

For the calendar year 2012 or fiscal year beginning MM,DD,YYYY and ending MM,DD,YYYY.

CHECK ONE: Original <input type="checkbox"/> Amended <input type="checkbox"/> Business telephone number (with area code)	Please Type or Print	Name Number and street or PO Box City or town, state and ZIP code	Employer identification number (EIN) AZ transaction privilege tax number
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68 Check box if: This is a first return Name change Address change

A Date Arizona operations began: MM,DD,YYYY

B Nature of unrelated trade or business activities: _____

C Unrelated business activity codes: _____

D Arizona apportionment: (check only one) Multistate organizations only.
 AIR Carrier STANDARD Sales Factor ENHANCED Sales Factor

E Did you file an Arizona Form 99? Yes No

F Check federal form filed: 990-T Other (specify) _____
Attach a copy of the organization's federal return.

CHECK BOX IF:

82 Return filed under extension. **82 F**

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

81 **66**

Arizona Unrelated Trade or Business Taxable Income Computation

1 Unrelated trade or business taxable income - from federal Form 990-T	1	00
2 Apportionment ratio. Multistate organizations only - see instructions.....	2	. 00000000
3 Taxable income attributable to Arizona - line 1 multiplied by line 2 (or enter amount from line 1, if 100% Arizona).....	3	00

Arizona Tax Liability Computation

4 Enter tax. Tax is 6.968 percent of line 3, or \$50, whichever is greater	4	00
5 Clean Elections Fund Tax Credit. SEE INSTRUCTIONS BEFORE COMPLETING THIS LINE.....	5	00
6 Tax liability after Clean Elections Fund tax credit - subtract line 5 from line 4.....	6	00

Tax Payments

7 Extension payment made with Arizona Form 120EXT or online.....	7	00
8 Estimated tax payments	8	00
9 Payment made with original return plus all payments made after it was filed - see instructions.....	9	00
10 Subtotal payments - add lines 7 through 9.....	10	00
11 Overpayments of tax from original return or later adjustments - see instructions.....	11	00
12 Total Payments - subtract line 11 from line 10.....	12	00

Computation of Total Due or Overpayment

13 Balance of tax due - If line 6 is larger than line 12, enter balance of tax due. Skip line 14.....	13	00
14 Overpayment of tax - If line 12 is larger than line 6, enter overpayment of tax	14	00
15 Penalty and interest.....	15	00
16 Estimated tax underpayment penalty. If Form 220 is attached, check box..... 16A <input type="checkbox"/>	16	00
17 TOTAL AMOUNT DUE - Add lines 13, 15, and 16. If money is due, payment must accompany return.....	17	00
18 OVERPAYMENT - see instructions	18	00
19 Amount of line 18 to be applied to 2013 estimated tax.....	19	00
20 Amount to be refunded - subtract line 19 from line 18.....	20	00

Continued on page 2 →

Schedule A - Apportionment Formula (Multistate Organizations Only)

See instructions, pages 5 through 7.

Limited to Unrelated Trade or Business Amounts

A1 Property Factor

Value of real and tangible personal property (by averaging the value of owned property at the beginning and end of the tax period; rented property at capitalized value)
 Total owned and rented property

Column A Total Within Arizona Round to the Nearest Dollar	Column B Total Everywhere Round to the Nearest Dollar	Column C Ratio Within Arizona A ÷ B
		.
		.
		.
		.

A2 Payroll Factor

Wages, salaries, commissions and other compensation paid to employees.....

A3 Sales Factor

- a Total sales and other gross receipts
- b Weight AZ sales - (STANDARD uses X 2; ENHANCED uses X 8)
- c Sales factor (for column A - multiply item a by item b; for column B - enter the amount from item a).....

A4 Total ratio - add A1, A2, and A3(c), in column C.....

A5 Average apportionment ratio - divide line A4, column C, by the denominator (STANDARD divides by four (4);

ENHANCED divides by ten (10)). Enter the result in column C, and on page 1, line 2

Certification Under penalties of perjury, I declare that I have examined this return, including the 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.

Please Sign Here

Officer's Signature	Date	Title

Paid Preparer's Use Only

Preparer's Signature	Date	Preparer's PTIN
Firm's Name (or Preparer's Name, if self-employed)	Firm's <input type="checkbox"/> EIN or <input type="checkbox"/> SSN	
Firm's Address	ZIP Code	Firm's Telephone Number

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix AZ 85072-2153