Arizo	na	Form
1	6	5

Arizona Partnership Income Tax Return

2024

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For the Calendar year 2024 or fiscal year beginning M.M.D.D.2.0.2.4 and ending M D_12_10 MID Check this box if this fiscal year return is based on a 52/53 week taxable year. Business Telephone Number Name CHECK ONE: (with area code) Original Amended Address – number and street or PO Box Employer Identification Number (EIN) 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		Check bo <u>x if</u>	return filed	d under extens	ion:
A	Did the partnership make the Pass-Through Entity (PTE) election to pay tax on its		82 82E			
~	flow-through income at the entity level? (See instructions)	lo		E ONLY. DO	NOT MARK IN TH	IIS AREA.
в			88			
c	Date business commenced	Y				
D	Is this partnership an Arizona-only partnership?					
E	Is this the partnership's final return under this EIN?					
F	ARIZONA apportionment for multistate partnerships only (check one box):					
•	$1 \square \text{AIR CARRIER}$ $2 \square \text{STANDARD}$ $3 \square \text{SALES FACTOR ONLY}$		81 PM		66 RCVD	
G	Check if Multistate Service Provider Election and Computation (Arizona Schedule MSP	2)				
	is included. Indicate the year of the election cycle: Yr 1 Yr 2 Yr 3 Yr 4 Yr					
н	Did you file 2022 and 2023 Arizona partnership returns? ☐Yes ☐No If "No", state reas		-			
1	Have you filed amended federal partnership returns for prior years?					
	If "Yes", list years in MM/DD/YYYY format:					
J	Has the Internal Revenue Service (IRS) made any adjustments in any federal income tax r			artnership no	 ot previously rep	orted to
	the department? I Yes No If "Yes", indicate year(s) in MM/DD/YYYY format:					
	Submit a copy of the IRS report(s).					,
	For taxable years 2016 through 2024, if you received a federal imputed underpayment ass	sessn	nent. or vou file	ed an Admin	istrative Adiustr	nent
	Request that resulted in a federal imputed underpayment assessment, you must file Arizor		-		-	
к	The partnership books are in care of:			•	5	
	Located at:					
	Number and street or PO Box City			State	e ZIP (Code
L	Will a composite return be filed on Form 140NR? (See Instructions)			🗆 Ye	es 🔲 No	
М						
	Marijuana Establishments only: 1 Adult Use only 2 Dual Lic. elected for-profit 3	Dual	l Lic. did not ele			nly
Ν	Marijuana Establishments only: 1 Adult Use only 2 Dual Lic. elected for-profit 3 ADHS Registry Identification Number:	Dual	Lic. did not ele			nly
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<u>Par</u> 1	ADHS Registry Identification Number:	IS ructior A1 A2 A3 A4 B1 B2 B3 B4 B5	IS	ect for-profit. 00	. 4 □NMMD o	00
Par 1 2 3	ADHS Registry Identification Number:	IS ructior A1 A2 A3 A4 B1 B2 B3 B4 B5	<u>15</u>	ect for-profit. 00	4 □NMMD o	00

Penalty		
7 Penalty for late or incomplete filing. (Information return penalty). See instructions	7	

Name (as shown on page 1)	EIN

Part 2 - Calculation of Partnership Tax to be Paid at the Entity Level Complete only if the Partnership answered "Yes" to Question A on page 1.

Calculation of the income attributable to partners:

