т		ale final actions upday this FIND					
I		p's final return under this EIN?					H
J	•	d 2014 Arizona partnership returns?				J 🗖	
V	If "No", state reason:	ded federal partnership returns for prior years?				к 🗖	
ĸ	If "Yes", list years:						
т	–	copy of your federal Form 1065 and supporting schedules with	this roturn	including Sche	dules K-12	 L П	
	•	renue Service (IRS) made any adjustments in any federal income		•			
141		the department?			•	_	
	If "Yes", indicate yea						
		parate cover a copy of the IRS report as finally determined.					
Ν		ks are in care of:				1	
	Located at:						
	L						
	Number and	d street or PO Box City			State	ZIP Code	
Ad	ustment of Part	nership Income From Federal to Arizona Basis				1	
1	Federal ordinary bus	siness and rental income from Form 1065, Schedule K. See instr	uctio <u>ns</u>		1		00
	SCHEDULE A: Add	litions to Partnership Income					
		preciation			00		
	A2 Non-Arizona mu	nicipal bond interest	A2		00		
		t o Arizona tax credits			00		
		to partnership income			00		
2		rtnership income: Add lines A1 through A4					00
3		1 and 2			3		00
		ptractions From Partnership Income					
		zona depreciation: See instructions			00		
		t for property sold or otherwise disposed of during the taxable ye					
		S			00		
		S. government obligations			00		
	-	usted basis of property			00		
		s charitable contribution: See instructions ns from partnership income			00		
			00				
4							00
-	 5 Partnership income adjusted to Arizona basis: Subtract line 4 from line 3 2 Note directory to for the standard for th						00
6	iver adjustment of pa	artnership income from federal to Arizona basis: Subtract line 1 f	iom ine 5)	b	I	100
Per	alty						
		or incomplete filing: See instructions			7		00
	R 10343 (15)	or mostriploto ming. Goo motruotiono			······ / /	1	100

Name (as shown on page 1)	EIN

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. See Form 165 instructions beginning on page 6.		COLUMN A Total Within Arizona Round to nearest dollar.		COLUMN B Total Everywhere Round to nearest dollar.	COLUMN C Ratio Within Arizona A ÷ B
C1 Property Factor 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)	(OR) ×5.0	() 	
 C2 Payroll Factor a Total wages, salaries, commissions and other compensation paid to employees (per federal Form 1065 or payroll reports) b Weight AZ payroll: (STANDARD uses x 1; ENHANCED uses x 5.0) 	×1	OR	×5.0		
 c Payroll factor (for column A, multiply line a by line b; for column B, enter amount from line a) 					
 C3 Sales Factor a Sales delivered or shipped to Arizona purchasers		OR	×90.0		
f Sales factor (for column A, multiply line d by line e; for column B, enter the amount from line d)					
 C4 Total Ratio: Add lines C1e, C2c, and C3f, in column C C5 Average Apportionment Ratio: Divide line C4, column C, by the de ENHANCED divides by one hundred (100)). Enter the result in colum Arizona Form 165, Schedule K-1(NR), Part I, column (b) 	enominate nn C. Als	or (STAN so enter t	DARD di ^ı his amou	vides by four (4); nt on	

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	

SCHEDULE E Partner Information

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

	of perjury, that this return, including						
Declaration	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	D	ATE	PAID PREPARER'S PTIN			
Preparer's	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)					
Use	TIKING NAME (OK FAID FREFARER S NAME, IT SEEF EINFEOTE						
Only							
Citily	FIRM'S STREET ADDRESS			FIRM'S TELEPHONE NUMBER			
	CITY STATE						
	OIT	5	IAIL	ZII CODE			

Include federal Form 1065, federal Schedules K-1 (Form 1065), and all supporting schedules with this return. Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix, AZ 85072-2153