120EXT

## Application for Automatic Extension of Time to File Corporation, Partnership, and Exempt Organization Returns

2012

		For the □ calendar year 20	012 or ☐ fiscal year beginning [M,M,D,D,Y,Y,Y,Y,	and ending	$[M_iM_iD_iD_i]$	Y,Y,Y,YJ.		
		x if: This is the first tax return file dress, or EIN has changed ☐	d under this name and EIN   If EIN has changed, list prior number		Employer	identification numb	er (EIN)	
Plea	ise	Name					(=,	
Type	_	Number and street or PO Box				Business telephone number		
Prin	t	ity or town, state, and ZIP code			REVENUE USE ONLY. DO NOT MARK IN THIS AREA.			
		pe of return to be filed: Form 120A Form 120S	Form <b>99T</b> Form <b>99</b> Form <b>165</b>					
origin legal	al du	e date of the return, unless the	e to file <b>must be postmarked</b> on or before the e original due date falls on Saturday, Sunday, or a on must be postmarked on or before the business legal holiday.	1		66		
	-	tions and partnerships: Use ers or nonresident individual pa	e Form 204 to request an extension of time to file artners on Form 140NR.	a composit	e return fo	r nonresident ind	lsubivit	
ARIZO	V ANC		RANTED FOR MORE THAN SIX MONTHS BEYOND AL EXTENSION FOR THE SAME PERIOD OF TIME C PS IS FIVE MONTHS.					
	u <b>F</b>	form 165 only: This is a requirer the taxable year ending MI	tax return for the taxable year ending MM DD YY  est for an automatic five-month extension of time of the property.  d to file this tax return. This form is being used to	YY . until <u>MM DE</u>	<u> </u>	o file the tax retu	rn	
Exte			Forms 120, 120A, 120S, and 99T only)		7 111201101 07			
			instructions			1 2	00	
			ee instructions			4	00	
	Send	check payable to: application and payment to: application without payment to:	ARIZONA DEPARTMENT OF REVENUE. Include Ell Arizona Department of Revenue, PO Box 29085, Ph Arizona Department of Revenue, PO Box 29079, Ph	oenix AZ 8	5038-9085			
DISCI UNDE	LOSEI RPAY	D BY THE RETURN HAS NOT BE MENT PENALTY ARE NOT SUB	HE EXTENSION UNDERPAYMENT PENALTY IF AT EN PAID BY THE ORIGINAL DUE DATE OF THE RETU JECT TO THE LATE PAYMENT PENALTY PRESCRIBE ORIGINAL DUE DATE OF THE RETURN UNTIL PAID	RN. TAXPAY D BY A.R.S.	ERS SUBJ	ECT TO THE EXT	ENSION	
			SIGNATURE AND VERIFICATION at I have examined this form, including accompanying so, and complete; and that I am authorized to prepare this		statements,	and to the best of	my	
	Signa	ature of officer or agent	Title		Date	<b>;</b>		
	Printe	ed Name	Business Phone	Number	Age	nt's TIN		