



ARIZONA DEPARTMENT OF REVENUE  
**Application for Approval of University Research  
 and Development Tax Credit**

A.R.S. § 43-1074.01(A)(1)(c) • A.R.S. § 43-1168(A)(1)(d)

• **Program Guidelines available at [www.azdor.gov](http://www.azdor.gov):**  
 Click on the "Tax Credits" link on left side of home page.

• **Questions regarding the program can be directed to:**  
 Karen Jacobs.....(602) 716-6923  
 Elaine Smith.....(602) 716-6924

• **Return all application forms and attachments to:**  
 University Research & Development Tax Credit  
 Arizona Department of Revenue  
 PO Box 29099  
 Phoenix, AZ 85038

**Section A: General Information**

Applicant's Name			Taxpayer Identification Number <input type="checkbox"/> FEIN <input type="checkbox"/> SSN:		
Mailing Address - number and street, PO Box			Tax Year Beginning: M M D D Y Y Y Y		Tax Year Ending: M M D D Y Y Y Y
City	State	ZIP Code			

**Business Structure:**  
 Sole Proprietorship  C corporation  S corporation  Partnership  Limited Liability Company (LLC)  
 If LLC, indicate how LLC is treated for federal tax purposes:  Partnership  Corporation  Disregarded Entity

Name of Contact Person		Title of Contact Person	
Phone No. (with area code)	Fax No. (with area code)	E-mail Address	

Does the applicant business have any affiliates or subsidiaries?  Yes  No  
 If "Yes", please list the other entities or attach federal Form 851. Attach additional pages as necessary.

1) Name	Taxpayer ID: <input type="checkbox"/> FEIN <input type="checkbox"/> SSN:	Ownership: %
Address - number and street, PO Box	City	State ZIP Code
2) Name	Taxpayer ID: <input type="checkbox"/> FEIN <input type="checkbox"/> SSN:	Ownership: %
Address - number and street, PO Box	City	State ZIP Code
3) Name	Taxpayer ID: <input type="checkbox"/> FEIN <input type="checkbox"/> SSN:	Ownership: %
Address - number and street, PO Box	City	State ZIP Code

If this is an S corporation, partnership, or an LLC taxed as an S corporation or a partnership, list the shareholders or partners below. Attach additional pages as necessary.

1) Name	Taxpayer ID: <input type="checkbox"/> FEIN <input type="checkbox"/> SSN:	Expenses: %
Address - number and street, PO Box	City	State ZIP Code
2) Name	Taxpayer ID: <input type="checkbox"/> FEIN <input type="checkbox"/> SSN:	Expenses: %
Address - number and street, PO Box	City	State ZIP Code
3) Name	Taxpayer ID: <input type="checkbox"/> FEIN <input type="checkbox"/> SSN:	Expenses: %
Address - number and street, PO Box	City	State ZIP Code

Applicant's Name (as shown on page 1)

Taxpayer Identification No.

**Section B: Credit Approval Requested**

Additional tax credit amount certified by the Arizona Commerce Authority based on basic research payments made during the taxable year to qualified university pursuant to A.R.S. § 41-1507.01 .....

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*Attach a copy of the certification letter from the Arizona Commerce Authority.*

**Section C: Affidavit**

By signing this application, I certify that I have read the application and all attachments and that I am authorized by the Applicant to sign it. I certify under penalty of perjury that the information contained herein is true and correct according to my best belief and knowledge after a reasonable investigation of the facts.

\_\_\_\_\_  
Type Your Name

\_\_\_\_\_  
Type Your Title (if Applicable)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date