

For the calendar year 2023 or fiscal year beginning MM, DD, DD 2, 0, 2, 3 and ending MM, DD, DD 2, 0, Y, Y
 Check this box if this return is based on a 52/53 week taxable year.

CHECK ONE: <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

Check box if return filed under extension: 82 82F <input type="checkbox"/>	
REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
88	81 PM
	66 RCVD

- 68** Check box if: **A** This is a first return **B** Name change **C** Address change
- A** Date Arizona operations began MM, DD, DD 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):
1 AIR CARRIER **2** STANDARD **3** SALES FACTOR ONLY
- E** Check if Multistate Service 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** Check federal form filed: **1** 990-T **2** Other (specify) _____

Arizona Unrelated Business Taxable Income Computation

1 Unrelated business taxable income.....	1		00
2 Additions related to Arizona tax credits claimed.....	2		00
3 Subtotal: Add line 1 and line 2. Enter the total.....	3		00
4 Apportionment ratio for multistate organizations only: See instructions.....	4		
5 Taxable income attributable to Arizona: See instructions.....	5		00

Arizona Tax Liability Computation

6 Enter tax: Tax is 4.9 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 23.....	7		00
8 Subtotal: Add line 6 and line 7. Enter the total.....	8		00
9 Nonrefundable tax credits from Arizona Form 300, Part 2, line 42.....	9		00
10 Credit type: Enter form number for each nonrefundable credit claimed: 101 <u>3</u> , 102 <u>3</u> , 103 <u>3</u> , 104 <u>3</u>	10		
11 Tax liability: Subtract line 9 from line 8. Enter the difference.....	11		00

Tax Payments

12 Refundable tax credits: Check box(es) and enter amount: 121 <input type="checkbox"/> 308 122 <input type="checkbox"/> 334 123 <input type="checkbox"/> 349.....	12		00
13 Extension payment made with Arizona Form 120/165EXT 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. Enter the total.....	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. Enter the difference.....	18		00

Computation of Total Due or Overpayment

19 Balance of tax due: If line 11 is larger than line 18, subtract line 18 from line 11. Enter balance of tax due. Skip line 20.....	19		00
20 Overpayment of tax: If line 18 is larger than line 11, subtract line 11 from line 18. Enter overpayment of tax.....	20		00
21 Penalty and interest.....	21		00
22 Estimated tax underpayment penalty: If Form 220PTE is included, check this box..... 22A <input type="checkbox"/>	22		00
23 TOTAL AMOUNT DUE: Add lines 19, 21, and 22. Enter the total. See instructions.....	23		00
24 OVERPAYMENT: See instructions.....	24		00
25 Amount of line 24 to be applied to 2024 estimated tax.....	25		00
26 Amount to be refunded: Subtract line 25 from line 24. Enter the difference.....	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. If the **"SALES FACTOR ONLY"** box on page 1, line D, is checked, *complete only Section A3, Sales Factor, lines a through f.* See instructions.

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
A1 Property Factor - STANDARD APPORTIONMENT ONLY 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).		
A2 Payroll Factor - STANDARD APPORTIONMENT ONLY Total wages, salaries, commissions and other compensation to employees (per federal Form 990T, or payroll reports).		
A3 Sales Factor a Sales delivered or shipped to Arizona purchasers b Sales from services or from designated intangibles for qualifying multistate service providers only (see instructions; include Schedule MSP) c Other gross receipts d Total sales and other gross receipts (the sum of lines a through c) e Weight AZ sales: (STANDARD x 2; SALES FACTOR ONLY x 1) f Sales Factor: (for Column A, multiply line d by line e; for Column B, enter the amount from line d; for Column C, divide Column A by Column B.)		
x2	OR	x1
STANDARD Apportionment , continue to A4. SALES FACTOR ONLY Apportionment , enter the amount from Column C on page 1, line 4.....		
A4 STANDARD Apportionment Total Ratio: Add Column C of lines A1, A2, and A3f. Enter the total.		
A5 Average Apportionment Ratio for STANDARD Apportionment: Divide line A4, Column C, by four (4). Enter the result on page 1, line 4. (If one of the factors is "0", in both Column A and Column B, see instructions.)		

Declaration	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	_____ PAID PREPARER'S SIGNATURE	_____ DATE	_____ PAID PREPARER'S TIN
	_____ FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)	_____ FIRM'S EIN	
	_____ 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