

ARTHUR DIMARSKY  
32 ERIC LN  
STATEN ISLAND NY 10308-  
646-637-3269

AUGUST 02, 2011

SEMINAR SAMPLE  
444 AVIATOR BLVD.  
FLAGSTAFF, AZ 55555

TEL: 111-111-1111

FOR PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2010 INCOME TAX RETURN.

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FEDERAL

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ARIZONA STATE

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NEW MEXICO STATE

NM PTE  
NM PTE-1 AND PTE-A  
NM PTE-D OWNER INFORMATION  
NM PTE-PV PAYMENT VOUCHER  
PER NM K-1

OREGON STATE

OR FORM 65  
OR SCHEDULE AP  
PER OR K-1

AMOUNT DUE

\$7,500.00

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NOTE: IF ANY PREPRINTED DATA NEEDS CHANGES, ENTER CORRECT DATA ON THE 2011 PROFORMA.

PREPARER NUMBER 2300 1		CLIENT ID 0171 SAMPLE02		<b>PARTNERSHIP PROFORMA</b>	
IRS MAIL LABEL CODE 0067		FILE ELECTRONICALLY 1189 <input type="checkbox"/> YES		FISCAL YEAR BEGINNING 0056 05-01-2011 ENDING 0057 12-31-2011	
BUSINESS TELEPHONE NUMBER 0060 (111)111-1111X		RESIDENT STATE IF DIFFERENT 0300 AZ		OFFICE USE ONLY <b>MANUAL SCHEDULE</b>	
PARTNERSHIP NAME (FIRST LINE) 0001 SEMINAR SAMPLE		A PRINCIPAL BUSINESS ACTIVITY 0010 RECREATION [11]		2305	
PARTNERSHIP NAME CONTINUED (SECOND LINE) 0002		B PRINCIPAL PRODUCT OR SERVICE 0011 SKYDIVING [11]		CONTROL CODE (OR CLIENT NO.) <b>2011 SYSTEM 1065</b>	
STREET ADDRESS 0003 444 AVIATOR BLVD.		C BUSINESS CODE 0012 713900 [6]		00001	
CITY 0008 FLAGSTAFF		D EMPLOYER ID NUMBER 0004 41-1234567 [11]		ACCOUNTANT'S STAMP (OPTIONAL)	
STATE [2] ZIP CODE [10] 0006 AZ 0007 55555		E DATE BUSINESS STARTED (MM-DD-YYYY) 0058 05-01-2010			
RETURN DUE DATE 0146 09-15-2011		F TOTAL ASSETS • 3197 1,577,160			
G (1) THIS IS AN INITIAL RETURN 1160 <input checked="" type="checkbox"/> YES		H METHOD OF ACCOUNTING (DEFAULT CASH) ACCRUAL 1111 <input type="checkbox"/> YES OTHER 1112 <input type="checkbox"/> YES SPECIFY: 0147 [15]			
(2) THIS IS A FINAL RETURN 1124 <input type="checkbox"/> YES		I TOTAL NUMBER OF PARTNERS 2400 2			
(3) NAME CHANGE 1139 <input type="checkbox"/> YES		IRS MAY DISCUSS RETURN WITH PREPARER 1345 <input type="checkbox"/> YES			
(4) CHANGE IN ADDRESS THIS YEAR 1130 <input type="checkbox"/> YES		E-MAIL ADDRESS 8183 [26]			
(5) THIS IS AN AMENDED RETURN 1135 <input type="checkbox"/> YES		<b>SCHEDULE A - COST OF GOODS SOLD</b>			
<b>TAX MATTERS PARTNER</b>					
TYPE OF PARTNERSHIP (Default = General Partnership)		LP 1172 <input type="checkbox"/> LLC 1168 <input type="checkbox"/>		LLP 1169 <input type="checkbox"/> OTHER 0070 [26]	
NAME 0084 JERRY [25]		a INVENTORY METHOD (DEFAULT COST)		NOT APPLICABLE 1101 <input type="checkbox"/> YES ii LOWER OF COST OR MARKET 1117 <input type="checkbox"/> YES OTHER (ATTACH EXPLANATION) 1119 <input type="checkbox"/> YES iii SPECIFY: 0119 [18]	
ADDRESS 0085 807 LIKE-KIND AVE. [25]		b WRITEDOWN-"Subnormal" Goods		1118 <input type="checkbox"/> YES	
CITY, STATE, ZIP 0086 PHASE-OUT, AZ 55555 [25]		c LIFO METHODS ADOPTED (Attach Fm 970)		1120 <input type="checkbox"/> YES	
SSN 0087 222-22-2222 EIN 0088		d DO RULES OF SEC. 263A APPLY?		1123 <input type="checkbox"/> YES	
		e ANY CHANGE - INVENTORY VALUATION?		1122 <input type="checkbox"/> YES	
<b>UNIVERSAL K-1 DATA</b>					
		PRINT K-1'S WITH BLANK AMOUNTS		1129 <input type="checkbox"/> YES	
		TAX SHELTER REGISTRATION NUMBER		0041	
		AMENDED K-1		1182 <input type="checkbox"/> YES	
		FINAL K-1		1183 <input type="checkbox"/> YES	

NOTE: IF ANY PREPRINTED DATA NEEDS CHANGES, ENTER CORRECT DATA ON THE 2010 PROFORMA.

SEMINAR SAMPLE 41-1234567

		SCHEDULE L - BALANCE SHEETS		
ASSETS		BEGINNING OF TAX YEAR		END OF TAX YEAR
1	CASH		3135 1,350,863	3136
2	a TRADE NOTES AND ACCOUNTS RECEIVABLE	3137		3138
	b LESS BAD DEBT ALLOWANCE	3139 ( )	●	3141 ( ) ●
3	INVENTORIES		3143 5,726	3144
4	U.S. GOVERNMENT OBLIGATIONS		3126	3127
5	TAX-EXEMPT SECURITIES		3145	3146
6	OTHER CURRENT ASSETS		3147	3148
7	MORTGAGE AND REAL ESTATE LOANS		3149	3150
8	OTHER INVESTMENTS		3151	3152
9	a BUILDINGS AND OTHER DEPRECIABLE ASSETS	3153 277,000		●● 3154
	b LESS ACCUMULATED DEPRECIATION	3155 ( 56,429 )	● 220,571	●● 3157 ( ) ●
10	a DEPLETABLE ASSETS	3159		3160
	b LESS ACCUMULATED DEPLETION	3161 ( )	●	3163 ( ) ●
11	LAND (NET OF ANY AMORTIZATION)		3165	●● 3166
12	a INTANGIBLE ASSETS (AMORTIZABLE ONLY)	3167		●● 3168
	b LESS ACCUMULATED AMORTIZATION	3169 ( )	●	●● 3171 ( ) ●
13	OTHER ASSETS		3173	3174
14	<b>TOTAL ASSETS</b>		● 1,577,160	●
<b>LIABILITIES AND CAPITAL</b>				
15	ACCOUNTS PAYABLE		3177 1,325	3178
16	NOTES PAYABLE IN LESS THAN 1 YEAR		3179	3180
17	OTHER CURRENT LIABILITIES		3181	3182
18	ALL NONRECOURSE LOANS		3183	3184
19	NOTES PAYABLE IN 1 YEAR OR MORE		3185 184,286	3186
20	OTHER LIABILITIES		3187	3188
21	PARTNERS' CAPITAL ACCOUNTS		3189 1,391,549	3190
22	<b>TOTAL LIABILITIES AND CAPITAL</b>		● 1,577,160	●

Sample Return

**2010 PREPRINTED PARTNERSHIP  
SCHEDULE K-1 DATA**

**PARTNER NUMBER 1**

PARTNER NAME (FIRST LINE) 0023 JERRY		I		GENERAL PARTNER	1146	<input checked="" type="checkbox"/>	YES	
PARTNER NAME (SECOND LINE) 0021		J		LIMITED PARTNER	1174	<input type="checkbox"/>	YES	
STREET ADDRESS 0024 807 LIKE-KIND AVE.		K		FOREIGN PARTNER	1151	<input type="checkbox"/>	YES	
CITY STATE ZIP 0025 PHASE-OUT, AZ 55555		M		ENTITY CODE	2649		7	
SSN 0022 222-22-2222		EIN		0027				
MASTER DEFAULT PERCENTAGE 0225		N		SHARE OF LIABILITIES	NONRECOURSE	2602		
PARTNER'S PERCENTAGE OF:		BEGINNING		QUAL NONRECRSE		2670		
L PROFIT		0226	50.0000	RECOURSE		2603		
LOSS		0228	50.0000	CAPITAL AT BEGINNING OF YEAR		2655 705,775		
CAPITAL		0230	50.0000	CAPITAL CONTRIBUTED		2656		
		0227		INCOME/LOSS		2657		
		0229		WITHDRAWALS & DISTRIBUTIONS		2658		
		0231		CAPITAL AT END OF YEAR		●		
				TAX BASIS		<input type="checkbox"/>	YES GAAP	
				SECTION 704(b)		<input type="checkbox"/>	YES OTHER	
						<input type="checkbox"/>	YES	
						<input type="checkbox"/>	YES	
DESCRIPTION	BOX	AMOUNT	DESCRIPTION	BOX	AMOUNT	DESCRIPTION	BOX	AMOUNT

