

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.

For the ☐ calendar year 2014 or ☐ fiscal year beginning MM/DD/2014 and ending MM/DD/20YY.

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	REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
<input type="checkbox"/> Check if this is the first tax return filed under this name and EIN. <input type="checkbox"/> Check if name and/or address has changed. <input type="checkbox"/> Check if EIN has changed. List prior number: _____			<div style="border: 1px solid black; padding: 2px;">88</div>	
Check type of return to be filed: <input type="checkbox"/> 120 <input type="checkbox"/> 120A <input type="checkbox"/> 120S <input type="checkbox"/> 99T <input type="checkbox"/> 99 <input type="checkbox"/> 165			<div style="border: 1px solid black; padding: 2px;">81 PM</div> <div style="border: 1px solid black; padding: 2px;">66 RCVD</div>	

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:	Extension Date	Taxable Year Ending
<input type="checkbox"/> Form 120, Form 120A, Form 120S, Form 99T, Form 99: This is a request for an automatic six-month extension until.....	M M D D Y Y Y Y	M M D D Y Y Y Y
<input type="checkbox"/> Form 165 only: This is a request for an automatic five-month extension until.....	M M D D Y Y Y Y	M M D D Y Y Y Y
<input type="checkbox"/> 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 Balance of Tax: Line 1 less line 2.....	3	00
4 Enter amount of extension payment made electronically	4	00
5 Enter amount of payment enclosed with this extension..... PAYMENT ENCLOSED ►	5	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