Arizona Partnership Income Tax Return

For the \Box calendar year 2013 or \Box fiscal year beginning (M,M,D,D,2,0,1,3) and ending (M,M,D,D,Y,Y,Y,Y).

	ness Telephone Number					CHECK	ONE:	••••
(with area code)							nal 🗌 Am	ended
		Address – number and st	treet or PO Box				Identification Nun	
	ness Activity Code	1						
(from	n federal Form 1065)	City, Town or Post Office			State	ZIP Code		
					CHECK BOX I	F return fil	ed under exte	nsion:
68	Check box if: 🔲	This is a first return	Name change 🔲 Addres	s change	82 82E			
Α						ONLY. DO N	IOT MARK IN TH	IIS AREA.
в			10NR?		88			
С			ners					
D			S					
Е	Total number of enti	ty partners (see instruc	tions, page 2)	L]				
F			<u>IM</u> ,M					
G	Multistate partners	ships only –			81 PM		66 RCVD	
	Arizona apportionm	ent (check only one):						
	AIR Carrier	STANDARD Sales Fac	ctor 🔲 ENHANCED Sales	Factor				
							YES	NO
н	Is this the partnersh	ip's final return under th	his EIN?				н 🗖	
- 1	Did you file 2011 an	d 2012 Arizona partner	ship returns?				I 🔲	
J	Have you filed amer	nded federal partnershi	p returns for prior years?				J 🔲	
	•		Form 1065 and supporting so		-	. ,		
L			ade any adjustments in any f					
	previously reported	to the department?					L 🔲	
	If "Yes", indicate yea	ar(s):					,	
	and submit under se	eparate cover a copy of	f the IRS report as finally det	ermined.				
М	The partnership boo	oks are in care of:						
	Located at:							
	Number an	d street or PO Box		City		State	ZIP Code	
۵di	ustment of Parti	nershin Income F	rom Federal to Arizor	a Racie				
-		-	ne – from Form 1065, Sched			1		00
•		ditions to Partnership						100
				Δ1		00		
						00		
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2			l lines A1 through A5			· · ·		00
3	•	•						00
Ŭ		Ibtractions From Parti				•		
			ee instructions	B1		00		
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			and a specca of a annig			00		
			ons	F		00		
		0 0	ý			00		
			on – see instructions			00		
	DO AUTICULIURALCION							
			contractor			00		
	B6 Capital investme	ent by certified defense	e contractor			00		
4	B6 Capital investme B7 Other subtraction	ent by certified defense	come	B7		00		00
4 5	B6 Capital investme B7 Other subtraction Total subtractions fr	ent by certified defense ons from partnership inc om partnership income	come – add lines B1 through B7	В7_		00		00
4 5 6	B6 Capital investme B7 Other subtraction Total subtractions fre Partnership income	ent by certified defense ons from partnership income om partnership income adjusted to Arizona bas	come – add lines B1 through B7 sis – subtract line 4 from line	B7		00 4 5		00 00 00
5 6	B6 Capital investme B7 Other subtraction Total subtractions fre Partnership income	ent by certified defense ons from partnership income om partnership income adjusted to Arizona bas	come – add lines B1 through B7	B7		00 4 5		00

Name (as shown on page 1)	EIN	

Schedule C – Apportionment Formula (Multistate Partnerships Only)

• Qua	alifying air carriers must use Arizona Schedule ACA.	Column A	Column B	Column C
• See	e instructions, pages 6 and 7.	Total Within Arizona	Total Everywhere	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			
	d Weight AZ sales (STANDARD uses x2; ENHANCED uses x8).	x2 OR x8		
	e Sales factor (For column A, multiply line c by line d;			
	for column B, enter the amount from line c.)			
	Total Ratio - add C1c, C2, and C3e, in column C			
C5	Average Apportionment Ratio –			
	Divide line C4, column C, by the denominator (STANDARD divides by	,	• • • •	
	Enter the result in column C and on Arizona Form 165, Schedule K-1	(NR), column (b)		

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:

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 attach the schedule immediately after page 2 of Form 165.

I, the undersigned partner of the partnership for which this return is made, declare under penalty o					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		DATE		PAID PREPARER'S PTIN	
Preparer's		2)				
Use	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYE	D)			FIRM'S 🔲 EIN OR 🔤 SSN	
Only						
Only	FIRM'S STREET ADDRESS				FIRM'S TELEPHONE NUMBER	
	CITY		STATE			
	CITY		STATE		ZIP CODE	
	Attach all schedules to this return including federal For	m 1065 and fe	deral S	chedule(s)	K-1 (Form 1065).	

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