**PARTNER NUMBER 2**

PARTNER NAME (FIRST LINE) 0023 BOB		I		GENERAL PARTNER	1146	<input checked="" type="checkbox"/>	YES	
PARTNER NAME (SECOND LINE) 0021		J		LIMITED PARTNER	1174	<input type="checkbox"/>	YES	
STREET ADDRESS 0024 907 LIKE-KIND AVE.		K		FOREIGN PARTNER	1151	<input type="checkbox"/>	YES	
CITY STATE ZIP 0025 PHASE-OUT, AZ 55555		M		ENTITY CODE	2649		7	
SSN 0022 333-33-3333		EIN		0027				
MASTER DEFAULT PERCENTAGE 0225 50.0000		N		SHARE OF LIABILITIES	NONRECOURSE	2602		
PARTNER'S PERCENTAGE OF:		BEGINNING		QUAL NONRECRSE		2670		
L PROFIT		0226	50.0000	RECOURSE		2603		
LOSS		0228	50.0000	CAPITAL AT BEGINNING OF YEAR		2655 685,774		
CAPITAL		0230	50.0000	CAPITAL CONTRIBUTED		2656		
		0227		INCOME/LOSS		2657		
		0229		WITHDRAWALS & DISTRIBUTIONS		2658		
		0231		CAPITAL AT END OF YEAR		●		
				TAX BASIS		<input type="checkbox"/>	YES GAAP	
				SECTION 704(b)		<input type="checkbox"/>	YES OTHER	
						<input type="checkbox"/>	YES	
						<input type="checkbox"/>	YES	
DESCRIPTION	BOX	AMOUNT	DESCRIPTION	BOX	AMOUNT	DESCRIPTION	BOX	AMOUNT

**PARTNER NUMBER**

PARTNER NAME (FIRST LINE) 0023		I		GENERAL PARTNER	1146	<input type="checkbox"/>	YES	
PARTNER NAME (SECOND LINE) 0021		J		LIMITED PARTNER	1174	<input type="checkbox"/>	YES	
STREET ADDRESS 0024		K		FOREIGN PARTNER	1151	<input type="checkbox"/>	YES	
CITY STATE ZIP 0025		M		ENTITY CODE	2649			
SSN 0022		EIN		0027				
MASTER DEFAULT PERCENTAGE 0225		N		SHARE OF LIABILITIES	NONRECOURSE	2602		
PARTNER'S PERCENTAGE OF:		BEGINNING		QUAL NONRECRSE		2670		
L PROFIT		0226		RECOURSE		2603		
LOSS		0228		CAPITAL AT BEGINNING OF YEAR		2655		
CAPITAL		0230		CAPITAL CONTRIBUTED		2656		
		0227		INCOME/LOSS		2657		
		0229		WITHDRAWALS & DISTRIBUTIONS		2658		
		0231		CAPITAL AT END OF YEAR		●		
				TAX BASIS		<input type="checkbox"/>	YES GAAP	
				SECTION 704(b)		<input type="checkbox"/>	YES OTHER	
						<input type="checkbox"/>	YES	
						<input type="checkbox"/>	YES	
DESCRIPTION	BOX	AMOUNT	DESCRIPTION	BOX	AMOUNT	DESCRIPTION	BOX	AMOUNT

2010

PARTNER #1

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SEMINAR SAMPLE  
444 AVIATOR BLVD.  
FLAGSTAFF AZ 55555  
(111)111-1111X1111

## Sample Return

JERRY  
807 LIKE-KIND AVE.  
PHASE-OUT AZ 55555

ATTACHED IS YOUR COPY OF THE 2010 SCHEDULE K-1 FOR A U.S. PARTNERSHIP RETURN OF INCOME (FORM 1065) WHICH WAS FILED WITH THE INTERNAL REVENUE SERVICE AND SHOWS YOUR SHARE OF DISTRIBUTION FROM:

SEMINAR SAMPLE  
444 AVIATOR BLVD.  
FLAGSTAFF, AZ 55555

THE ITEMS OF INCOME, LOSS, DEDUCTION OR CREDIT WHICH APPEAR IN THE ENCLOSED MATERIAL MAY HAVE AN IMPORTANT BEARING IN THE DETERMINATION OF YOUR TAXABLE INCOME. HOWEVER, THE PROVISIONS OF THE INCOME TAX LAWS ARE COMPLEX AND MAY BE INTERPRETED DIFFERENTLY FOR DIFFERENT TAXPAYERS. FOR THIS REASON, YOU MAY WISH TO SEEK THE ASSISTANCE OF YOUR TAX ADVISOR WITH RESPECT TO THE PROPER TREATMENT OF THESE ITEMS IN YOUR FEDERAL AND STATE RETURNS.

THE ENCLOSED INFORMATION HAS BEEN PREPARED FROM UNAUDITED DATA SUPPLIED BY THE TAX MATTERS PERSON. NO ATTEMPT WAS MADE TO VERIFY ANY OF THE INFORMATION AND ELECTIONS CONTAINED THEREIN. THE RETURNS ARE SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES AND, THEREFORE, THE INCOME, LOSSES, DEDUCTIONS OR CREDITS WHICH APPEAR ARE SUBJECT TO POSSIBLE ADJUSTMENT.

SEMINAR SAMPLE  
444 AVIATOR BLVD.  
FLAGSTAFF, AZ 55555

AUGUST 02, 2011

JERRY  
807 LIKE-KIND AVE.  
PHASE-OUT AZ 55555

Dear JERRY,

Enclosed is your 2010 federal Schedule K-1, Partner's Share of Income, Credits, Deductions from SEMINAR SAMPLE. Included on Schedule K-1 is your distributive share of income, deductions, credits, and other tax items that should be reported on your return. This information was included in the 2010 federal return, Form 1065, that was filed with the Internal Revenue Service.

The Federal Partner's Instructions for Schedule K-1 (Form 1065) have also been enclosed to assist you in completing your income tax return.

Your business is appreciated. Please call if you have any questions.

Sincerely,

Jerry



# 1
Schedule K-1
(Form 1065)

2010

Department of the Treasury
Internal Revenue Service

For calendar year 2010, or tax
year beginning 0501, 2010
ending 1231, 20 10

Final K-1 Amended K-1 OMB No. 1545-0099

Partner's Share of Income, Deductions,
Credits, etc.
See page 2 and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
41-1234567

B Partnership's name, address, city, state, and ZIP code
SEMINAR SAMPLE
444 AVIATOR BLVD.
FLAGSTAFF AZ 55555

C IRS Center where partnership filed return
OGDEN

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
222-22-2222

F Partner's name, address, city, state, and ZIP code
JERRY
807 LIKE-KIND AVE.
PHASE-OUT AZ 55555

G General partner or LLC member-manager
Limited partner or other LLC member

H Domestic partner
Foreign partner

I What type of entity is this partner? INDIVIDUAL ACTIVE

J Partner's share of profit, loss, and capital (see instructions):
Table with columns: Beginning, Ending, Profit, Loss, Capital

K Partner's share of liabilities at year end:
Nonrecourse
Qualified nonrecourse financing
Recourse

L Partner's capital account analysis:
Beginning capital account
Capital contributed during the year
Current year increase (decrease)
Withdrawals & distributions
Ending capital account

Tax basis GAAP Section 704(b) book
Other (explain)

M Did the partner contribute property with a built-in gain or loss?
Yes No
If "Yes", attach statement (see instructions)

Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items

1 Ordinary business inc. (loss) 15 Credits
120,382

2 Net rental real estate inc. (loss)
\* 32,700

3 Other net rental income (loss) 16 Foreign transactions
19,425

4 Guaranteed payments

5 Interest income 158

6a Ordinary dividends

6b Qualified dividends

7 Royalties

8 Net short-term cap. gain (loss)
255,000

9a Net long-term cap. gain (loss) 17 Alternative min tax (AMT) items
255,000 A 4,979

9b Collectibles (28%) gain (loss)

9c Unrecaptured sec. 1250 gain

10 Net section 1231 gain (loss) 18 Tax-exempt income and
nondeductible expenses

11 Other income (loss) C 1,890

12 Section 179 deduction A 22,500

13 Other deductions U 5,000 19 Distributions

14 Self-employment earnings (loss) A 139,807 20 Other information
C 195,654 A 158

\*See attached statement for additional information.

FOR USE ONLY

This list identifies the codes used on Schedule K-1 for all partners and provides summarized reporting information for partners who file Form 1040. For detailed reporting and filing information, see the separate Partner's Instructions for Schedule K-1 and the instructions for your income tax return.

- 1. Ordinary business income (loss).** Determine whether the income (loss) is passive or nonpassive and enter on your return as follows.
  - Passive loss Report on See the Partner's Instructions
  - Passive income Schedule E, line 28, column (g)
  - Nonpassive loss Schedule E, line 28, column (h)
  - Nonpassive income Schedule E, line 28, column (j)
- 2. Net rental real estate income (loss)** See the Partner's Instructions
- 3. Other net rental income (loss)** See the Partner's Instructions
- 4. Guaranteed payments** See the Partner's Instructions
- 5. Interest income** Form 1040, line 8a
- 6a. Ordinary dividends** Form 1040, line 9a
- 6b. Qualified dividends** Form 1040, line 9b
- 7. Royalties** Schedule E, line 4
- 8. Net short-term capital gain (loss)** Schedule D, line 5, column (f)
- 9a. Net long-term capital gain (loss)** Schedule D, line 12, column (f)
- 9b. Collectibles (28%) gain (loss)** 28% Rate Gain Worksheet, line 4 (Schedule D instructions)
- 9c. Recaptured section 1250 gain** See the Partner's Instructions
- 10. Net section 1231 gain (loss)** See the Partner's Instructions
- 11. Other income (loss)**
  - Code**
  - A** Other portfolio income (loss) See the Partner's Instructions
  - B** Involuntary conversions See the Partner's Instructions
  - C** Sec. 1256 contracts & straddles Form 6781, line 1
  - D** Mining exploration costs recapture See Pub. 535
  - E** Cancellation of debt Form 1040, line 21 or Form 982
  - F** Other income (loss) See the Partner's Instructions
- 12. Section 179 deduction** See the Partner's Instructions
- 13. Other deductions**
  - A** Cash contributions (50%) See the Partner's Instructions
  - B** Cash contributions (30%) See the Partner's Instructions
  - C** Noncash contributions (50%) See the Partner's Instructions
  - D** Noncash contributions (30%) See the Partner's Instructions
  - E** Capital gain property to a 50% organization (30%) See the Partner's Instructions
  - F** Capital gain property (20%) See the Partner's Instructions
  - G** Contributions (100%) See the Partner's Instructions
  - H** Investment interest expense Form 4952, line 1
  - I** Deductions--royalty income Schedule E, line 18
  - J** Section 59(e)(2) expenditures See the Partner's Instructions
  - K** Deductions--portfolio (2% floor) Schedule A, line 23
  - L** Deductions--portfolio (other) Schedule A, line 28
  - M** Amounts paid for medical insurance Schedule A, line 1 or Form 1040, line 29
  - N** Educational assistance benefits See the Partner's Instructions
  - O** Dependent care benefits Form 2441, line 12
  - P** Preproductive period expenses See the Partner's Instructions
  - Q** Commercial revitalization deduction from rental real estate activities See Form 8582 Instructions
  - R** Pensions and IRAs See the Partner's Instructions
  - S** Reforestation expense deduction See the Partner's Instructions
  - T** Domestic production activities information See Form 8903 instructions
  - U** Qualified production activities income Form 8903, line 7b
  - V** Employer's Form W-2 wages Form 8903, line 17
  - W** Other deductions See the Partner's Instructions
- 14. Self-employment earnings (loss)**

**Note.** If you have a section 179 deduction or any partner-level deductions, see the Partner's Instructions before completing Schedule SE.

