Arizona Form 165PA-X

Amendment to Arizona Form 165PA

	For the calend	dar year 2024 or ☐ fiscal year beginning [M,M,D,D,2,0,2	_4⊥ and endin	g <u>(M,M)D</u>	,D12,0,Y,	Υ.	
	ness Telephone Number n area code)	Name					
		Address – number and street or PO Box		Employer Id	entification Numb	er (EIN)	
	ness Activity Code						
(from federal Form 1065)		City, Town or Post Office	ZIP Code	² Code			
	This form is	ONLY for partnerships to amend a previously filed Arizona Form 165PA.	REVENUE USE 0	ONLY. DO NO	OT MARK IN THIS	S AREA.	
Pai	rt 1 Required In	formation	7				
			7				
Α	On the original Forn	n 165PA					
•	-	paid by the partnership.	81 PM		66 RCVD		
		partnership adjustment was passed through to the partners.					
В		riginal Form 165PA was previously filed: [M,M,D,D,Y,Y,Y,Y,					
Par	rt 2 Amendmen	t to Previously Filed Arizona Partnership Adjustment					
1		djustment to items of income or the gain, loss or deduction on which the fed	•				
		based. (DO NOT include changes to federal credits.)				00	
2	Amended positive c	·		00			
3	Add line 1 and line 2			00			
4	Amended negative	· I I		00			
5		line 3. Enter the difference. This is your amended net Arizona adjustment				00	
	the gain, loss or dec	duction of your partnership (Amended Arizona partnership adjustment)		5		00	
Par	t 3 Amendmen	t to Tax Liability Paid by the Partnership					
		is checked. (The previous tax due was paid by the partnership.)					
0		artnership adjustment. ı Part 2, line 5 is zero, or greater than zero, enter the amount from Part 2, line	e 5. Continue to lin	e 7			
		n Part 2, line 5 is less than zero, enter "0". Skip to line 12 and enter "0". R					
		e partners.				00	
7		ionable or allocable amounts included in line 6				00	
8		line 6. Enter the difference. This is the amount subject to apportionment		8		00	
9		oportionment ratio (see instructions).				100	
10	•	on line 8 by the ratio on line 9. Enter the result.		10		00	
11		line 7 allocated to Arizona.				00	
12	•	11. Enter the total. If the total is less than zero, enter "0"				00	
13		on line 12 by the tax rate, 4.5%. Enter the result.				00	
14		tax previously paid by the partnership.				00	
		by the partnership: If line 14 is greater than line 13, subtract line 13 from		14			
-		ter this amount on Part 5, line 27.		15		00	
16		partnership: If line 13 is greater than line 14, subtract line 14 from line 1					
	Also enter this amo	ount on Part 5, line 28		16		00	

Continued on page 2 →

Nam	e (as shown on page 1) EIN		
Pai	Amendment to the Arizona Partnership Adjustment Previously Passed Through to the Form 165PA, Schedule K-1, or Form 165PA, Schedule K-1(NR)	ne Partners	on
Com	olete Part 4 if box A2 is checked. (The previous Arizona partnership adjustment was passed through to the partners.)		
17	Enter the amended Arizona partnership adjustment amount from Part 2, line 5	17	00
18	Enter the net Arizona partnership adjustment from Part 2, line 5 of the originally filed Form 165PA or from Part 2,	40	oc
19	line 5 of the previously filed Form 165PA-X	18	
19	on line 17 to the partners on an amended 165PA, Schedule K-1 or 165PA, Schedule K-1(NR). Skip to line 26 and		
	enter "0". Also enter "0" on Part 5, line 28.	19	00
20	Enter the nonapportionable or allocable amounts included in line 19	20	oc
21	Subtract line 20 from line 19. Enter the difference. This is the amount subject to apportionment	21	00
22	Enter the Arizona apportionment ratio (see instructions)		
23	Multiply the amount on line 21 by the ratio on line 22. Enter the result.	23	00
24	Enter the portion of line 20 allocated to Arizona.		00
25	Add line 23 and line 24. Enter the total. If less than zero, enter "0"	25	00
26	TAX OWED by the partnership: Multiply the amount on line 25 by the tax rate, 4.5%. Enter the result. Also, enter this amount on Part 5, line 28	26	00
Pai	t 5 Summary of Amended Tax Liability		
27	REFUND to the partnership: Enter the amount from Part 3, line 15.		00
28	TAX DUE. Enter the amount from Part 3, line 16 or Part 4, line 26.	1 1	00
29	Calculate the interest owed. See instructions	1 1	00
30	TOTAL DUE from the partnership: Add line 28 and line 29. Enter the total.		
	Make check payable to Arizona Department of Revenue	30	00

Part 7 Certification

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

Include the partnership's notice of federal imputed underpayment assessment with this return.

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