DON'T 5 65
R EF000035

IDAHO PARTNERSHIP RETURN OF INCOME

2018

	AMENDED RETURN? Check the box.	For calendar year	Mo Dav	Voor		D V-		State use	Offig
•	See page 4 of instructions for reasons to amend and enter the number that applies.	2018 or fiscal	Mo Day	Year	Mo nding	Day Ye	аг		
Busi	ness name	year beginning	State u	ise only	Tuning	Federal Fm	plover Ident	ification Number (EIN)
540.	name]	1 040141 211	p.0,0, 140	oation rambor (
]				
Curr	ent business mailing address				7				
City	state, and ZIP Code				4				
City,	State, and ZIF Code		NAICS	Code					
	Is this a composite return?							∐ Yes •	L No
	If a federal audit was finalized this year, enter the latest year audited							∏Yes •	
3.	3. Is this a final return?								∐ No
	If yes, check the proper box below and enter the date the event occurred								
	☐ Withdrawn from Idaho ☐ Dissolve								
	Is this an electrical or telephone utility?							∐Yes •	⊣No
	b. Did the ownership change during the year?							☐Yes •	∐ No
	6. Enter the amount of investment tax credit earned this tax year						•		
	′. Enter the amount of broadband equipment investment credit earned this tax year								
	8. Enter the amount of credit for Idaho research activities earned this tax year							•	
	Reserved								
	Did you claim the property tax exemption for	investment tax o	credit propei	ty acquir	ed this ta	x year?		Yes ▪	No
IN	COME								
11.	Ordinary income (loss) from trade or busines	ss activities. For	m 1065, pag	ge 1			• 11		
12.	Net income (loss) from rental real estate activities. Form 1065, Schedule K				1 2				
13	Net income (loss) from other rental activities. Form 1065, Schedule K				1 3				
14.	Portfolio income (loss). Form 1065, Schedule K					1 4			
15.	5. Other items. See instructions				1 5				
16.	6. Net distributable income. Add lines 11 through 15						16		
AD	DITIONS								
17.	Interest and dividends not taxable under Internal Revenue Code				1 7				
18.	State, municipal, and local taxes measured by net income				1 8				
19.					1 9				
20.	Other additions				- 20				
21.	Add lines 16 through 20				21				
SU	BTRACTIONS								
22.	Interest from Idaho municipal securities			• 22					
23.	Interest on U.S. government obligations. Inc	clude a schedule		• 23					
24.	Interest and other expenses related to lines	22 and 23		• 24					
	Add lines 22 and 23, then subtract line 24						25		
26.	Technological equipment donation			<u></u>			2 6		
27.	Allocated income. Include a schedule			• 27					
28.	Interest and other expenses related to line 2	7. Include a sch	edule	• 28					
29.	Subtract line 28 from line 27						29		
	Bonus depreciation. Include a schedule						• 30		
31.	31. Other subtractions						• 31		
32.	32. Total subtractions. Add lines 25, 26, 29, 30, and 31						32		
33.	Net business income subject to apportionme	nt. Subtract line	32 from line	e 21			3 3		

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise ID 83756-0056 INCLUDE A COMPLETE COPY OF YOUR FEDERAL FORM 1065.



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34.	Net business income subject to apportionment. Enter the amount from line 33						
35.	. Partnerships with all activity in Idaho enter 100%. Multistate/multinational partnerships						
	complete and include Form 42; enter the apportionment factor from Form 42, Part I, line 21						%
36.	Net business income apportioned to Idaho. Multiply line 34 by the percent on line 35						
	Income allocated to Idaho. See instructions						
	Partnership income from Form PTE-12, Column						
	Partnership income from Form PTE-12, Column c						
	Income reported on entity's composite return fro						
	Idaho income tax from Form PTE-12, Column f.					• 41 <u></u>	
	EDITS						
	Credit for contributions to Idaho educational ent						
	Credit for contributions to Idaho youth and rehal		··········•	43			
44.	Total business income tax credits from Form 44						
	Include Form 44			44			
	Total credits. Add lines 42 through 44					45	
<u>46.</u>	Subtract line 45 from line 41. If line 45 is greate	er than line 41, enter	zero			46	
ОТ	HER TAXES						
	Permanent building fund tax. See instructions					4 7	
48.	Total tax from recapture of income tax credits from	om Form 44, Part II, I	ine 6. Ind	clude	e Form 44	48	
49.	Fuels tax due. Include Form 75					49	
50.	Sales/use tax due on untaxed purchases (on	line, mail order, and	l other)			• 50	
51.	Tax from recapture of qualified investment exem	nption (QIE). Include	Form 49	ER.		• 51	
	Total tax. Add lines 46 through 51						
53.	3. Donation to Opportunity Scholarship Program						
<u>54.</u>	Total tax plus donations. Add lines 52 and 53	54					
PA	YMENTS AND OTHER CREDITS						
55.	Estimated tax payments. If made under other EIN	5 5					
56.	. Special fuels tax refund Gasoline tax refund Include Form 75						
57.	. Tax Reimbursement Incentive credit. Include certificate						
58.	8. Total payments and other credits. Add lines 55 through 57						
	If line 54 is more than line 58, GO TO LINE 5	9. If line 54 is less	han line	58,	GO TO LINE 62.		
RE	FUND OR PAYMENT DUE						
	Tax due. Subtract line 58 from line 54					5 9	
	Penalty • Interest from due date • Enter total				60		
61	TOTAL DUE Add lines 50 and 60				•		
	61. TOTAL DUE. Add lines 59 and 60						
62.	62. Overpayment. Subtract line 54 from line 58					• 62	
63.	REFUND. Amount of line 62 you want refunded	I to you			·······		
64.	64. ESTIMATED TAX. Amount you want credited to your 2019 estimated tax.						
	Subtract line 63 from line 62					6 4	
ΑM	ENDED RETURN ONLY. Complete this	section to determ	ine you	r tax	k due or refund.		
	Total due (line 61) or overpayment (line 62) on t		65				
	66. Refund from original return plus additional refunds						
67.	67. Tax paid with original return plus additional tax paid						
	Amended tax due or refund. Add lines 65 and 6	68					
_	Within 180 days of receiving this return, the Idah Under penalties of perjury, I declare that to the b	o State Tax Commissio est of my knowledge ar	n may disc d belief th	cuss t	this return with the paid urn is true, correct, and	prepare comple	er identified below. te.
SIG	Signature of officer	Date					
HER		Phone number		\dashv			
		T HOTIC HUITIDEI					
Paid	preparer's signature Pre	eparer's EIN, SSN, or PTIN		\neg			
<u>.</u>	•						
Address		Phone number 0 1			8 2	6 2 9 5	