  - A** Net earnings (loss) from self-employment Schedule SE, Section A or B
  - B** Gross farming or fishing income See the Partner's Instructions
- 15. Credits**
  - A** Low-income housing credit (section 42(j)(5)) from pre-2008 buildings See the Partner's Instructions
  - B** Low-income housing credit (other) from pre-2008 buildings See the Partner's Instructions
  - C** Low-income housing credit (section 42(j)(5)) from post-2007 buildings Form 8586, line 11
  - D** Low-income housing credit (other) from post-2007 buildings Form 8586, line 11
  - E** Qualified rehabilitation expenditures (rental real estate) See the Partner's Instructions
  - F** Other rental real estate credits See the Partner's Instructions
  - G** Other rental credits See the Partner's Instructions
  - H** Undistributed capital gains credit Form 1040, line 71; check box a
  - I** Alcohol and cellulosic biofuel fuels credit Form 6478, line 8
  - J** Work opportunity credit Form 5884, line 3

Sample Return

- Code** Report on
- K** Disabled access credit See the Partner's Instructions
- L** Empowerment zone and renewal community employment credit Form 8844, line 3
- M** Credit for increasing research activities See the Partner's Instructions
- N** Credit for employer social security and Medicare taxes Form 8846, line 5
- O** Backup withholding Form 1040, line 61
- P** Other credits See the Partner's Instructions
- 16. Foreign transactions**
  - A** Name of country or U.S. possession
  - B** Gross income from all sources Form 1116, Part I
  - C** Gross income sourced at partner level
  - Foreign gross income sourced at partnership level
  - D** Passive category Form 1116, Part I
  - E** General category
  - F** Other
  - Deductions allocated and apportioned at partner level
  - G** Interest expense Form 1116, Part I
  - H** Other Form 1116, Part I
  - Deductions allocated and apportioned at partnership level to foreign source income
  - I** Passive category Form 1116, Part I
  - J** General category
  - K** Other
  - Other information
  - L** Total foreign taxes paid Form 1116, Part II
  - M** Total foreign taxes accrued Form 1116, Part II
  - N** Reduction in taxes available for credit Form 1116, line 12
  - O** Foreign trading gross receipts Form 8873
  - P** Extraterritorial income exclusion Form 8873
  - Q** Other foreign transactions See the Partner's Instructions
- 17. Alternative minimum tax (AMT) items**
  - A** Post-1986 depreciation adjustment
  - B** Adjusted gain or loss See the Partner's Instructions and the Instructions for Form 6251
  - C** Depletion (other than oil & gas)
  - D** Oil, gas, & geothermal -- gross income
  - E** Oil, gas, & geothermal -- deductions
  - F** Other AMT items
- 18. Tax-exempt income and nondeductible expenses**
  - A** Tax-exempt interest income Form 1040, line 8b
  - B** Other tax-exempt income See the Partner's Instructions
  - C** Nondeductible expenses See the Partner's Instructions
- 19. Distributions**
  - A** Cash and marketable securities
  - B** Distribution subject to section 737
  - C** Other property See the Partner's Instructions
- 20. Other information**
  - A** Investment income Form 4952, line 4a
  - B** Investment expenses Form 4952, line 5
  - C** Fuel tax credit information Form 4136
  - D** Qualified rehabilitation expenditures (other than rental real estate) See the Partner's Instructions
  - E** Basis of energy property See the Partner's Instructions
  - F** Recapture of low-income housing credit (section 42(j)(5)) Form 8611, line 8
  - G** Recapture of low-income housing credit (other) Form 8611, line 8
  - H** Recapture of investment credit See Form 4255
  - I** Recapture of other credits See the Partner's Instructions
  - J** Look-back interest -- completed long-term contracts See Form 8697
  - K** Look-back interest -- income forecast method See Form 8866
  - L** Dispositions of property with section 179 deductions
  - M** Recapture of section 179 deduction
  - N** Interest expense for corporate partners
  - O** Section 453(l)(3) information
  - P** Section 453(a)(c) information
  - Q** Section 1260(b) information
  - R** Interest allocable to production expenditures See the Partner's Instructions
  - S** CCF nonqualified withdrawals
  - T** Depletion information -- oil and gas
  - U** Amortization of reforestation costs
  - V** Unrelated business taxable income
  - W** Precontribution gain (loss)
  - X** Section 108(i) information
  - Y** Other information

2010 SCHEDULE K-1 ATTACHMENT, BOX 2, FORM 8825 NET RENTAL INCOME (LOSS)

JERRY 222-22-2222  
PARTNER #1

Description	EIN	Gain or Loss
LONG BEACH - ,	41-1234567	12,700
SANTA BARBARA - ,	41-1234567	20,000

Sample Return

TOTAL

32,700

2010 SCH K-1 ATTACHMENT, BOX 3, OTHER NET RENTAL INCOME (LOSS)

JERRY 222-22-2222  
PARTNER # 1

Description	EIN	Gain or Loss
OTHER RENTAL KAYSVILLE UT		19,425
OTHER RENTAL BOUNTIFUL UT		
<h1>Sample Return</h1>		
TOTAL		19,425

2010

PARTNER #2

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SEMINAR SAMPLE  
444 AVIATOR BLVD.  
FLAGSTAFF AZ 55555  
(111)111-1111X1111

## Sample Return

BOB  
907 LIKE-KIND AVE.  
PHASE-OUT AZ 55555

ATTACHED IS YOUR COPY OF THE 2010 SCHEDULE K-1 FOR A U.S. PARTNERSHIP RETURN OF INCOME (FORM 1065) WHICH WAS FILED WITH THE INTERNAL REVENUE SERVICE AND SHOWS YOUR SHARE OF DISTRIBUTION FROM:

SEMINAR SAMPLE  
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FLAGSTAFF AZ 55555

THE ITEMS OF INCOME, LOSS, DEDUCTION OR CREDIT WHICH APPEAR IN THE ENCLOSED MATERIAL MAY HAVE AN IMPORTANT BEARING IN THE DETERMINATION OF YOUR TAXABLE INCOME. HOWEVER, THE PROVISIONS OF THE INCOME TAX LAWS ARE COMPLEX AND MAY BE INTERPRETED DIFFERENTLY FOR DIFFERENT TAXPAYERS. FOR THIS REASON, YOU MAY WISH TO SEEK THE ASSISTANCE OF YOUR TAX ADVISOR WITH RESPECT TO THE PROPER TREATMENT OF THESE ITEMS IN YOUR FEDERAL AND STATE RETURNS.

THE ENCLOSED INFORMATION HAS BEEN PREPARED FROM UNAUDITED DATA SUPPLIED BY THE TAX MATTERS PERSON. NO ATTEMPT WAS MADE TO VERIFY ANY OF THE INFORMATION AND ELECTIONS CONTAINED THEREIN. THE RETURNS ARE SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES AND, THEREFORE, THE INCOME, LOSSES, DEDUCTIONS OR CREDITS WHICH APPEAR ARE SUBJECT TO POSSIBLE ADJUSTMENT.

SEMINAR SAMPLE  
444 AVIATOR BLVD.  
FLAGSTAFF AZ 55555

AUGUST 02, 2011

BOB  
907 LIKE-KIND AVE.  
PHASE-OUT AZ 55555

Dear BOB,

Enclosed is your 2010 federal Schedule K-1, Partner's Share of Income, Credits, Deductions from SEMINAR SAMPLE. Included on Schedule K-1 is your distributive share of income, deductions, credits, and other tax items that should be reported on your return. This information was included in the 2010 federal return, Form 1065, that was filed with the Internal Revenue Service.

The Federal Partner's Instructions for Schedule K-1 (Form 1065) have also been enclosed to assist you in completing your income tax return.

Your business is appreciated. Please call if you have any questions.

