

For the  calendar year 2015 or  fiscal year beginning M,M,D,D,2,0,1,5 and ending M,M,D,D,2,0,Y,Y.

<b>CHECK ONE:</b> <input type="checkbox"/> Original <input type="checkbox"/> Amended	Name _____	Employer Identification Number (EIN) _____
Business Telephone Number (with area code) _____	Address – number and street or PO Box _____	
	City, Town or Post Office _____	State _____ ZIP Code _____

- 68** Check box if:  This is a first return  Name change  Address change
- A Date Arizona operations began ..... M,M,D,D,Y,Y,Y,Y
- B Nature of unrelated business activities: \_\_\_\_\_
- C Unrelated business activity codes: \_\_\_\_\_
- D ARIZONA apportionment for multistate organizations only (check one box):  
 AIR Carrier  STANDARD  ENHANCED
- E  Check if Multistate Provider Election and Computation (Arizona Schedule MSP) is included.  
 Indicate the year of the election cycle.....  Yr 1  Yr 2  Yr 3  Yr 4  Yr 5
- F Did you file an Arizona Form 99?.....  Yes  No
- G Check federal form filed:  990-T  Other (specify) \_\_\_\_\_
- Include a copy of the organization's federal return.**

**CHECK BOX IF return filed under extension:**  
 **82** 82F

**REVENUE USE ONLY. DO NOT MARK IN THIS AREA.**

**88**

**81** PM **66** RCVD

**Arizona Unrelated Business Taxable Income Computation**

1 Unrelated business taxable income from federal Form 990-T.....	1		00
2 Additions related to Arizona tax credits claimed .....	2		00
3 Subtotal: Add line 1 and line 2 .....	3		00
4 Apportionment ratio for multistate organizations only: See instructions .....	4	.	
5 Taxable income attributable to Arizona: Line 3 multiplied by line 4 (or if 100% Arizona, enter amount from line 3).....	5		00

**Arizona Tax Liability Computation**

6 Enter tax: Tax is 6.0 percent of line 5, or \$50, whichever is greater .....	6		00
7 Tax from recapture of tax credits from Arizona Form 300, Part 2, line 31.....	7		00
8 Subtotal: Add line 6 and line 7 .....	8		00
9 Nonrefundable tax credits from Arizona Form 300, Part 2, line 56.....	9		00
10 Credit type: Enter form number for each nonrefundable credit claimed: <b>10</b>   3,   3,   3,   3,			
11 Tax liability: Subtract line 9 from line 8.....	11		00

**Tax Payments**

12 Refundable tax credits: Check box(es) and enter amount: <b>12</b> <input type="checkbox"/> 308 <input type="checkbox"/> 342 <input type="checkbox"/> 349	12		00
13 Extension payment made with Arizona Form 120EXT or online.....	13		00
14 Estimated tax payments .....	14		00
15 Amended returns: Payment made with original return plus all payments made after it was filed: See instructions .....	15		00
16 Subtotal payments: Add lines 12 through 15 .....	16		00
17 Overpayments of tax from original return or later adjustments: See instructions .....	17		00
18 Total Payments: Subtract line 17 from line 16 .....	18		00

**Computation of Total Due or Overpayment**

19 Balance of tax due: If line 11 is larger than line 18, enter balance of tax due. Skip line 20 .....	19		00
20 Overpayment of tax: If line 18 is larger than line 11, enter overpayment of tax.....	20		00
21 Penalty and interest.....	21		00
22 Estimated tax underpayment penalty: <b>If Form 220 is included, check this box</b> ..... <b>22A</b> <input type="checkbox"/>	22		00
23 <b>TOTAL AMOUNT DUE:</b> Add lines 19, 21, and 22. If money is due, non-EFT payment must accompany return .....	23		00
24 <b>OVERPAYMENT:</b> See instructions .....	24		00
25 Amount of line 24 to be applied to 2016 estimated tax.....	25		00
26 Amount to be refunded: Subtract line 25 from line 24 .....	26		00

Name (as shown on page 1)	EIN
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**SCHEDULE A Apportionment Formula (Multistate Organizations Only)**

**IMPORTANT:** Qualifying air carriers must use Arizona Schedule ACA. Qualifying multistate service providers must include Arizona Schedule MSP. See instructions, pages 8, 9, and 10.

LIMITED TO UNRELATED BUSINESS AMOUNTS		
COLUMN A Total Within Arizona Round to nearest dollar.	COLUMN B Total Everywhere Round to nearest dollar.	COLUMN C Ratio Within Arizona A ÷ B
<b>A1 Property Factor</b>		
a 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 .....		
b Weight AZ property: (STANDARD uses × 1; ENHANCED uses × 5.0) ....	×1 OR ×5.0	
c Property factor (for column A, multiply line a by line b; for column B, enter amount from line a) .....		•
<b>A2 Payroll Factor</b>		
a Wages, salaries, commissions and other compensation paid to officers or employees .....		
b Weight AZ payroll: (STANDARD uses × 1; ENHANCED uses × 5.0) .....	×1 OR ×5.0	
c Payroll factor (for column A, multiply line a by line b; for column B, enter amount from line a) .....		•
<b>A3 Sales Factor</b>		
a Sales delivered or shipped to Arizona purchasers .....		
b Sales of services for qualifying multistate service providers only (include Schedule MSP) .....		
c Other gross receipts .....		
d Total sales and other gross receipts .....		
e Weight AZ sales: (STANDARD uses ×2; ENHANCED uses ×90.0)	×2 OR ×90.0	
f Sales factor (For column A, multiply line d by line e; for column B, enter the amount from line d) .....		•
<b>A4 Total Ratio:</b> Add A1c, A2c, and A3f, in column C .....		•
<b>A5 Average Apportionment Ratio:</b> Divide line A4, column C, by the denominator (STANDARD divides by four (4); ENHANCED divides by one hundred (100)). Enter the result in column C, and on page 1, line 4 .....		•

<b>Declaration</b>	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.		
<b>Please Sign Here</b>	OFFICER'S SIGNATURE	DATE	TITLE
<b>Paid Preparer's Use Only</b>	PAID PREPARER'S SIGNATURE	DATE	PAID PREPARER'S PTIN
	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)	FIRM'S <input type="checkbox"/> EIN OR <input type="checkbox"/> SSN	
	FIRM'S STREET ADDRESS	FIRM'S TELEPHONE NUMBER	
	CITY	STATE	ZIP CODE

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