ouro							
8	Enter the amount from line 5				00		
9	Enter the total of all items requiring separate computation					 	
10	Add lines 8 and 9. Enter the total				10	 	00
11	Add lines E1 and E4 in column (c) of Schedule E. Enter the total. This is the total	of the distri	outive sł	nares			
	of all resident individual partners and all resident estate and trust partners that did	not opt out	of the			 	
	partnership's election to pay tax at the entity level. (See Instructions)						
12	Multiply line 10 by line 11. Enter the result. This is the partnership income attril	butable to					
	resident individual partners and resident trust and estate partners that did n	ot opt out	of the p	artnership's		 	
	election to pay tax at the entity level.			-	12	 	00
13	Add lines E2 and E5 in column (c) of Schedule E. Enter the total. This is the total	of the distri	outive sł	nares			
	of all nonresident individual partners and all nonresident estate and trust partners						
	partnership's election to pay tax at the entity level. (See Instructions)		•				
14						 	
	nonresident individual partners and nonresident trust and estate partners th		bot out	of the			
	partnership's election to pay tax at the entity level.		-		14		00
15	Enter the distributive share from line E3, column (c) of Schedule E. This is the total					 	
	of all part-year resident partners that did not opt out of the partnership's election to			0.101.00			
	entity level. (See Instructions)			15			
16	Multiply line 10 by line 15. Enter the result. This is the partnership income attri					 	
10	to part-year resident partners that did not opt out of the partnership's electic		x at the				
	entity level.				00		
	16A Enter the portion of line 16 that all part-year residents earned while resid		zona			 	00
	16B Enter the portion of line 16 that all part-year residents earned while residents					 -	00
	NOTE: The total of lines 16A and 16B must equal the amount reported on line 16		1 411201	<i>i</i> a		 	
17	Enter the distributive share from line E7, column (c) of Schedule E. This is the total		ributivo	shares of			
.,	all partners that opted out of the partnership's election to be taxed at the entity level						
	are not eligible to make the election. (See Instructions)						
18							
10	Multiply line 10 by line 17. Enter the result. This is the partnership income attri- partners that opted out of the partnership's election to pay tax at the entity le		ontitios	that are			
	not eligible to make that election.				18	 	00
	NOTE: The total of lines 12, 14, 16 and 18 must equal the amount reported on lin					 	00
		10.					
Calc	ulation of the tax attributable to partners that did not opt out of the F	DTE alacti	<i></i>				
	Add line 12 and line 16A. Enter the total.				19	 	00
	Multiply the amount on line 19 by the PTE tax rate, 2.5% (0.0250) Enter the result.				15	 	00
20	tax attributable to resident partners and part-year resident partners (during t						
	did not opt out of the partnership election to pay tax at the entity level	-		• ·	20	 	00
24	Add line 14 and line 16B. Enter the total.				20	 	00
21	Enter the Arizona apportionment ratio from Schedule C or Schedule ACA		·····				100
22	Multiply the amount on line 21 by the decimal on line 22. Enter the result.				23		00
23						 	00
24	Multiply the amount on line 23 by the PTE tax rate, 2.5% (0.0250). Enter the result						
	attributable to nonresident partners and part-year resident partners (during that did not out of the partners his election to pay tay at the active level	-		• ·	24	 	00
	that did not opt out of the partnership election to pay tax at the entity level				4	 	00
Cale	vulation of the Portnership's PTE Tax. Interact and Ponaltica.						
	culation of the Partnership's PTE Tax, Interest and Penalties:				05	 	00
25	Add line 20 and line 24. Enter the total. This is the total amount of tax owed by				25	 	
26	Extension payment made with Form 120/165EXT				26	 -	00
27	Estimated Tax Payments				27	 	00
28	Amended Returns. Payment made with original return plus all payments made aff					 	00
29	Subtotal of tax payments. Add lines 26 through 28.					 	
30	Overpayments of tax from original return or previously filed amended returns					 	00
31	Total payments. Subtract line 30 from line 29. Enter the difference.					 	00
32	Balance of tax due: If line 25 is larger than line 31, subtract line 31 from line 25. E					 	00
33	Overpayment of tax. If line 31 is larger than 25, subtract line 25 from line 31. Enter R 10343 (24) AZ Form 165 (2024)	r the differe	nce		33	 	00
ADO	R 10343 (24) AZ Form 165 (2024)					Pac	ge 2 of 6

Name (as shown on page 1)	EIN	

Calculation of the Partnership's PTE Tax, Interest and Penalties (continued):

34	Penalty and interest.	34	00
	Estimated underpayment penalty: If Form 220/PTE is included check this box	35	00
	Penalty for Late or Incomplete Filing. (Information Return Penalty.) Enter the amount from line 7	36	00
	Total amount due	37	00
38	Overpayment.See instructions	38	00
	Amount of line 38 to be applied to 2025 estimated tax	39	00
	Amount to be refunded. Subtract line 39 from line 38. Enter the difference	40	00

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 F, is checked, <i>complete only Section C3, Sales Factor, lines a through f.</i> 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
 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): Inventories			
 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	×2 OR ×1		
Column B, enter the amount from line d; for Column C, divide Column A by Column B.) Skip line C4 and line C5. 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). If the PTE election is made, also enter this amount on Part 2, line 22.			
C4 STANDARD Apportionment Total Ratio: Add Column C of lines C1c	, C2, and C3f. Enter the	total	
C5 Average Apportionment Ratio for STANDARD Apportionment: Diviresult on Arizona Form 165, Schedule K-1(NR), Part 1, column (b). If t		()	

Part 2, line 22. (If one of the factors is "0" in both Column A and Column B, see instructions.).....

Name (as shown on page 1)	EIN

SCHEDULE D Partner Information

Complete Schedule D for all partners in the partnership. If the partnership has more than 10 partners, include additional schedules as necessary.