Sincerely,

Jerry

# 2
Schedule K-1
(Form 1065)

2010

Department of the Treasury
Internal Revenue Service

For calendar year 2010, or tax
year beginning 0501, 2010
ending 1231, 20 10

Final K-1 Amended K-1 OMB No. 1545-0099

Partner's Share of Income, Deductions,
Credits, etc.
See page 2 and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
41-1234567

B Partnership's name, address, city, state, and ZIP code
SEMINAR SAMPLE
444 AVIATOR BLVD.
FLAGSTAFF AZ 55555

C IRS Center where partnership filed return
OGDEN

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
333-33-3333

F Partner's name, address, city, state, and ZIP code
BOB
907 LIKE-KIND AVE.
PHASE-OUT AZ 55555

G General partner or LLC member-manager
Limited partner or other LLC member

H Domestic partner
Foreign partner

I What type of entity is this partner? INDIVIDUAL ACTIVE

J Partner's share of profit, loss, and capital (see instructions):
Table with columns: Beginning, Ending, Profit, Loss, Capital, %

K Partner's share of liabilities at year end:
Nonrecourse
Qualified nonrecourse financing
Recourse

L Partner's capital account analysis:
Beginning capital account
Capital contributed during the year
Current year increase (decrease)
Withdrawals & distributions
Ending capital account

Tax basis GAAP Section 704(b) book
Other (explain)

M Did the partner contribute property with a built-in gain or loss?
Yes No
If "Yes", attach statement (see instructions)

Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items

Table with 2 columns: Description and Amount. Rows include: 1 Ordinary business inc. (loss) 120,381; 2 Net rental real estate inc. (loss) 32,700; 3 Other net rental income (loss) 19,425; 4 Guaranteed payments; 5 Interest income 158; 6a Ordinary dividends; 6b Qualified dividends; 7 Royalties; 8 Net short-term cap. gain (loss) 255,000; 9a Net long-term cap. gain (loss) 255,000; 9b Collectibles (28%) gain (loss); 9c Unrecaptured sec. 1250 gain; 10 Net section 1231 gain (loss); 11 Other income (loss); 12 Section 179 deduction 12,500; 13 Other deductions 5,000; 14 Self-employment earnings (loss) 139,806; 15 Credits; 16 Foreign transactions; 17 Alternative min tax (AMT) items 4,979; 18 Tax-exempt income and nondeductible expenses 1,890; 19 Distributions 22,500; 20 Other information 158

\*See attached statement for additional information.

FOR USE ONLY

This list identifies the codes used on Schedule K-1 for all partners and provides summarized reporting information for partners who file Form 1040. For detailed reporting and filing information, see the separate Partner's Instructions for Schedule K-1 and the instructions for your income tax return.

1. Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows.

- Passive loss: See the Partner's Instructions
Passive income: Schedule E, line 28, column (g)
Nonpassive loss: Schedule E, line 28, column (h)
Nonpassive income: Schedule E, line 28, column (j)

2. Net rental real estate income (loss)

3. Other net rental income (loss)

- Net income: Schedule E, line 28, column (g)
Net loss: See the Partner's Instructions

4. Guaranteed payments

5. Interest income

6a. Ordinary dividends

6b. Qualified dividends

7. Royalties

8. Net short-term capital gain (loss)

9a. Net long-term capital gain (loss)

9b. Collectibles (28%) gain (loss)

9c. Recaptured section 1250 gain

10. Net section 1231 gain (loss)

11. Other income (loss)

- Code: Other portfolio income (loss), Involuntary conversions, Sec. 1256 contracts & straddles, Mining exploration costs recapture, Cancellation of debt, Other income (loss)

12. Section 179 deduction

13. Other deductions

- A Cash contributions (50%), B Cash contributions (30%), C Noncash contributions (50%), D Noncash contributions (30%), E Capital gain property to a 50% organization (30%), F Capital gain property (20%), G Contributions (100%), H Investment interest expense, I Deductions--royalty income, J Section 59(e)(2) expenditures, K Deductions--portfolio (2% floor), L Deductions--portfolio (other), M Amounts paid for medical insurance, N Educational assistance benefits, O Dependent care benefits, P Preproductive period expenses, Q Commercial revitalization deduction from rental real estate activities, R Pensions and IRAs, S Reforestation expense deduction, T Domestic production activities information, U Qualified production activities income, V Employer's Form W-2 wages, W Other deductions

14. Self-employment earnings (loss)

Note. If you have a section 179 deduction or any partner-level deductions, see the Partner's Instructions before completing Schedule SE.

- A Net earnings (loss) from self-employment: Schedule SE, Section A or B
B Gross farming or fishing income: See the Partner's Instructions
C Gross non-farm income: See the Partner's Instructions

15. Credits

- A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings: See the Partner's Instructions
B Low-income housing credit (other) from pre-2008 buildings: See the Partner's Instructions
C Low-income housing credit (section 42(j)(5)) from post-2007 buildings: Form 8586, line 11
D Low-income housing credit (other) from post-2007 buildings: Form 8586, line 11
E Qualified rehabilitation expenditures (rental real estate): See the Partner's Instructions
F Other rental real estate credits: See the Partner's Instructions
G Other rental credits: See the Partner's Instructions
H Undistributed capital gains credit: Form 1040, line 71; check box a
I Alcohol and cellulosic biofuel fuels credit: Form 6478, line 8
J Work opportunity credit: Form 5884, line 3

Code Report on

- K Disabled access credit: See the Partner's Instructions
L Empowerment zone and renewal community employment credit: Form 8844, line 3
M Credit for increasing research activities: See the Partner's Instructions
N Credit for employer social security and Medicare taxes: Form 8846, line 5
O Backup withholding: Form 1040, line 61
P Other credits: See the Partner's Instructions

16. Foreign transactions

- A Name of country or U.S. possession: Form 1116, Part I
B Gross income from all sources: Form 1116, Part I
C Gross income sourced at partner level: Form 1116, Part I
Foreign gross income sourced at partnership level
D Passive category: Form 1116, Part I
E General category: Form 1116, Part I
F Other: Form 1116, Part I
Deductions allocated and apportioned at partner level
G Interest expense: Form 1116, Part I
H Other: Form 1116, Part I
Deductions allocated and apportioned at partnership level to foreign source income
I Passive category: Form 1116, Part I
J General category: Form 1116, Part I
K Other: Form 1116, Part I
Other information
L Total foreign taxes paid: Form 1116, Part II
M Total foreign taxes accrued: Form 1116, Part II
N Reduction in taxes available for credit: Form 1116, line 12
O Foreign trading gross receipts: Form 8873
P Extraterritorial income exclusion: Form 8873
Q Other foreign transactions: See the Partner's Instructions

17. Alternative minimum tax (AMT) items

- A Post-1986 depreciation adjustment: See the Partner's Instructions and the Instructions for Form 6251
B Adjusted gain or loss: See the Partner's Instructions and the Instructions for Form 6251
C Depletion (other than oil & gas): See the Partner's Instructions and the Instructions for Form 6251
D Oil, gas, & geothermal -- gross income: See the Partner's Instructions and the Instructions for Form 6251
E Oil, gas, & geothermal -- deductions: See the Partner's Instructions and the Instructions for Form 6251
F Other AMT items: See the Partner's Instructions and the Instructions for Form 6251

18. Tax-exempt income and nondeductible expenses

- A Tax-exempt interest income: Form 1040, line 8b
B Other tax-exempt income: See the Partner's Instructions
C Nondeductible expenses: See the Partner's Instructions

19. Distributions

- A Cash and marketable securities: See the Partner's Instructions
B Distribution subject to section 737: See the Partner's Instructions
C Other property: See the Partner's Instructions

20. Other information

- A Investment income: Form 4952, line 4a
B Investment expenses: Form 4952, line 5
C Fuel tax credit information: Form 4136
D Qualified rehabilitation expenditures (other than rental real estate): See the Partner's Instructions
E Basis of energy property: See the Partner's Instructions
F Recapture of low-income housing credit (section 42(j)(5)): Form 8611, line 8
G Recapture of low-income housing credit (other): Form 8611, line 8
H Recapture of investment credit: See Form 4255
I Recapture of other credits: See the Partner's Instructions
J Look-back interest -- completed long-term contracts: See Form 8697
K Look-back interest -- income forecast method: See Form 8866
L Dispositions of property with section 179 deductions: See the Partner's Instructions
M Recapture of section 179 deduction: See the Partner's Instructions
N Interest expense for corporate partners: See the Partner's Instructions
O Section 453(l)(3) information: See the Partner's Instructions
P Section 453(a)(c) information: See the Partner's Instructions
Q Section 1260(b) information: See the Partner's Instructions
R Interest allocable to production expenditures: See the Partner's Instructions
S CCF nonqualified withdrawals: See the Partner's Instructions
T Depletion information -- oil and gas: See the Partner's Instructions
U Amortization of reforestation costs: See the Partner's Instructions
V Unrelated business taxable income: See the Partner's Instructions
W Precontribution gain (loss): See the Partner's Instructions
X Section 108(i) information: See the Partner's Instructions
Y Other information: See the Partner's Instructions



2010 SCHEDULE K-1 ATTACHMENT, BOX 2, FORM 8825 NET RENTAL INCOME (LOSS)

BOB 333-33-3333  
PARTNER #2

Description	EIN	Gain or Loss
LONG BEACH - ,	41-1234567	12,700
SANTA BARBARA - ,	41-1234567	20,000

Sample Return

TOTAL

32,700

2010 SCH K-1 ATTACHMENT, BOX 3, OTHER NET RENTAL INCOME (LOSS)

BOB 333-33-3333  
PARTNER # 2

Description	EIN	Gain or Loss
OTHER RENTAL KAYSVILLE UT		19,425
OTHER RENTAL BOUNTIFUL UT		
<h1>Sample Return</h1>		
TOTAL		19,425

PARTNER #1

SEMINAR SAMPLE  
444 AVIATOR BLVD.  
FLAGSTAFF AZ 55555  
(111)111-1111X1111

## Sample Return

JERRY  
807 LIKE-KIND AVE.  
PHASE-OUT, AZ 55555

ATTACHED IS YOUR COPY OF THE 2010 SCHEDULE K-1 FOR THE ARIZONA PARTNERSHIP RETURN (FORM 165) WHICH WAS FILED WITH THE ARIZONA DEPARTMENT OF REVENUE AND SHOWS YOUR SHARE OF DISTRIBUTION FROM:

SEMINAR SAMPLE  
  
444 AVIATOR BLVD.  
FLAGSTAFF AZ 55555

THE INCOME OR LOSS WHICH APPEARS ON THE ENCLOSED SCHEDULE MAY HAVE AN IMPORTANT BEARING IN DETERMINING YOUR TAXABLE INCOME. HOWEVER, THE PROVISIONS OF THE INCOME TAX LAWS ARE COMPLEX AND MAY BE INTERPRETED DIFFERENTLY FOR DIFFERENT TAXPAYERS. FOR THIS REASON, YOU MAY WISH TO SEEK THE ASSISTANCE OF YOUR TAX ADVISOR WITH REGARD TO THE PROPER TREATMENT OF THIS INCOME IN YOUR FEDERAL AND STATE RETURNS. THE ENCLOSED INFORMATION HAS BEEN PREPARED FROM UNAUDITED DATA SUPPLIED BY THE TAX MATTERS PARTNER. NO ATTEMPT WAS MADE TO VERIFY ANY OF THE INFORMATION AND ELECTIONS CONTAINED THEREIN. THE RETURNS ARE SUBJECT TO POSSIBLE ADJUSTMENT.

