Arizona Partnership Income Tax Return

2014

		dar year 2014 or ☐ fiscal year beginning	<u> </u>			Υ,Υ.	
Business Telephone Numbe (with area code)		Ivalite		<u> </u>	K ONE:		
`	,	Address and street or DO Dov		☐ Ori	<u> </u>	mended	
Rusii	ness Activity Code	Address – number and street or PO Box		Employe	er Identification Nu	umber (EIIN)	
	federal Form 1065)	City, Town or Post Office		State ZIP Cod	de		
68	Check box if: □	his is a first return □Name change □Address	s change	CHECK BOX IF return	filed under ext	tension:	
A	DBA:			82 _{82E}			
В	Will a composite re-	urn be filed on Form 140NR?	□Yes □No	REVENUE USE ONLY. DO	O NOT MARK IN 1	THIS AREA.	
C	Total number of nor	resident individual partners		88			
D	Total number of res	ident and part-year resident individual partners					
E		ity partners (see instructions, page 2)					
F		menced					
G		ment for multistate partnerships only (check or	ne box):	81 PM	66 RCVD		
		STANDARD DENHANCED		81 F W	[66] KC V D		
Н		o elect to be treated as a multistate service provide					
	Schedule MSP). In	dicate year of election	\square Yr 3 \square Yr 4 \square Yr 5		\		
					YES	МО	
I		ip's final return under this EIN?			=	닏	
J	Did you file 2012 and 2013 Arizona partnership returns?						
	If "No", state reason:						
K							
_	If "Yes", list years:				 ? L □		
L	Have you included a copy of your federal Form 1065 and supporting schedules with this return, including Schedules K-1?						
M	Has the Internal Revenue Service (IRS) made any adjustments in any federal income tax return filed by the partnership not						
	previously reported to the department?						
		ar(s):					
		eparate cover a copy of the IRS report as finally de					
N	The partnership books are in care of:						
	Located at:						
	Number ar	nd street or PO Box	City	Stat	te ZIP Code		
Adj	ustment of Par	nership Income From Federal to Ariz	ona Basis		1		
1	Federal ordinary bu	siness and rental income from Form 1065, Sched	ule K. See instructions		1	00	
	SCHEDULE A: Ad	ditions to Partnership Income					
	A1 Total federal de	preciation	A1	00			
	A2 Non-Arizona m	unicipal bond interest	A2	00			
	A3 Additions relate	d to Arizona tax credits	A3_	00			
	A4 Other additions	to partnership income	A4_	00			
2		artnership income: Add lines A1 through A4			2	00	
3	Subtotal: Add lines	1 and 2			3	00	
	SCHEDULE B: Su	btractions From Partnership Income					
	B1 Recalculated A	rizona depreciation: See instructions	B1	00			
	B2 Basis adjustme	nt for property sold or otherwise disposed of during	g the taxable year –				
	see instructions		B2	00			
		S. government obligations		00			
		ljusted basis of property		00			
	-	os charitable contribution: See instructions		00			
		ons from partnership income		00		1	
4		om partnership income: Add lines B1 through B6			4	00	
5		adjusted to Arizona basis: Subtract line 4 from lin				00	
6	Net adjustment of p	artnership income from federal to Arizona basis: \$	Subtract line 1 from line 5.		6	00	
Per	nalty						
		g or incomplete filing: See instructions			7	00	

PORTANT: Qualifying air carriers must use Arizona Schedule ACA. alifying multistate service providers must include Arizona nedule MSP. See Form 165 instructions beginning on page 6.	Total W	LUMN A tithin Arizonearest	zona	COLUMN B Total Everywhere Round to nearest dollar.	COLUMN C Ratio Within Arizona A ÷ B
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)	()()
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).					
d Weight AZ property: (STANDARD uses × 1; ENHANCED uses × 7.5)	x1	OR	×7.5		
e Property factor (for column A, multiply line c by line d;					
for column B, enter amount from line c)					
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 × 1; ENHANCED uses × 7.5)	x1	OR	×7.5		
c Payroll factor (for column A, multiply line a by line b;					
for column B, enter amount from line a)					
Sales Factor					
a Sales delivered or shipped to Arizona purchasers					
b Sales of services for qualifying multistate service providers					
only (include Schedule MSP)					
c Other gross receipts					
d Total sales and other gross receipts					
e Weight AZ sales: (STANDARD uses x 2; ENHANCED uses x 85)	×2	OR	×85.0		
f Sales factor (for column A, multiply line d by line e;					
for column B, enter the amount from line d)					
Total Paties Add lines C4s C2s and C2f in actions C					
Total Ratio: Add lines C1e, C2c, and C3f, in column C					
Average Apportionment Ratio: Divide line C4, column C, by the de					
ENHANCED divides by one hundred (100)). Enter the result in colum	nn C. Also	enter th	is amour	nt on	

EIN

SCHEDULE D Business Information

Name (as shown on page 1)

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 3 of Form 165.

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	DATE	TIT	ΓLE			
Paid Preparer's	PAID PREPARER'S SIGNATURE		DATE		PAID PREPARER'S PTIN		
FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMI		DYED)			FIRM'S EIN OR SSN		
Only	FIRM'S STREET ADDRESS				FIRM'S TELEPHONE NUMBER		
	CITY		STATE		ZIP 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