

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

2015

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 2015 or ☐ fiscal year begin	ning 🖳	M ₁ D ₁ D ₁ 2 ₁	0 , 1 , 5 ı and ending ı	M ₁ M ₁ E	D.D.2.0.Y.Y.		
Name				Employer Identification Number (EIN)				
Address – number and street or PO Box				Business Telephor	Business Telephone Number (with area code)			
City, Town or P	ost Office	State	ZIP Code	REVENUE USE ON	Y. DO N	OT MARK IN THIS AR	ξEA.	
▲☐ Check if	this is the first tax return filed under this name an	d EIN.						
в Check if	name and/or address has changed.							
c□ Check if	EIN has changed. List prior number:			81 PM		66 RCVD		
Check type of return to be filed: □ 120 □ 120A □ 120S □ 99T □ 99 □ 165								
postmarked return, unles a legal holida	ons for an extension of time to file must I on or before the original due date of ss the original due date falls on Saturday, Sunday by. In that case, the application must be postmar the business day following such Saturday, Sunday.	the be <i>t</i> , or va ked fed	yond the oriq lid federal ex	ension cannot be grant ginal due date of the re tension for the same p on. The federal exte	eturn. eriod of	Arizona will accep time covered by t	ot a the	
CHECK ONE	BOX			Extension Date	Ta	axable Year Endir	na	
This is a re Form 165 This is a re	Form 120A, Form 120S, Form 99T, Form 99: equest for an automatic six-month extension until. equest for an automatic five-month extension until extension will be used to file this tax return. This form	il		M ₁ M ₁ D ₁ D ₁ Y ₁ Y ₁ Y	Y M	M _I D _I D _I Y _I Y _I Y		
EXTENSION	PAYMENT COMPLITATION (Forms 120, 12	0Δ 120	S and 99T	anly)				
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							00	
3 Balance of Tax: Line 1 less line 2							00	
4 Enter amount of extension payment made electronically							00	
5 Enter amount of payment enclosed with this extension							00	
Mail app ArizonaMail app	neck payable to Arizona Department of Revenue a dication and payment to: Department of Revenue, PO Box 29085, Phoenix dication without payment to: Department of Revenue, PO Box 29079, Phoenix	k, AZ 850	38-9085.	ayment.				
penalty if at return has no	r will be liable for the extension underpaym least 90 percent of the tax liability disclosed by ot been paid by the original due date of the retu bject to the extension underpayment penalty	the § a	12-1125(D).	the late payment pe Interest accrues on a date of the return un	any add	ditional tax due fro		
Declaration	Under penalties of perjury, I declare that I have exami best of my knowledge and belief, it is true, correct, an					ements, and to the		
Please Sign	SIGNATURE OF OFFICER OR AGENT		DATE	TITLE			_	
Here								
	PRINTED NAME		RUSINESS PL	ONE (with area code)	AGE	NT'S TIN		