

For the ☐ calendar year 2014 or ☐ fiscal year beginning M,M,D,D,2,0,1,4 and ending M,M,D,D,2,0,Y,Y.

Business Telephone Number (with area code)	Name	CHECK ONE: <input type="checkbox"/> Original <input type="checkbox"/> Amended Employer Identification Number (EIN)
	Address – number and street or PO Box	
Business Activity Code (from federal Form 1065)	City, Town or Post Office	State ZIP Code

68 Check box if: ☐ This is a first return ☐ Name change ☐ Address change

CHECK BOX IF return filed under extension:

82 82E ☐

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

81 PM

66 RCVD

- A DBA: _____
- B Will a composite return be filed on Form 140NR? ☐ Yes ☐ No
- C Total number of nonresident individual partners _____
- D Total number of resident and part-year resident individual partners _____
- E Total number of entity partners (see instructions, page 2) _____
- F Date business commenced M,M,D,D,Y,Y,Y,Y
- G ARIZONA apportionment for multistate partnerships only (check one box):
☐ AIR Carrier ☐ STANDARD ☐ ENHANCED
- H ☐ Check this box to elect to be treated as a multistate service provider, if qualified (include Schedule MSP). Indicate year of election ☐ Yr 1 ☐ Yr 2 ☐ Yr 3 ☐ Yr 4 ☐ Yr 5

- | | YES | NO |
|--|----------------------------|--------------------------|
| I Is this the partnership's final return under this EIN? | I <input type="checkbox"/> | <input type="checkbox"/> |
| J Did you file 2012 and 2013 Arizona partnership returns? | J <input type="checkbox"/> | <input type="checkbox"/> |
| If "No", state reason: _____ | | |
| K Have you filed amended federal partnership returns for prior years? | K <input type="checkbox"/> | <input type="checkbox"/> |
| If "Yes", list years: _____ | | |
| L Have you included a copy of your federal Form 1065 and supporting schedules with this return, including Schedules K-1? | L <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | M <input type="checkbox"/> | <input type="checkbox"/> |
| If "Yes", indicate year(s): _____ | | |
| and submit under separate cover a copy of the IRS report as finally determined. | | |
| N The partnership books are in care of: _____ | | |
| Located at: _____ | | |

Number and street or PO Box

City

State

ZIP Code

Adjustment of Partnership Income From Federal to Arizona Basis

1	Federal ordinary business and rental income from Form 1065, Schedule K. See instructions	1	00
SCHEDULE A: Additions to Partnership Income			
A1	Total federal depreciation	A1	00
A2	Non-Arizona municipal bond interest	A2	00
A3	Additions related to Arizona tax credits	A3	00
A4	Other additions to partnership income	A4	00
2	Total additions to partnership income: Add lines A1 through A4	2	00
3	Subtotal: Add lines 1 and 2	3	00
SCHEDULE B: Subtractions From Partnership Income			
B1	Recalculated Arizona depreciation: See instructions	B1	00
B2	Basis adjustment for property sold or otherwise disposed of during the taxable year – see instructions	B2	00
B3	Interest from U.S. government obligations	B3	00
B4	Difference in adjusted basis of property	B4	00
B5	Agricultural crops charitable contribution: See instructions	B5	00
B6	Other subtractions from partnership income	B6	00
4	Total subtractions from partnership income: Add lines B1 through B6	4	00
5	Partnership income adjusted to Arizona basis: Subtract line 4 from line 3	5	00
6	Net adjustment of partnership income from federal to Arizona basis: Subtract line 1 from line 5	6	00

Penalty

7	Penalty for late filing or incomplete filing: See instructions	7	00
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Name (as shown on page 1)	EIN
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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	TITLE
Paid Preparer's Use Only	PAID PREPARER'S SIGNATURE	DATE	PAID PREPARER'S PTIN
	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)	FIRM'S <input type="checkbox"/> EIN OR <input type="checkbox"/> SSN	
	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