

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

2013

For the ☐ calendar year 2013 or ☐ fiscal year beginning MM/DD/2013 and ending MM/DD/YYYY.

Name	Employer Identification Number (EIN)
Address – number and street or PO Box	Business Telephone Number (with area code)
City, Town or Post Office	State ZIP Code

- a ☐ Check if this is the first tax return filed under this name and EIN.
- b ☐ Check if name and/or address has changed.
- c ☐ Check if EIN has changed. List prior number: \_\_\_\_\_

## Check type of return to be filed:

☐ 120 ☐ 120A ☐ 120S ☐ 99T ☐ 99 ☐ 165

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

81 PM

66 RCVD

**S corporations and Partnerships:** Use Form 204 to request an extension of time to file a composite return for nonresident individual shareholders or nonresident individual partners on Form 140NR.

All applications for an extension of time to file **must be postmarked on or before the original due date of the return**, unless the original due date falls on Saturday, Sunday, or a legal holiday. In that case, the application must be postmarked on or before the business day following such Saturday, Sunday, or legal holiday.

An Arizona extension cannot be granted for more than six months beyond the original due date of the return. Arizona will accept a valid federal extension for the same period of time covered by the federal extension. **The federal extension for partnerships is five months.**

## CHECK ONE BOX:

☐ Form 120, Form 120A, Form 120S, Form 99T, Form 99:

This is a request for an automatic six-month extension until.....

## Extension Date

MM/DD/YYYY

## Taxable Year Ending

MM/DD/YYYY

☐ Form 165 only:This is a request for an automatic **five-month** extension until.....

MM/DD/YYYY

MM/DD/YYYY

☐ A federal extension will be used to file this tax return. This form is being used to transmit the Arizona extension payment.

## EXTENSION PAYMENT COMPUTATION (Forms 120, 120A, 120S and 99T only)

1	Tax liability for the taxable year. See instructions .....	1		00
2	Less estimated tax payments .....	2		00
3	<b>Balance of Tax:</b> line 1 less line 2 .....	3		00
4	Enter amount of payment enclosed ..... PAYMENT ENCLOSED.	4		00

- Make check payable to: Arizona Department of Revenue and **include EIN on payment.**
- Mail application and payment to: Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.
- Mail application **without** payment to: Arizona Department of Revenue, PO Box 29079, Phoenix, AZ 85038-9079.

The taxpayer will be liable for the extension underpayment penalty if at least 90 percent of the tax liability disclosed by the return has not been paid by the original due date of the return. Taxpayers subject to the extension

underpayment penalty are not subject to the late payment penalty prescribed by A.R.S. § 42-1125(D). Interest accrues on any additional tax due from the original due date of the return until paid.

## Declaration

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Please  
Sign  
Here

SIGNATURE OF OFFICER OR AGENT

DATE

TITLE

PRINTED NAME

BUSINESS PHONE (with area code)

AGENT'S TIN