

Jan. 1 - Dec. 31, 2005 or Fiscal Year beginning \_\_\_\_\_ and ending \_\_\_\_\_ 20\_\_.

|                       |                                    |
|-----------------------|------------------------------------|
| Name<br>●             | Federal Identification Number<br>● |
| Address<br>●          | Type of Business                   |
| City, State, Zip<br>● | Number of Partners<br>●            |

Check Applicable Box     Initial Return     Amended Return     Final Return

Type of Entity     General Partnership     Limited Partnership     Limited Liability Company     Limited Liability Partnership     Other \_\_\_\_\_

|   | INCOME |  | Federal |    | Arkansas |    |
|---|--------|--|---------|----|----------|----|
| 1. Gross receipts or sales: .....   | 1      |  | 00      | 1  |          | 00 |
| 2. Cost of goods sold: .....  | 2      |  | 00      | 2  |          | 00 |
| 3. Gross profit from business: .....                                      | 3      |  | 00      | 3  |          | 00 |
| 4. Income from other partnerships or fiduciaries: (Attach schedule) ..... | 4      |  | 00      | 4  |          | 00 |
| 5. Interest and/or dividends: (Attach schedule) .....                     | 5      |  | 00      | 5  |          | 00 |
| 6. Rental income: (Attach schedule) .....                                 | 6      |  | 00      | 6  |          | 00 |
| 7. Royalty income: (Attach schedule) .....                                | 7      |  | 00      | 7  |          | 00 |
| 8. Farm income: (Attach schedule) .....                                   | 8      |  | 00      | 8  |          | 00 |
| 9. Capital gain or loss: (Attach schedule) .....                          | 9      |  | 00      | 9  |          | 00 |
| 10. Other income: (Attach schedule) .....                                 | 10     |  | 00      | 10 |          | 00 |
| 11. <b>Total Income:</b> (Add Lines 3 through 10) .....                   | 11     |  | 00      | 11 |          | 00 |

| DEDUCTIONS   |    |  |    |    |  |    |
|--|----|--|----|----|--|----|
| 12. Salaries of employees: .....                             | 12 |  | 00 | 12 |  | 00 |
| 13. Guaranteed payments to partners: .....                   | 13 |  | 00 | 13 |  | 00 |
| 14. Rent on business property: .....                         | 14 |  | 00 | 14 |  | 00 |
| 15. Interest expense: .....                                  | 15 |  | 00 | 15 |  | 00 |
| 16. Taxes: .....   | 16 |  | 00 | 16 |  | 00 |
| 17. Bad debts: (Attach schedule) .....                       | 17 |  | 00 | 17 |  | 00 |
| 18. Repairs: .....   | 18 |  | 00 | 18 |  | 00 |
| 19. Depreciation: (Attach schedule) .....                    | 19 |  | 00 | 19 |  | 00 |
| 20. Depletion: (Attach schedule) .....                       | 20 |  | 00 | 20 |  | 00 |
| 21. Retirement plan, etc.: (Attach schedule) .....           | 21 |  | 00 | 21 |  | 00 |
| 22. Other deductions: (Attach schedule) .....                | 22 |  | 00 | 22 |  | 00 |
| 23. <b>Total Deductions:</b> (Add Lines 12 through 22) ..... | 23 |  | 00 | 23 |  | 00 |
| 24. <b>Net Income or loss:</b> (Line 11 less Line 23) .....  | 24 |  | 00 | 24 |  | 00 |

| PARTNERS' SHARE OF INCOME |         |      |       |     |     |        |
|---------------------------|---------|------|-------|-----|-----|--------|
| NAME OF PARTNER           | ADDRESS | CITY | STATE | ZIP | SSN | INCOME |
| A.                        |         |      |       |     |     | 00     |
| B.                        |         |      |       |     |     | 00     |
| C.                        |         |      |       |     |     | 00     |
| D.                        |         |      |       |     |     | 00     |
| E.                        |         |      |       |     |     | 00     |

**Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.**

|                                 |  |      |  |
|---------------------------------|--|------|--|
| <b>Please Sign Here</b>         | Signature of general partner or limited liability company member | Date |  |
| <b>Paid Preparer's use only</b> | Preparer's signature   | Date | Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN   |
|                                 | Firm's name (or yours if self-employed) and address              | EIN  | May the Arkansas Revenue Agency discuss this return with the preparer shown to the left?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                 | Zip  |      |  |

- A. Check method of accounting  
 Cash     Accrual     Other: (Specify) \_\_\_\_\_
- B. Are any partners in this partnership also partnerships? .....  Yes     No
- C. Is this partnership a partner in another partnership? .....  Yes     No

**SCHEDULE A: COST OF GOODS SOLD**

|   |   |  |    |
|---|---|--|----|
| 1. Inventory at beginning of year: .....                          | 1 |  | 00 |
| 2. Purchases less cost of items withdrawn for personal use: ..... | 2 |  | 00 |
| 3. Cost of labor: .....   | 3 |  | 00 |
| 4. Other costs: .....   | 4 |  | 00 |
| 5. Total of Lines 1, 2, 3, and 4: .....                           | 5 |  | 00 |
| 6. Inventory at end of year: .....                                | 6 |  | 00 |
| 7. Cost of goods sold (Enter here and on Line 2, page 1): .....   | 7 |  | 00 |

- 8a. Check all methods used for valuing closing inventory:
- (i) Cost
- (ii) Lower of cost or market
- (iii) Other: (Specify method used and attach explanation) \_\_\_\_\_
- b. Check this box if there was a writedown of "subnormal" goods. ....
- c. Check this box if the LIFO Inventory Method was adopted this tax year for any goods (If checked, attach IRS Form 970.) ....
- d. Do the rules of IRC section 263A (for property produced or acquired for resale) apply to the partnership? ..... d  Yes     No
- e. Were there any changes in determining quantities, cost or valuations between opening and closing inventories?  
 (If yes, attach explanation) ..... e  Yes     No

**SCHEDULE B: BALANCE SHEET**

| ASSETS                                       | BEGINNING OF YEAR |  | END OF YEAR |  |
|--|-------------------|--|-------------|--|
| Cash .....                                   |                   |  |             |  |
| Accounts Receivable .....                    |                   |  |             |  |
| Minus allowance for bad debts .....          |                   |  |             |  |
| Inventories .....                            |                   |  |             |  |
| Government obligations .....                 |                   |  |             |  |
| Other current assets .....                   |                   |  |             |  |
| Mortgage and real estate loans .....         |                   |  |             |  |
| Other investments .....                      |                   |  |             |  |
| Buildings and other depreciable assets ..... |                   |  |             |  |
| Minus accumulated depreciation .....         |                   |  |             |  |
| Depletable assets .....                      |                   |  |             |  |
| Minus accumulated depletion .....            |                   |  |             |  |
| Other assets .....                           |                   |  |             |  |
| <b>TOTAL ASSETS .....</b>                    |                   |  |             |  |
| LIABILITIES AND CAPITAL                      | BEGINNING OF YEAR |  | END OF YEAR |  |
| Accounts Payable .....                       |                   |  |             |  |
| Mortgages, notes and bonds payable .....     |                   |  |             |  |
| Other current liabilities .....              |                   |  |             |  |
| All nonrecourse loans .....                  |                   |  |             |  |
| Other liabilities .....                      |                   |  |             |  |
| Partners' capital accounts .....             |                   |  |             |  |
| <b>TOTAL LIABILITIES AND CAPITAL .....</b>   |                   |  |             |  |

**Mail return to:** State Income Tax, P. O. Box 8026, Little Rock, AR 72203-8026