ARIZONA FORM 99T

## Arizona Exempt Organization Business Income Tax Return 2008

For the calendar year 2008 or fiscal year beginning MMDDIYYYY and ending MMDDIYYYY.

	CHECK ONE:	ו				СНЕ	CK ONE:
Orio	ginal Amended	Ma	il to: Arizona Department of Revenue, PO Box 52153, Phoe	nix AZ 85072-2153	Cale		Fiscal year
	ness telephone number		Name			-	ation number (EIN)
		Please					
		Туре	Number and street or PO Box				
Unre	lated business activity codes	or			AZ tra	ansaction priv	vilege tax number
		Print	City or town, state and ZIP code				
				CHECK BOX IF	·.		
68	Check box if:	his is a fir	rst return 🔲 Name change 🔲 Address change	82 Return filed un		ension.	82 F
<b>A</b> D	ate Arizona operations bec	gan		REVENUE USE ONL'			N THIS AREA.
			activities				
<ul> <li>B Nature of unrelated trade or business activities</li></ul>							
0 /1			ARD Sales Factor I ENHANCED Sales Factor				
<b>n</b> n	id you file an Arizona Form	_					
			— —				
E C			Other (specify)				
	Enclose copy of fed	eral form	with this return.	81		66	
			Unrelated Trade or Business Taxable Income Com				
1       Unrelated trade or business taxable income - from federal Form 990-T         2       Apportionment ratio. Multistate organizations only - see instructions						1	00
			na - line 1 multiplied by line 2 (or enter amount from line 1, i			3	00
0				" 100707 "IZONA)			
			Arizona Tax Liability Computation				
4 Enter tax. Tax is 6.968 percent of line 3, or \$50, whichever is greater					4	00	
5			n. Check this box to send \$5 to the fund and reduce the tax				
1			DR EE INSTRUCTIONS BEFORE COMPLETING THIS LINE			5 6	00
0			ind tax reduction and tax credit - <i>subtract the sum of lines 5</i>			7	00
,	Tax hability after Clean Li						00
			Tax Payments			7	
8	1 2		na Form 120EXT		00	-	
9	1 5				00	-	
10			blus all payments made after it was filed - see instructions	10	00	-	
			<i>ugh 10</i> eturn or later adjustments - <i>see instructions</i>	11	00	-	
	1 2	0	om line 11			13	00
14	Delense of tay due If lin	a 7 ia larg	Computation of Total Due or Overpayment			14	
14 15		0	er than line 13, enter balance of tax due. Skip line 15 rger than line 7, enter overpayment of tax			14 15	00
15						16	00
17	,		y. If Form 220 is attached, check box			17	00
18			s Fund - enter the amount of the donation. Amended returns			18	00
19			14, 16, 17, and 18. If money is due, payment must accompa			19	00
20						20	00
21			009 estimated tax		00		
22	Amount to be refunded -	subtract lii	ne 21 from line 20			22	00

A1

Schedule A -	Apportionment	Formula	(Multistate	Organizations	Only)
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Schedule A - Apportionment Formula (Multistate Organizations C				
	Limited to	D Unrelated Trade or Business	Amounts	
A1 Property Factor	Column A	Column B	Column C	
Value of real and tangible personal property (by averaging the value of	Total	Total Within	Ratio Within	
owned property at the beginning and end of the tax period; rented	Within	and	Arizona	
property at capitalized value)	Arizona	Without Arizona	A ÷ B	
a. Total owned and rented property				
b. Weight Arizona property (STANDARD uses X 1; ENHANCED uses X 1.5)				
c. Property factor (for column A - multiply item a by item b; for column B -				
enter amount from item a)				
A2 Payroll Factor				
a. Wages, salaries, commissions and other compensation of employees				
b. Weight Arizona payroll - (STANDARD uses X 1; ENHANCED uses X 1.5)	X 1 OR X 1.5			
c. Payroll factor (for column A - multiply item a by item b; for column B -				
enter amount from item a)				
A3 Sales Factor				
a. Total sales and other gross receipts				
b. Weight Arizona sales - (STANDARD uses X 2; ENHANCED uses X 7)	X 2 OR X 7			
c. Sales factor (for column A - multiply item a by item b; for column B -				
enter amount from item a)				
A4 Total ratio - add A1(c), A2(c) and A3(c), in column C				
A5 Average apportionment ratio - divide line A4, Column C, by the denon				
ENHANCED divides by ten (10)). Enter the result in column C, and on			•	
• • • • •	-			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona. Certification

Please Sign Here	Signature of officer	Date	Title
Paid			
Preparer's Use Only	Preparer's signature	Date	
Use Only	Firm's name (or preparer's, if self-employed)		Preparer's TIN
	Firm's address		Zip code