**Resident Partner's Share of Adjustment  
to Partnership Income**

**2010**

For the calendar year 2010 or fiscal year beginning 05-01-2010 and ending 12-31-2010.

CHECK ONE: Original <input checked="" type="checkbox"/> Amended <input type="checkbox"/>	CHECK ONE: Calendar year <input type="checkbox"/> Fiscal year <input checked="" type="checkbox"/>
Partner's identifying number 222-22-2222	Partnership's employer identification number 34567
Partner's name, address, and ZIP code  JERRY 807 LIKE-KIND AVE. PHASE-OUT, AZ 55555	Partnership's name, address, and ZIP code  SEMINAR SAMPLE 444 AVIATOR BLVD. FLAGSTAFF AZ 55555

Sample Return

	Before change or termination	End of year
Partner's percentage of:		
Profit sharing .....	50.0000 %	50.0000 %
Loss sharing .....	50.0000 %	50.0000 %
Ownership of capital .....	50.0000 %	50.0000 %

Type of partner (individual, trust, etc.): INDIVIDUAL

**NOTE: CORPORATE PARTNERS MUST USE FORM 165, SCHEDULE K-1(NR).**

1 Adjustment of partnership income from federal to Arizona basis -- from Form 165, page 1, line 6 .....	1		00
2 Partner's percentage of profit or loss (expressed as a decimal) .....	2	0.5	
3 Partner's distributive share of the adjustment of partnership income from federal to Arizona basis -- multiply line 1 by line 2 .....	3		00

**SPECIAL NOTICE FOR 2009 PARTNER RETURNS**

Arizona did not fully conform to federal tax law changes for 2009. This means that partners of partnerships may have to file an amended return for 2009.

If any of the items listed below apply to you, your 2009 return is affected:

1. An election to exclude discharge of indebtedness income from the reacquisition of a business debt instrument on your 2009 federal return.
2. The exclusion of original issue discount on a debt instrument described in number 1 above from income on your 2009 federal return.
3. A cash gift made during 2010 to aid Haiti earthquake victims deducted on the partnership's 2009 federal return. (This adjustment would be included by the partnership on Schedule K-1, line 3.)

If you have already filed your 2009 return and any of the above items 1 through 3 apply to you, you must amend your 2009 Arizona return.

For more news on this topic, visit the department's website at [www.azdor.gov](http://www.azdor.gov).

**PARTNER'S INSTRUCTIONS**

The partnership is required to adjust its income from a federal to Arizona basis. Line 3 of Form 165, Schedule K-1, is the partner's distributive share of that adjustment. Report the amount from line 3 on your Arizona tax return according to the instructions below.

**Resident Individuals:**

If line 3 is a positive number, enter the amount on Form 140, page 2, line B11.  
If line 3 is a negative number, enter the amount on Form 140, page 2, line C29.

**Part-Year Resident Individuals:**

If line 3 is a positive number, enter that portion of line 3 that is allocable to partnership income taxable by Arizona on Form 140PY, page 2, line C23.  
If line 3 is a negative number, enter that portion of line 3 that is allocable to partnership income taxable by Arizona on Form 140PY, page 2, line D35.

**Resident Estates or Residents Trusts:**

If line 3 is a positive number, enter the amount on Form 141AZ, page 2, Schedule B, line B3.  
If line 3 is a negative number, enter the amount on Form 141AZ, page 2, Schedule B, line B8.

PARTNER #2

444 AVIATOR BLVD.  
FLAGSTAFF AZ 55555  
(111)111-1111X1111

## Sample Return

BOB  
907 LIKE-KIND AVE.  
PHASE-OUT, AZ 55555

ATTACHED IS YOUR COPY OF THE 2010 SCHEDULE K-1 FOR THE ARIZONA PARTNERSHIP RETURN (FORM 165) WHICH WAS FILED WITH THE ARIZONA DEPARTMENT OF REVENUE AND SHOWS YOUR SHARE OF DISTRIBUTION FROM:

SEMINAR SAMPLE  
444 AVIATOR BLVD.  
FLAGSTAFF AZ 55555

THE INCOME OR LOSS WHICH APPEARS ON THE ENCLOSED SCHEDULE MAY HAVE AN IMPORTANT BEARING IN DETERMINING YOUR TAXABLE INCOME. HOWEVER, THE PROVISIONS OF THE INCOME TAX LAWS ARE COMPLEX AND MAY BE INTERPRETED DIFFERENTLY FOR DIFFERENT TAXPAYERS. FOR THIS REASON, YOU MAY WISH TO SEEK THE ASSISTANCE OF YOUR TAX ADVISOR WITH REGARD TO THE PROPER TREATMENT OF THIS INCOME IN YOUR FEDERAL AND STATE RETURNS. THE ENCLOSED INFORMATION HAS BEEN PREPARED FROM UNAUDITED DATA SUPPLIED BY THE TAX MATTERS PARTNER. NO ATTEMPT WAS MADE TO VERIFY ANY OF THE INFORMATION AND ELECTIONS CONTAINED THEREIN. THE RETURNS ARE SUBJECT TO POSSIBLE ADJUSTMENT.

**Resident Partner's Share of Adjustment  
to Partnership Income**

**2010**

For the calendar year 2010 or fiscal year beginning 05-01-2010 and ending 12-31-2010.

CHECK ONE: Original <input checked="" type="checkbox"/> Amended <input type="checkbox"/>	CHECK ONE: Calendar year <input type="checkbox"/> Fiscal year <input checked="" type="checkbox"/>
Partner's identifying number 333-33-3333	Partnership's employer identification number 34567
Partner's name, address, and ZIP code  BOB 907 LIKE-KIND AVE. PHASE-OUT, AZ 55555	Partnership's name, address, and ZIP code  SEMINAR SAMPLE 444 AVIATOR BLVD. FLAGSTAFF AZ 55555

Sample Return

Partner's percentage of:  Profit sharing .....  Loss sharing .....  Ownership of capital .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="padding: 5px;">Before change or termination</th> <th style="padding: 5px;">End of year</th> </tr> <tr> <td style="text-align: center; padding: 5px;">50.0000 %</td> <td style="text-align: center; padding: 5px;">50.0000 %</td> </tr> <tr> <td style="text-align: center; padding: 5px;">50.0000 %</td> <td style="text-align: center; padding: 5px;">50.0000 %</td> </tr> <tr> <td style="text-align: center; padding: 5px;">50.0000 %</td> <td style="text-align: center; padding: 5px;">50.0000 %</td> </tr> </table>	Before change or termination	End of year	50.0000 %	50.0000 %	50.0000 %	50.0000 %	50.0000 %	50.0000 %	
Before change or termination	End of year									
50.0000 %	50.0000 %									
50.0000 %	50.0000 %									
50.0000 %	50.0000 %									

Type of partner (individual, trust, etc.): INDIVIDUAL

**NOTE: CORPORATE PARTNERS MUST USE FORM 165, SCHEDULE K-1(NR).**

1 Adjustment of partnership income from federal to Arizona basis -- from Form 165, page 1, line 6 .....	1	00
2 Partner's percentage of profit or loss (expressed as a decimal) .....	2	0.5
3 Partner's distributive share of the adjustment of partnership income from federal to Arizona basis -- multiply line 1 by line 2 .....	3	00

**SPECIAL NOTICE FOR 2009 PARTNER RETURNS**

Arizona did not fully conform to federal tax law changes for 2009. This means that partners of partnerships may have to file an amended return for 2009.

If any of the items listed below apply to you, your 2009 return is affected:

1. An election to exclude discharge of indebtedness income from the reacquisition of a business debt instrument on your 2009 federal return.
2. The exclusion of original issue discount on a debt instrument described in number 1 above from income on your 2009 federal return.
3. A cash gift made during 2010 to aid Haiti earthquake victims deducted on the partnership's 2009 federal return. (This adjustment would be included by the partnership on Schedule K-1, line 3.)

If you have already filed your 2009 return and any of the above items 1 through 3 apply to you, you must amend your 2009 Arizona return.

For more news on this topic, visit the department's website at [www.azdor.gov](http://www.azdor.gov).

**PARTNER'S INSTRUCTIONS**

The partnership is required to adjust its income from a federal to Arizona basis. Line 3 of Form 165, Schedule K-1, is the partner's distributive share of that adjustment. Report the amount from line 3 on your Arizona tax return according to the instructions below.

**Resident Individuals:**

If line 3 is a positive number, enter the amount on Form 140, page 2, line B11.  
If line 3 is a negative number, enter the amount on Form 140, page 2, line C29.

**Part-Year Resident Individuals:**

If line 3 is a positive number, enter that portion of line 3 that is allocable to partnership income taxable by Arizona on Form 140PY, page 2, line C23.  
If line 3 is a negative number, enter that portion of line 3 that is allocable to partnership income taxable by Arizona on Form 140PY, page 2, line D35.

**Resident Estates or Residents Trusts:**

If line 3 is a positive number, enter the amount on Form 141AZ, page 2, Schedule B, line B3.  
If line 3 is a negative number, enter the amount on Form 141AZ, page 2, Schedule B, line B8.