(a) Partner Name	(b) Street Address (c) City, State ZIP	(d) Partner Tax Identification Number	(e) Resident (R) Nonresident (N) Part-Yr Res (P) Estate & Trust (E) Other Entity (O)	(f) Partner's Distributive Share (Entered as a decimal.)	(g) Distributive Share of Income Page 1, Line 5 (See Instructions)
D1		_			
D2		_			
D3		_			
D4		_			
D5		_			
D6		_			
D7		_			
D8		_			
D9		_			
D10		_			
	Include additional she	ets as necessary			

SCHEDULE E Summary of Partner Information -- See Instructions

	(a) Partner Consent to PTE Election	(b) Partner Count	(c) Total of Partners' Distributive Shares
			(See Instructions)
E1	Individual resident partners who did not opt out of the election		
E2	Individual nonresident partners who did not opt out of the election.		
E3	Individual part-year resident partners who did not opt out of the election.		
E4	Resident estate and trust partners who did not opt out of the election.		
E5	Nonresident estate and trust partners who did not opt out of the election.		
E6	Add lines E1 through E5. Enter the total. These are the totals for the partners who did not opt		
	out of the PTE election.		
E7	Partners that opted out of the election or are excluded from making the election		
E8	Total partner count and total partnership ownership share. Add lines E6 and E7 in columns (b) and (c). Enter the totals. (Column (c) should equal 1.000000.)		

Name (as shown on page 1)	EIN	
Name (as shown on page 1)		

SCHEDULE F Schedule of Tax Payments Applied to Partnership PTE Tax Liability

	(a) Payment Date	(b) Estimated Tax Payment	(c) Extension Payment	
F1	MM DD YY	00	00)
F2	MM DD YY	00	00)
F3	MM DD YY	00	00)
F4	MM DD YY	00	00)
F5	MM DD YY	00	00)
F6	MM DD YY	00	00)
F7	Total Tax Payments	00	00)

SCHEDULE G Business Information

G1. Describe briefly the nature and location(s) of the partnership's Arizona business activities:

G2. Describe briefly the nature and location(s) of the partnership's business activities outside of Arizona:

Declaration	I, the undersigned partner of the partnership for which this the accompanying schedules and statements, has been ex complete return, made in good faith, for the taxable year st	amined by me	and is to the best of n	ny knowledge and belief, a correct and
Please	PARTNER'S SIGNATURE	DATE	TITLE	
Sign				
Here	PARTNER'S PRINTED NAME			
Paid Preparer's	PAID PREPARER'S SIGNATURE PAID PREPARER'S PRINTED NAME		DATE	PAID PREPARER'S TIN
Use	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPL			FIRM'S EIN
Only	TIMIS NAME (OR FAID FREFARERS NAME, IT SEE -EMPE	UTLD)		
	FIRM'S STREET ADDRESS			FIRM'S TELEPHONE NUMBER
	CITY		STATE	ZIP CODE

This form must be e-filed unless the partnership has a waiver or is exempt from e-filing. See instructions for details.

Name (as shown on page 1)	EIN		
		Page	of

Adjustment of Partnership Income From Federal to Arizona Basis Continued

SCHEDULE A: Additions to Partnership Income A3 Additions related to Arizona tax credits:		
A Agricultural Water Conservation System Credit	Α	00
B Credit for Taxes Paid for Coal Consumed in Generating Electrical Power	В	00
C Credit for Employment of TANF Recipients	С	00
D Agricultural Pollution Control Equipment Credit:		
1 Excess Federal Depreciation or Amortization	D1	00
2 Excess in Federal Adjusted Basis	D2	00
E Total Additions Related to Arizona Tax Credits:		
Enter this amount on page 1, Schedule A, line A3	E	00
A4 Other additions to partnership income:		
A Positive Partnership Income Adjustment	Α	00
B Federal Depreciation of Child Care Facilities	В	00
C Expenditures for the Americans with Disabilities Act	С	00
D Total Other Additions to Partnership Income		
Enter this amount on page 1, Schedule A, line A4	D	00

SCHEDULE B: Subtractions From Partnership Income B5 Other subtractions from partnership income:		
A Negative Partnership Income Adjustment	Α	00
B Mine Exploration Expenses	В	00
C Interest on Federally Taxable Arizona Obligations Evidenced by Bonds	С	00
D Wood Stoves, Wood Fireplaces or Gas-Fired Fireplaces	D	00
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
G Marijuana Establishments Only (see instructions)		
Disallowed Federal Expenses	G	00
H Total Other Subtractions from Partnership Income		
Enter this amount on page 1, Schedule B, line B5	Н	00