

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

Name of Partnership	Employer Identification Number (required)
Name of Partner	

PART 1 – PURPOSE

- To certify the truthfulness, correctness, and completeness of the partnership’s Arizona electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the partner wishes to use the partner’s electronic signature to the partnership’s federal income tax return as the partner’s signature to the partnership’s electronic Arizona partnership income tax return.

PART 2 – TAX RETURN INFORMATION FROM ARIZONA RETURN

1 Federal ordinary and rental income (loss) from Form 165, line 1.....			00
2 Partnership income adjusted to Arizona basis from Form 165, line 5.....			00
Check box 3 or box 4:			
3 <input type="checkbox"/> REFUND: Enter the amount to be refunded from Form 165, line 40.....			00
4 <input type="checkbox"/> AMOUNT OWED: Enter the total due from Form 165, line 7 or line 37.....			00

PART 3 – FINANCIAL INSTITUTION INFORMATION

Must be present when requesting direct debit.

TYPE OF ACCOUNT ROUTING NUMBER

Checking Savings

ACCOUNT NUMBER

DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT

 \$

.00

Foreign Account: See instructions below.

Box 3 Checkbox – Refund: The partnership is due a refund based on the information provided on its income tax return. If the partnership is due a refund, we will send a check.

Box 4 Checkbox – Amount Owed: The partnership owes taxes, interest or penalties based on the information provided on its income tax return. The partnership has elected to direct debit for payment. The payment will be withdrawn from the account on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Checkbox: Check the “Foreign Account” box if the partnership’s debit will ultimately come from a foreign account. If you check this box, do not enter the partnership’s bank account information, we will not direct debit the account. If the partnership owes taxes, interest or penalties and is required by pay by EFT, submit payment by ACH Debit or ACH Credit to avoid penalty. If the partnership owes taxes, interest or penalties and is NOT required to pay by EFT, submit payment by ACH Debit, ACH Credit, or complete Form 120/165V; mail it and a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I am a partner of the above partnership and that I have examined a copy of the partnership’s electronic Arizona partnership income tax return and accompanying schedules and statements for the 2023 tax year, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of federal ordinary business and rental income (loss), and partnership income adjusted to Arizona basis, listed above, are the amounts shown on the copy of the partnership’s electronic Arizona partnership income tax return.

When electronically filing the partnership’s federal and state partnership income tax returns, I understand that if there is an error on the federal return, the state return will also be rejected.

I consent to the partnership’s Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending an electronic Arizona partnership income tax return and accompanying schedules and statements to the Arizona Department of Revenue (ADOR), and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending the partnership’s ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of the return is accepted and, if the return is rejected, the reason(s) for

the rejection. If the processing of the return is delayed, I authorize ADOR to disclose to the partnership’s ERO, OLSP and/or transmitter the reason(s) for the delay. If ADOR contacts the partnership’s ERO for a copy of the return, any accompanying documents or schedules, and/or this authorization form, I authorize the partnership’s ERO to release copies of the requested documents to ADOR.

I authorize _____ (ELECTRONIC RETURN ORIGINATOR)

to make the election that I want the partner’s electronic signature to the partnership’s federal electronic income tax return to serve as the partner’s signature to the partnership’s Arizona electronic partnership income tax return for the 2023 tax year. I understand that when the partnership’s ERO makes the election that the partner’s electronic signature to the partnership’s federal income tax return will serve as the partner’s signature to the partnership’s Arizona partnership income tax return, I will have signed the partnership’s Arizona partnership income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

PLEASE SIGN	SIGNATURE of PARTNER	DATE
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