

For calendar year 2000 or fiscal year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_ [66]

Print or Type

Name of estate or trust [1]
Name and title of fiduciary [2]
Address of fiduciary - number and street or rural route [3]
City, town, or post office State ZIP code [4]
Check 5a [ ] Estate
if: 5b [ ] Trust
Decedent's social security number
Trust's or estate's federal I.D. number

Check Applicable Box(es)
[6] 1 [ ] Amended return [ ] Decedent's estate [ ] Simple trust
2 [ ] Final return [ ] Bankruptcy estate [ ] Complex trust
[ ] Initial return [ ] Grantor trust [ ] Charitable remainder trust
[88]
[81] [80]
[82] CHECK ONE if filing under a federal extension: 4 month federal extension 82 D [ ]
6 month federal extension 82 F [ ]

Table with 3 columns: Line number, Description, Amount. Includes lines 7-33 for federal taxable income, subtractions, Arizona adjusted gross income, tax on amount, and payments.

Please Sign Here

I declare under the penalties of perjury that this return, including any accompanying schedules and statements, has been examined by me, and to the best of my knowledge and belief, is a true, correct and complete return.
Signature of fiduciary or officer representing fiduciary Date Signature of person other than taxpayer or agent Date
Address of fiduciary or officer Preparer's TIN Name of firm or employer, if any

Answer  
These  
Questions

- 1 Check if this return is for a short taxable year .....
- 2 Have Arizona income tax returns been filed for the four (4) years preceding date of death? ..... Yes  No   
If no, explain \_\_\_\_\_  
\_\_\_\_\_
- 3 Date of decedent's death or date trust established. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- 4 Was a fiduciary return filed the preceding year? ..... Yes  No
- 5 If a copy of the will or trust instrument has been previously furnished, state when and where:  
\_\_\_\_\_
- 6 Check whether this return was prepared on the cash  or accrual  basis.
- 7 Has the federal government made an additional assessment on the income of this estate in the last four (4) years? ..... Yes  No   
*If yes, submit a detailed report with this return.*
- 8 If return is for a trust, state name and address of grantor:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are sending a payment with this return, mail to: Arizona Department of Revenue, PO Box 52016, Phoenix AZ 85072-2016.  
If you are expecting a refund, or owe no tax, or owe tax but are not sending a payment, mail to: Arizona Department of Revenue, PO Box 52138, Phoenix AZ 85072-2138.