PARTNER #1

SEMINAR SAMPLE  
444 AVIATOR BLVD.  
FLAGSTAFF AZ 55555  
(111)111-1111X1111

## Sample Return

JERRY  
807 LIKE-KIND AVE.  
PHASE-OUT, AZ 55555

ATTACHED IS YOUR COPY OF SCHEDULE K-1 FOR THE LOUISIANA PARTNERSHIP RETURN (FORM LA-565) WHICH WAS FILED WITH THE LOUISIANA DEPARTMENT OF REVENUE AND SHOWS YOUR SHARE OF DISTRIBUTION FROM:

SEMINAR SAMPLE  
444 AVIATOR BLVD.  
FLAGSTAFF AZ 55555

THE INCOME OR LOSS WHICH APPEARS ON THE ENCLOSED SCHEDULE MAY HAVE AN IMPORTANT BEARING IN DETERMINING YOUR TAXABLE INCOME. HOWEVER, THE PROVISIONS OF THE INCOME TAX LAWS ARE COMPLEX AND MAY BE INTERPRETED DIFFERENTLY FOR DIFFERENT TAXPAYERS. FOR THIS REASON, YOU MAY WISH TO SEEK THE ASSISTANCE OF YOUR TAX ADVISOR WITH REGARD TO THE PROPER TREATMENT OF THIS INCOME IN YOUR FEDERAL AND STATE RETURNS. THE ENCLOSED INFORMATION HAS BEEN PREPARED FROM UNAUDITED DATA SUPPLIED BY THE TAX MATTERS PERSON. NO ATTEMPT WAS MADE TO VERIFY ANY OF THE INFORMATION AND ELECTIONS CONTAINED THEREIN. THE RETURNS ARE SUBJECT TO POSSIBLE ADJUSTMENT.

Partnership Name <b>SEMINAR SAMPLE</b>	Partner's Identifying Number
Name and Address of Partner  JERRY 807 LIKE-KIND AVE. PHASE-OUT, AZ 55555	222-22-2222
	Profit/Loss Percentage  50.0000
Resident Partner <input type="checkbox"/> No	Non-Resident Partner <input checked="" type="checkbox"/> Yes

Sample Return

Schedule J						
1. Capital Account at Beginning of Year	2. Capital Contributed During Year	3. Income Not Included in Column 4 Plus Non-Taxable Income	4. Ordinary Income (or loss) from line 28, page 1	5. Losses Not Included in Col. 4 Plus Unallowable Deductions	6. Withdrawals and Distributions	7. Capital Account at End of Year
	60,000		122,782		22,500	160,282
Ordinary income (or loss) (line 28, page 1) .....						122,782
Distributive share of ordinary income to non-resident partner .....						_____



PARTNER #2

SEMINAR SAMPLE  
444 AVIATOR BLVD.  
FLAGSTAFF AZ 55555  
(111)111-1111X1111

## Sample Return

BOB  
907 LIKE-KIND AVE.  
PHASE-OUT, AZ 55555

ATTACHED IS YOUR COPY OF SCHEDULE K-1 FOR THE LOUISIANA PARTNERSHIP RETURN (FORM LA-565) WHICH WAS FILED WITH THE LOUISIANA DEPARTMENT OF REVENUE AND SHOWS YOUR SHARE OF DISTRIBUTION FROM:

SEMINAR SAMPLE  
444 AVIATOR BLVD.  
FLAGSTAFF AZ 55555

THE INCOME OR LOSS WHICH APPEARS ON THE ENCLOSED SCHEDULE MAY HAVE AN IMPORTANT BEARING IN DETERMINING YOUR TAXABLE INCOME. HOWEVER, THE PROVISIONS OF THE INCOME TAX LAWS ARE COMPLEX AND MAY BE INTERPRETED DIFFERENTLY FOR DIFFERENT TAXPAYERS. FOR THIS REASON, YOU MAY WISH TO SEEK THE ASSISTANCE OF YOUR TAX ADVISOR WITH REGARD TO THE PROPER TREATMENT OF THIS INCOME IN YOUR FEDERAL AND STATE RETURNS. THE ENCLOSED INFORMATION HAS BEEN PREPARED FROM UNAUDITED DATA SUPPLIED BY THE TAX MATTERS PERSON. NO ATTEMPT WAS MADE TO VERIFY ANY OF THE INFORMATION AND ELECTIONS CONTAINED THEREIN. THE RETURNS ARE SUBJECT TO POSSIBLE ADJUSTMENT.

Partnership Name SEMINAR SAMPLE	Partner's Identifying Number
Name and Address of Partner  BOB 907 LIKE-KIND AVE. PHASE-OUT, AZ 55555	333-33-3333
	Profit/Loss Percentage  50.0000
Resident Partner <input checked="" type="checkbox"/>	Non-Resident Partner <input type="checkbox"/> Yes

Sample Return

Schedule J						
1. Capital Account at Beginning of Year	2. Capital Contributed During Year	3. Income Not Included in Column 4 Plus Non-Taxable Income	4. Ordinary Income (or loss) from line 28, page 1	5. Losses Not Included in Col. 4 Plus Unallowable Deductions	6. Withdrawals and Distributions	7. Capital Account at End of Year
	40,000		122,782		22,500	140,282
Ordinary income (or loss) (line 28, page 1) .....						122,782
Distributive share of ordinary income to non-resident partner .....						_____

PARTNER #1

SEMINAR SAMPLE  
444 AVIATOR BLVD.  
FLAGSTAFF AZ 55555  
(111)111-1111X1111

## Sample Return

JERRY

807 LIKE-KIND AVE.  
PHASE-OUT, AZ 55555

ATTACHED IS YOUR COPY OF SCHEDULE K-1 FOR A MINNESOTA PARTNERSHIP RETURN OF INCOME (FORM M-3) WHICH WAS FILED WITH THE MINNESOTA DEPARTMENT OF REVENUE AND SHOWS YOUR SHARE OF DISTRIBUTION FROM:

SEMINAR SAMPLE

444 AVIATOR BLVD.  
FLAGSTAFF AZ 55555

THE ITEMS OF INCOME, LOSS, DEDUCTION OR CREDIT WHICH APPEAR IN THE ENCLOSED MATERIAL MAY HAVE AN IMPORTANT BEARING IN THE DETERMINATION OF YOUR TAXABLE INCOME. HOWEVER, THE PROVISIONS OF THE INCOME TAX LAWS ARE COMPLEX AND MAY BE INTERPRETED DIFFERENTLY FOR DIFFERENT TAXPAYERS. FOR THIS REASON, YOU MAY WISH TO SEEK THE ASSISTANCE OF YOUR TAX ADVISOR WITH RESPECT TO THE PROPER TREATMENT OF THESE ITEMS IN YOUR FEDERAL AND STATE RETURNS.

THE ENCLOSED INFORMATION HAS BEEN PREPARED FROM UNAUDITED DATA SUPPLIED BY THE TAX MATTERS PERSON. NO ATTEMPT WAS MADE TO VERIFY ANY OF THE INFORMATION AND ELECTIONS CONTAINED THEREIN. THE RETURNS ARE SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES AND, THEREFORE, THE INCOME, LOSSES, DEDUCTIONS OR CREDITS WHICH APPEAR ARE SUBJECT TO POSSIBLE ADJUSTMENT.

Partner's Share of Income, Credits and Modifications 2010

Partnership: Complete and provide Schedule KPI to each nonresident individual, estate or trust partner and any Minnesota individual, estate or trust partner who has adjustments to income.

For corporate and partnership partners, use Schedule KPC instead.

Tax year beginning 05-01, 2010 and ending 12-31-2010

Amended KPI:

INFORMATION	Partner's federal ID or SSN number	FEIN/SSN of partner ultimately taxed (see instructions):	Partnership's federal ID number	Partnership's Minnesota tax ID
	<u>222-22-2222</u>	<u>222-222222</u>	<u>41-1234567</u>	<u>1234567</u>
	Partner's name	Partnership's name		JOBZ ID number, if any
	<u>JERRY</u>	<u>SEMINAR SAMPLE</u>		
	Address of legal residence	Address		
	<u>807 LIKE-KIND AVE.</u>	<u>444 AVIATOR BLVD.</u>		
	City State Zip code	City State Zip code		
<u>PHASE-OUT AZ 55555</u>	<u>FLAGSTAFF AZ 55555</u>			
Entity of partner (check one box): <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Estate				Partner's distributive share: <u>50.0000%</u>

Calculate lines 1-21 the same for all resident and nonresident partners. Calculate lines 22-38 for nonresident partners only. Round amounts to the nearest whole dollar.

ALL INDIVIDUAL ESTATE AND TRUST PARTNERS	Individual, estate and trust partners		Form M1 filers:
			Include on:
1	Interest income from non-Minnesota state and municipal bonds . . . . .		M1M, line 1
2	State income tax deducted in arriving at ordinary or net rental income . . . . .		M1M, line 5
3	Expenses deducted that are attributable to income not taxed by Minnesota (other than interest or mutual fund dividends from U.S. bonds) . . . . .		M1M, line 10
4	If the partnership elected section 179 expensing, enter the partner's flow-through section 179 expensing <b>for Minnesota purposes</b> . . . . .		M1M, see line 4 inst
5	100% of partner's distributive share of federal bonus depreciation . . . . .		M1M, see line 3 inst
6	Federal tax-exempt subsidies paid to employers for providing prescription drug coverage for their retirees . . . . .		M1M, line 11
7	Fines, fees and penalties deducted federally as a trade or business expense . . . . .		M1M, line 12
8	Discharge of indebtedness income from reacquisition of business debt . . . . .		M1M, line 14
9	<b>The need for line 9 has been eliminated. Leave blank</b> . . . . .		
10	Interest from U.S. government bond obligations, minus any expenses deducted on the federal return that are attributable to this income . . . . .		M1, line 6
11	Job Opportunity Building Zone (JOBZ) business and investment income exemptions . . . . .		M1M, line 31
12	<b>The need for line 12 has been eliminated. Leave blank</b> . . . . .		
13	Employer transit pass credit . . . . .		M1C, line 4
14	Enterprise zone credit . . . . .		M1B, line 6
15	2010 credit for increasing research activities . . . . .		M1B, line 1
16	Credit for historic structure rehabilitation and <b>enter NPS project number:</b> . . . . .		M1B, line 3
17	Jobs credit for participating in a JOBZ zone . . . . .		M1B, line 4

Continued on page 2

**MINNESOTA - REVENUE**

**KPI**

1130

Continued

Partner's name <b>JERRY</b>	Partner's federal ID number or Social Security number <b>222-22-2222</b>
Partnership's name <b>SEMINAR SAMPLE</b>	Partnership's federal ID number <b>41-1234567</b>

ALL PARTNERS

**Relating to alternative minimum tax**

- 18 Intangible drilling costs
- 19 Gross income from oil, gas and geothermal properties
- 20 Deductions allocable to oil, gas and geothermal properties
- 21 Depletion

18	
19	
20	
21	

Use lines 18-21 to compute M1MT, lines 6 and 7. See M1MT instructions for details.

