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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.

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|---------------------------------|--|---|----------------------------|
| Due Date | Form 165 is due on or before the 15 th day of the 3 rd 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 _____ | 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 _____ |

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