Arizona Form

Arizona Partnership Income Tax Return

2017

		Form 165 is due on or before the 15th day of the 3rd month following	the c	lose of the taxab	le year.			
	For the 🔲 calend	lar year 2017 or ☐ fiscal year beginning [M,M,D,D,2,	0 , 1	_7_ and ending	$g \sqcup M_* N$	1 ₁ D	$D_12_10_1Y$	Υ.
Business Telephone Number Name CHECK				K O	NE:			
(with area code)		☐ Original ☐ Amended						
		Address – number and street or PO Box			Employ	er Id	entification Num	ber (EIN)
Business Activity Code								
(from federal Form 1065)		City, Town or Post Office		State	ZIP Cod	de		
68	la			Check box if re	eturn fil	ed ı	under extens	ion:
00		his is a first return ☐ Name change ☐ Address change		82 82E	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	arraor externo	
Α	DBA:			REVENUE USE C	NIV D	O NO	T MARK IN TH	IIS ADEA
В		ill a composite return be filed on Form 140NR?			JI WAKK IN III	IIS AREA.		
С	lotal number of nonresident individual partners							
D	Total number of resident and part-year resident individual partners							
Ε	Total number of entity partners. See instructions, page 3							
F	Date business commenced							
G	ARIZONA apportion	ment for multistate partnerships only (check one box):						
	G1 ☐ AIR CARRIER	R G2□STANDARD G3□SALES FACTOR ONLY		81 PM			66 RCVD	
Н	☐ Check if Multistat	te Service Provider Election and Computation (Arizona Schedule MSI	P) is					
	included. Indicate	e the year of the election cycle:	r 5					
		, , , , , , , , , , , , , , , , , , , ,					YES	NO
1	Is this the partnersh	ip's final return under this EIN?						П
J		d 2016 Arizona partnership returns?						Ħ
Ū	•	:					. • ⊔	
K		nded federal partnership returns for prior years?					_ . k□	
K	•	· · · · · · · · · · · · · · · · · · ·						ш
		venue Service (IRS) made any adjustments in any federal income tax		- file al le the e			_	
L				-			_	
		to the department?					. ∟ 🗆	ш
	If "Yes", indicate year(s):,					l,		
	Submit a copy of the							
		nts were for tax years 2016 and 2017 and resulted in a federal impute	d und	erpayment asses	sment,	you		
		rm 165PA to report those changes.						
M	The partnership boo	ks are in care of:					_	
	Located at:							
	Numberon	d street or PO Box City			Ctot		ZIP Code	
A al:		·			Stat	.e	ZIP Code	
Au	ustinent of Part	nership Income From Federal to Arizona Basis				_		
1	Federal ordinary bus	siness and rental income (loss) from Form 1065, Schedule K. See ins	truction	าร		1		00
	SCHEDULE A: Add	ditions to Partnership Income						
	A1 Total federal dep	preciation	A1		00			
	A2 Non-Arizona mu	ınicipal bond interest	A2		00			
	A3 Additions related	d to Arizona tax credits	А3		00			
	A4 Other additions	to partnership income	A4		00			
2		rtnership income: Add lines A1 through A4. Enter the total				2		00
3	•	and 2. Enter the total.				3		00
	SCHEDULE B: Sul	btractions From Partnership Income						
		izona depreciation: See instructions	В1		00			
		nt for property sold or otherwise disposed of during the taxable year						
	•		B2		00			
		S. government obligations	B3		00			
		os charitable contribution: See instructions	B4		00			
		ns from partnership income	B5		00			
4						4		00
4	Total subtractions from partnership income: Add lines B1 through B5. Enter the total.					00		
5 Partnership income adjusted to Arizona basis: Subtract line 4 from line 3. Enter the difference.						00		
6	ivet adjustment of pa	artnership income from federal to Arizona basis: Subtract line 1 from line	5. Ent	er τne aiπerence	∟	6		100
Per	nalty							
		and in computate fillings. Out it is				Ţ		00
	renally for late filing	or incomplete filing: See instructions				7		IUU

IPORTANT: Qualifying air carriers must use Arizona Schedule ACA.	COLUMN A	COLUMN B	COLUMN C
ualifying multistate service providers must include Arizona Schedule	Total Within Arizona	Total Everywhere	Ratio Within Arizona
SP. If the "SALES FACTOR ONLY" box on page 1, line G, is checked,	Round to nearest dollar	Round to nearest dollar.	A ÷ B
 amplete only Section C3, Sales Factor, lines a through f. See instructions. 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):			
1 Inventories			
Depreciable assets (do not include construction in progress): Land			
4 Other assets (describe):			
5 Less: Nonbusiness property (if included in above totals)			
6 Total of section a (the sum of lines 1 through 4 less line 5):			
b Rented property (capitalize at 8 times net rent paid)			
c Total owned and rented property (Total of section a plus section b)			
2 Payroll Factor - STANDARD APPORTIONMENT ONLY			
Total wages, salaries, commissions and other compensation to			
employees (per federal Form 1065, or payroll reports)			
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 x 2; SALES FACTOR ONLY x 1)	×2 OR ×1		
f Sales Factor (for Column A, multiply line d by line e; for Column B, enter the amount from line d; for Column C, divide Column A by Column B.)			
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).			
4 STANDARD Apportionment Total Ratio: Add Column C of lines C1c	C2 and C3f Enter the	total	
5 Average Apportionment Ratio for STANDARD Apportionment: Divi			
result on Arizona Form 165, Schedule K-1(NR), Part 1, column (b). (If	•	• •	

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.

Due Date	Form 165 is due on or before the 15th day of the 3rd month following the close of the taxable year.								
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		ITLE					
Paid	PAID PREPARER'S SIGNATURE		DATE		PAID PREPARER'S PTIN				
Preparer's Use	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED	0)			FIRM'S EIN OR SSN				
Only	FIRM'S STREET ADDRESS				FIRM'S TELEPHONE NUMBER				
	CITY		STATE		ZIP CODE				

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