Sample Return

**Minnesota portion of amounts from federal Schedule K-1 (1065)**

- 22 Minnesota source gross income
- 23 Ordinary Minnesota source income (loss) from trade or business activities
- 24 Income (loss) from Minnesota rental real estate
- 25 Other net income (loss) from Minnesota rental activities
- 26 Guaranteed payments
- 27 Interest income
- 28 Ordinary dividends
- 29 Royalties
- 30 Net Minnesota short-term capital gain (loss)
- 31 Net Minnesota long-term capital gain (loss)
- 32 Section 1231 Minnesota net gain (loss)
- 33 Other Minnesota income (loss). (Describe type of income or include separate sheet: \_\_\_\_\_)
- 34 Section 179 expense deduction apportionable to Minnesota
- 35 Partnership's Minnesota apportionment factor (line 6 of M3A)

22	147,790
23	23,232
24	6,311
25	3,749
26	
27	
28	
29	
30	
31	
32	
33	
34	2,413
35	0.19298

info only (see inst.)  
 M1NR, line 6, col B  
 M1NR, line 6, col B  
 M1NR, line 6, col B  
 M1NR, line 6, col B  
 M1NR, line 2, col B  
 M1NR, line 2, col B  
 M1NR, line 6, col B  
 M1NR, line 4, col B  
 M1NR, line 4, col B  
 M1NR, line 4 or 8, col B  
 M1NR, line 8, col B  
 M1NR, line 6, col B  
 information only

**Nonresident individual partners only:**

**Composite income tax or nonresident withholding**

- 36 Minnesota source distributive income (see instructions)
- 37 Minnesota composite income tax paid by partnership. If the partner elected composite income tax, check this box:
- 38 Minnesota income tax withheld for nonresident individual partner not electing to file composite income tax. If the partner completed and signed a Form AWC, check this box:

36	33,292
37	
38	2,613

If an amount is on line 38 below, include line 36 on M1W, line 3a, col. B.  
 composite income tax  
 M1W, line 3a, col C

**Partnership: Enclose this schedule and copies of federal Schedules K and K-1 with your Form M3.**

**Partner: Enclose this schedule with your Form M1 (individuals) or Form M2 (estates and trusts).**

PARTNER #2

SEMINAR SAMPLE  
444 AVIATOR BLVD.  
FLAGSTAFF AZ 55555  
(111)111-1111X1111

## Sample Return

BOB

907 LIKE-KIND AVE.  
PHASE-OUT, AZ 55555

ATTACHED IS YOUR COPY OF SCHEDULE K-1 FOR A MINNESOTA PARTNERSHIP RETURN OF INCOME (FORM M-3) WHICH WAS FILED WITH THE MINNESOTA DEPARTMENT OF REVENUE AND SHOWS YOUR SHARE OF DISTRIBUTION FROM:

SEMINAR SAMPLE

444 AVIATOR BLVD.  
FLAGSTAFF AZ 55555

THE ITEMS OF INCOME, LOSS, DEDUCTION OR CREDIT WHICH APPEAR IN THE ENCLOSED MATERIAL MAY HAVE AN IMPORTANT BEARING IN THE DETERMINATION OF YOUR TAXABLE INCOME. HOWEVER, THE PROVISIONS OF THE INCOME TAX LAWS ARE COMPLEX AND MAY BE INTERPRETED DIFFERENTLY FOR DIFFERENT TAXPAYERS. FOR THIS REASON, YOU MAY WISH TO SEEK THE ASSISTANCE OF YOUR TAX ADVISOR WITH RESPECT TO THE PROPER TREATMENT OF THESE ITEMS IN YOUR FEDERAL AND STATE RETURNS.

THE ENCLOSED INFORMATION HAS BEEN PREPARED FROM UNAUDITED DATA SUPPLIED BY THE TAX MATTERS PERSON. NO ATTEMPT WAS MADE TO VERIFY ANY OF THE INFORMATION AND ELECTIONS CONTAINED THEREIN. THE RETURNS ARE SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES AND, THEREFORE, THE INCOME, LOSSES, DEDUCTIONS OR CREDITS WHICH APPEAR ARE SUBJECT TO POSSIBLE ADJUSTMENT.

Partner's Share of Income, Credits and Modifications 2010

Partnership: Complete and provide Schedule KPI to each nonresident individual, estate or trust partner and any Minnesota individual, estate or trust partner who has adjustments to income.

For corporate and partnership partners, use Schedule KPC instead.

Tax year beginning 05-01, 2010 and ending 12-31-2010

Amended KPI:

INFORMATION	Partner's federal ID or SSN number	FEIN/SSN of partner ultimately taxed (see instructions):	Partnership's federal ID number	Partnership's Minnesota tax ID
	<u>333-33-3333</u>	<u>333-333333</u>	<u>41-1234567</u>	<u>1234567</u>
	Partner's name	Partnership's name		JOBZ ID number, if any
	<u>BOB</u>	<u>SEMINAR SAMPLE</u>		
	Address of legal residence	Address		
	<u>907 LIKE-KIND AVE.</u>	<u>444 AVIATOR BLVD.</u>		
	City State Zip code	City State Zip code		
<u>PHASE-OUT AZ 55555</u>	<u>FLAGSTAFF AZ 55555</u>			
Entity of partner (check one box):	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Trust	<input type="checkbox"/> Estate	Partner's distributive share: <u>50.0000%</u>

Calculate lines 1-21 the same for all resident and nonresident partners. Calculate lines 22-38 for nonresident partners only. Round amounts to the nearest whole dollar.

ALL INDIVIDUAL ESTATE AND TRUST PARTNERS	Individual, estate and trust partners		Form M1 filers:
			Include on:
	1	Interest income from non-Minnesota state and municipal bonds . . . . .	M1M, line 1
	2	State income tax deducted in arriving at ordinary or net rental income . . . .	M1M, line 5
	3	Expenses deducted that are attributable to income not taxed by Minnesota (other than interest or mutual fund dividends from U.S. bonds) . . . . .	M1M, line 10
	4	If the partnership elected section 179 expensing, enter the partner's flow-through section 179 expensing <b>for Minnesota purposes</b> . . . . .	M1M, see line 4 inst
	5	100% of partner's distributive share of federal bonus depreciation, . . . . .	M1M, see line 3 inst
	6	Federal tax-exempt subsidies paid to employers for providing prescription drug coverage for their retirees . . . . .	M1M, line 11
	7	Fines, fees and penalties deducted federally as a trade or business expense, . . . . .	M1M, line 12
	8	Discharge of indebtedness income from reacquisition of business debt . . . .	M1M, line 14
	9	<b>The need for line 9 has been eliminated. Leave blank</b> . . . . .	
	10	Interest from U.S. government bond obligations, minus any expenses deducted on the federal return that are attributable to this income . . . . .	M1, line 6
	11	Job Opportunity Building Zone (JOBZ) business and investment income exemptions . . . . .	M1M, line 31
	12	<b>The need for line 12 has been eliminated. Leave blank</b> . . . . .	
	13	Employer transit pass credit . . . . .	M1C, line 4
	14	Enterprise zone credit . . . . .	M1B, line 6
	15	2010 credit for increasing research activities . . . . .	M1B, line 1
	16	Credit for historic structure rehabilitation and <b>enter NPS project number:</b> . . . . .	M1B, line 3
	17	Jobs credit for participating in a JOBZ zone . . . . .	M1B, line 4

Continued on page 2

**MINNESOTA - REVENUE**

**KPI**

1130

Continued

Partner's name <b>BOB</b>	Partner's federal ID number or Social Security number <b>333-33-3333</b>
Partnership's name <b>SEMINAR SAMPLE</b>	Partnership's federal ID number <b>41-1234567</b>

ALL PARTNERS

**Relating to alternative minimum tax**

- 18 Intangible drilling costs
- 19 Gross income from oil, gas and geothermal properties
- 20 Deductions allocable to oil, gas and geothermal properties
- 21 Depletion

18	
19	
20	
21	

Use lines 18-21 to compute M1MT, lines 6 and 7. See M1MT instructions for details.

