



STATE OF ARKANSAS
PARTNERSHIP RETURN

Jan. 1 - Dec. 31, 2015 or fiscal year beginning _____ and ending _____ 20__

Name ●	Federal Identification Number ●
Address ●	Type of business
City, State, ZIP ●	Number of partners ●

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

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

PARTNERS' SHARES 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.

Please Sign Here	Signature of general partner or limited liability company member	Date	
Paid Preparer's use only	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? <input type="checkbox"/> Yes <input type="checkbox"/> No



- 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. Subtract Line 6 from Line 5. (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. 8b

c. Check this box if the LIFO Inventory Method was adopted this tax year for any goods (If checked, attach IRS Form 970)..... 8c

d. Do the rules of IRC Section 263A (for property produced or acquired for resale) apply to the partnership? 8d Yes No

e. Were there any changes in determining quantities, cost, or valuations between opening and closing inventories? (If yes, attach explanation) 8e 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				
TOTAL ASSETS				
LIABILITIES AND CAPITAL	BEGINNING OF YEAR		END OF YEAR	
Accounts Payable				
Mortgages, notes, and bonds payable.....				
Other current liabilities				
All non recourse loans				
Other liabilities				
Partners' capital accounts.....				
TOTAL LIABILITIES AND CAPITAL				

Mail return to: State Income Tax, P. O. Box 8056, Little Rock, AR 72203-8056