ARIZONA FORM 165

Arizona Partnership Income Tax Return

2000

					(.H	ECK ONE		
	F	or taxable y	/ear beginning MM / DD / YYYYY, and ending MM /	DD / YYYY	Calendar yea		l year 🔲	
			Mail to: Arizona Department of Revenue, PO Box 29079, Pho	oenix AZ 85038-907	u i	ECK ONE	. —	
Business telephon	e number	<u> </u>	Name		Original _	_		
Please					r cucrar emplo	Federal employer ID number (FEIN)		
()) print or type Number and street				AZ withholding tax number			
Business activity co from federal Form			City or town, state, and ZIP code	A7 transaction	AZ transaction privilege tax number			
				7 iz wansastisi	7.2 uanoaouen primoge tan nambor			
	_		irst return Name change Address change		For DOR use only			
B Will a con	nposite return	be filed on	Form 140NR? YES NO					
C Total num	ber of nonresi	ident individ	lual partners					
D Total number of resident individual partners					1 66			
E Total num	ber of entity p	artners <i>(se</i>	e instruction page 2)	11001	BOX IF: extension used to file re	turn 8:	₂F	
F Date busi	ness commen	ced MM	<u>J DD JYYYY</u>	reacta	extension used to me re	YES	NO	
			?					
H Did you fi	e 1998 and 19	999 Arizona	partnership returns? If no, state reason					
I Have you	filed amended	d federal pa	rtnership returns for prior years?					
If yes, list	years		ederal Form 1065 and supporting schedules to this return, inc					
to the dep	artment? If ye	es, indicate ned	made any adjustments in any federal income tax return filed by year(s), and submi	it under separate cov	er a copy of the IRS			
Adjustment of		-	usiness and rental income - from Form 1065, Schedule K. Se				00	
Partnership 2 Additions to partnership income - from page 2, Schedule A, line A5							00	
Federal to 4 Subtractions from partnership income - from page 2, Schedule B, line B7							00	
Arizona Basis 5 Partnership income adjusted to Arizona basis - <i>line 3 minus line 4</i>							00	
	• Net auj	astiliciti oi p	sattletsiilp income nom rederal to Anzona basis - iine 3 mine	13 IIIIC 1	6		00	
Penalty	7 Penalty	for late filin	g or incomplete filing \$500.00		7		00	
Certification	I, the undersigned partner of the partnership for which this return is made, certify 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			Date	Partner's social security	number or E	IN	
Paid				1				
Preparer's	Preparer's sign	nature		Date				
Use Only					1			
	Firm's name (or	preparer's, if s	elf-employed)		Preparer's TIN			
	Firm's address				ZIP code			

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Schedule A - Additions to Partnership Income								
A1 Non-Arizona municipal bond interest	. A1	0						
A2 Capital investment by qualified defense contractor	. A2	0						
A3 Additions related to Arizona tax credits	. A3	0						
A4 Other additions to partnership income								
A5 Total additions to partnership income - add lines A1 through A4. Enter total here and on page 1, line 2								
Schedule B - Subtractions From Partnership Income			A5	0				
D4 lateration II C accommodabilitations	D1							
B1 Interest from U.S. government obligations		0						
B2 Difference in adjusted basis of property		0						
B3 Agricultural crops charitable contribution - see instructions		0						
B4 Alternative fuel vehicles and equipment - see instructions		0						
B5 Capital investment by qualified defense contractor		0						
B6 Other subtractions from partnership income		00						
B7 Total subtractions from partnership income - add lines B1 through B6. Enter total here and on page 1, line 4								
The following information must be submitted by all partnerships having income from sources both Arizona requires a double-weighted sales factor. See instructions on pages 5 and 6 both	(cough C1(f).						
	Total within	Total everywhere		zona				
	Arizona		(a)	/ (b)				
C1 Average yearly value of real and tangible personal property:								
(a) Inventory			_					
(b) Depreciable assets - at original cost			_					
(c) Land			_					
(d) Other - describe			_					
(e) Less construction in progress			_					
(f) Less nonbusiness property								
(g) Net annual rent paid for leased property, multiplied by 8								
(h) Total real and tangible personal property used								
C2 Wages, salaries, commissions and other compensation of employees as shown per federal Form 1065 or payroll reports								
C3 (a) Gross sales, less returns and allowances								
(b) Sales delivered or shipped to Arizona purchasers		_						
(c) Other gross receipts (rents, royalties, interest, etc.)								
(d) Total sales within Arizona								
(e) Double weight sales factor	X 2							
(f) Sales factor ratio. For column (a), multiply line C3(d) by		_						
line C3(e); for column (b), add lines C3(a) and C3(c)								
C4 Total ratio - add lines C1(h), C2 and C3(f), in column (c)								
C5 Average ratio - <i>divide line C4, column (c) by four (4). Enter the result here</i>								
and on the Arizona Schedule K-1(NR) in column (b)								
and on the surgeon desired at 1 (1111) in condimit (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 Ar	izona:							