Sample Return

**Minnesota portion of amounts from federal Schedule K-1 (1065)**

- 22 Minnesota source gross income
- 23 Ordinary Minnesota source income (loss) from trade or business activities
- 24 Income (loss) from Minnesota rental real estate
- 25 Other net income (loss) from Minnesota rental activities
- 26 Guaranteed payments
- 27 Interest income
- 28 Ordinary dividends
- 29 Royalties
- 30 Net Minnesota short-term capital gain (loss)
- 31 Net Minnesota long-term capital gain (loss)
- 32 Section 1231 Minnesota net gain (loss)
- 33 Other Minnesota income (loss). (Describe type of income or include separate sheet: \_\_\_\_\_)
- 34 Section 179 expense deduction apportionable to Minnesota
- 35 Partnership's Minnesota apportionment factor (line 6 of M3A)

22	147,789
23	23,231
24	6,310
25	3,748
26	
27	
28	
29	
30	
31	
32	
33	
34	2,412
35	0.19298

info only (see inst.)  
 M1NR, line 6, col B  
 M1NR, line 6, col B  
 M1NR, line 6, col B  
 M1NR, line 6, col B  
 M1NR, line 6, col B  
 M1NR, line 2, col B  
 M1NR, line 2, col B  
 M1NR, line 6, col B  
 M1NR, line 4, col B  
 M1NR, line 4, col B  
 M1NR, line 4 or 8, col B  
 M1NR, line 8, col B  
 M1NR, line 6, col B  
 information only

**Nonresident individual partners only:**

**Composite income tax or nonresident withholding**

- 36 Minnesota source distributive income (see instructions)
- 37 Minnesota composite income tax paid by partnership. If the partner elected composite income tax, check this box:
- 38 Minnesota income tax withheld for nonresident individual partner not electing to file composite income tax. If the partner completed and signed a Form AWC, check this box:

36	33,289
37	
38	2,613

If an amount is on line 38 below, include line 36 on M1W, line 3a, col. B.  
 composite income tax  
 M1W, line 3a, col C

**Partnership: Enclose this schedule and copies of federal Schedules K and K-1 with your Form M3.**

**Partner: Enclose this schedule with your Form M1 (individuals) or Form M2 (estates and trusts).**



# Sample Return

A voucher is printed at the bottom of this page.

(Rev. 12/10)

Cut carefully along this line to detach.

10 MNPV441 TWF 44327 Copyright Forms (Software Only) - 2010 TW

**MINNESOTA • REVENUE**  
**Partnership Return Payment**

**PV44** 1130 0462

Minnesota tax ID (required) 1234567

Federal ID number 41-1234567

Name of partnership SEMINAR SAMPLE

Address 444 AVIATOR BLVD.

City, state, zip code FLAGSTAFF AZ 55555

Contact person's name, title and phone number

JERRY GENERAL PTR (111)111-1111X111

Tax-year end (mmdyyy)

123110

Make check payable to Minnesota Revenue.

Send with Form M3 or mail separately to:

Minnesota Revenue, Mail Station 1760, St. Paul, MN 55145-1760

AMOUNT OF CHECK

5226 00

046020000000000000000000123110000000123456740000000000000000000000000001130

PARTNER #1

SEMINAR SAMPLE  
444 AVIATOR BLVD.  
FLAGSTAFF AZ 55555  
JERRY  
(111)111-1111X1111

## Sample Return

JERRY  
807 LIKE-KIND AVE.  
PHASE-OUT, AZ 55555

ATTACHED IS YOUR COPY OF SCHEDULE K-1 FOR THE OREGON PARTNERSHIP RETURN (FORM OR-65) WHICH WAS FILED WITH THE OREGON DEPARTMENT OF REVENUE AND SHOWS YOUR SHARE OF DISTRIBUTION FROM:

SEMINAR SAMPLE  
444 AVIATOR BLVD.  
FLAGSTAFF AZ 55555

THE INCOME OR LOSS WHICH APPEARS ON THE ENCLOSED SCHEDULE MAY HAVE AN IMPORTANT BEARING IN DETERMINING YOUR TAXABLE INCOME. HOWEVER, THE PROVISIONS OF THE INCOME TAX LAWS ARE COMPLEX AND MAY BE INTERPRETED DIFFERENTLY FOR DIFFERENT TAXPAYERS. FOR THIS REASON, YOU MAY WISH TO SEEK THE ASSISTANCE OF YOUR TAX ADVISOR WITH REGARD TO THE PROPER TREATMENT OF THIS INCOME IN YOUR FEDERAL AND STATE RETURNS. THE ENCLOSED INFORMATION HAS BEEN PREPARED FROM UNAUDITED DATA SUPPLIED BY THE TAX MATTERS PERSON. NO ATTEMPT WAS MADE TO VERIFY ANY OF THE INFORMATION AND ELECTIONS CONTAINED THEREIN. THE RETURNS ARE SUBJECT TO POSSIBLE ADJUSTMENT.

# 2010 FORM OREGON-65 - PARTNER'S SHARE OF OREGON MODIFICATIONS

SEMINAR SAMPLE  
41-1234567

For calendar year \_\_\_\_\_ or tax year beginning 05-01-2010 , and ending 12-31-2010

Partnership Name SEMINAR SAMPLE	Employer Identification Number 41-1234567
------------------------------------	--

(a) - Name and address of partner

JERRY  
807 LIKE-KIND AVE.  
PHASE-OUT, AZ 55555

## Sample Return

(b) Partner's identifying number ▶ 222-22-2222

(c) Profit/Loss Percentage ▶ 50 / 50

Residency Status  
 Resident       Nonresident

**ADDITIONS - Items not included in federal partnership income taxable to Oregon.**

- |  |    |  |
|--|----|--|
| 1. Interest on government bonds of other states (K-1 line _____)   | 1. |  |
| 2. Gain on property transactions not deferred for Oregon (K-1 line _____)  | 2. |  |
| 3. Difference in depreciation (for Oregon depreciation less than federal)<br>(Attach Oregon Depreciation Schedule, form 1509-101-025) (K-1 line _____) | 3. |  |
| 4. Recognition of previously deferred gain   | 4. |  |
| 5. Depletion in excess of basis  | 5. |  |
| 6. Gain or loss on sale of assets when Oregon basis is different   | 6. |  |
| 7. Other additions   | 7. |  |

**SUBTRACTIONS - Items included in federal partnership income not taxable to Oregon.**

- |   |     |  |
|---|-----|--|
| 8. U.S. Government interest (K-1 line _____)  | 8.  |  |
| 9. Gain on property transactions already taxed by Oregon  | 9.  |  |
| 10. Difference in depreciation (for Oregon depreciation greater than federal)<br>(Attach Oregon Depreciation Schedule, form 150-101-025) (K-1 line _____) | 10. |  |
| 11. Work opportunity credit (K-1 line _____)  | 11. |  |
| 12. Gain or loss on sale of assets when Oregon basis is different   | 12. |  |
| 13. Other subtractions  | 13. |  |

PARTNER #2

SEMINAR SAMPLE  
444 AVIATOR BLVD.  
FLAGSTAFF AZ 55555  
JERRY  
(111)111-1111X1111

## Sample Return

BOB  
907 LIKE-KIND AVE.  
PHASE-OUT, AZ 55555

ATTACHED IS YOUR COPY OF SCHEDULE K-1 FOR THE OREGON PARTNERSHIP RETURN (FORM OR-65) WHICH WAS FILED WITH THE OREGON DEPARTMENT OF REVENUE AND SHOWS YOUR SHARE OF DISTRIBUTION FROM:

SEMINAR SAMPLE  
444 AVIATOR BLVD.  
FLAGSTAFF AZ 55555

THE INCOME OR LOSS WHICH APPEARS ON THE ENCLOSED SCHEDULE MAY HAVE AN IMPORTANT BEARING IN DETERMINING YOUR TAXABLE INCOME. HOWEVER, THE PROVISIONS OF THE INCOME TAX LAWS ARE COMPLEX AND MAY BE INTERPRETED DIFFERENTLY FOR DIFFERENT TAXPAYERS. FOR THIS REASON, YOU MAY WISH TO SEEK THE ASSISTANCE OF YOUR TAX ADVISOR WITH REGARD TO THE PROPER TREATMENT OF THIS INCOME IN YOUR FEDERAL AND STATE RETURNS. THE ENCLOSED INFORMATION HAS BEEN PREPARED FROM UNAUDITED DATA SUPPLIED BY THE TAX MATTERS PERSON. NO ATTEMPT WAS MADE TO VERIFY ANY OF THE INFORMATION AND ELECTIONS CONTAINED THEREIN. THE RETURNS ARE SUBJECT TO POSSIBLE ADJUSTMENT.

# 2010 FORM OREGON-65 - PARTNER'S SHARE OF OREGON MODIFICATIONS

SEMINAR SAMPLE  
41-1234567

For calendar year \_\_\_\_\_ or tax year beginning 05-01-2010 , and ending 12-31-2010

Partnership Name SEMINAR SAMPLE	Employer Identification Number 41-1234567
------------------------------------	--

(a) - Name and address of partner

BOB  
907 LIKE-KIND AVE.  
PHASE-OUT, AZ 55555

## Sample Return

(b) Partner's identifying number ▶ 333-33-3333

(c) Profit/Loss Percentage ▶ 50 / 50

Residency Status  
 Resident       Nonresident

**ADDITIONS - Items not included in federal partnership income taxable to Oregon.**

- |  |    |       |
|--|----|-------|
| 1. Interest on government bonds of other states (K-1 line _____)   | 1. | _____ |
| 2. Gain on property transactions not deferred for Oregon (K-1 line _____)  | 2. | _____ |
| 3. Difference in depreciation (for Oregon depreciation less than federal)<br>(Attach Oregon Depreciation Schedule, form 1509-101-025) (K-1 line _____) | 3. | _____ |
| 4. Recognition of previously deferred gain   | 4. | _____ |
| 5. Depletion in excess of basis  | 5. | _____ |
| 6. Gain or loss on sale of assets when Oregon basis is different   | 6. | _____ |
| 7. Other additions   | 7. | _____ |

**SUBTRACTIONS - Items included in federal partnership income not taxable to Oregon.**

- |   |     |       |
|---|-----|-------|
| 8. U.S. Government interest (K-1 line _____)  | 8.  | _____ |
| 9. Gain on property transactions already taxed by Oregon  | 9.  | _____ |
| 10. Difference in depreciation (for Oregon depreciation greater than federal)<br>(Attach Oregon Depreciation Schedule, form 150-101-025) (K-1 line _____) | 10. | _____ |
| 11. Work opportunity credit (K-1 line _____)  | 11. | _____ |
| 12. Gain or loss on sale of assets when Oregon basis is different   | 12. | _____ |
| 13. Other subtractions  | 13. | _____ |