

For the calendar year 2015 or fiscal year beginning M, M, D, D, 2, 0, 1, 5 and ending M, M, D, D, 2, 0, Y, Y.

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 _____

- 68** Check box if: This is a first return Name change Address change
- A Date Arizona operations began M, M, D, D, 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):
 AIR Carrier STANDARD ENHANCED
- E Check if Multistate 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 Did you file an Arizona Form 99?..... Yes No
- G Check federal form filed: 990-T Other (specify) _____
- Include a copy of the organization's federal return.**

CHECK BOX IF return filed under extension:
 82 82F

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

81 PM **66** RCVD

Arizona Unrelated Business Taxable Income Computation

1 Unrelated business taxable income from federal Form 990-T.....	1		00
2 Additions related to Arizona tax credits claimed	2		00
3 Subtotal: Add line 1 and line 2	3		00
4 Apportionment ratio for multistate organizations only: See instructions	4	
5 Taxable income attributable to Arizona: Line 3 multiplied by line 4 (or if 100% Arizona, enter amount from line 3).....	5		00

Arizona Tax Liability Computation

6 Enter tax: Tax is 6.0 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 31.....	7		00
8 Subtotal: Add line 6 and line 7	8		00
9 Nonrefundable tax credits from Arizona Form 300, Part 2, line 56.....	9		00
10 Credit type: Enter form number for each nonrefundable credit claimed: 10 <u>3, , , 3, , , 3, , , 3, , ,</u>			
11 Tax liability: Subtract line 9 from line 8.....	11		00

Tax Payments

12 Refundable tax credits: Check box(es) and enter amount: 12 <input type="checkbox"/> 308 <input type="checkbox"/> 342 <input type="checkbox"/> 349	12		00
13 Extension payment made with Arizona Form 120EXT 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	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	18		00

Computation of Total Due or Overpayment

19 Balance of tax due: If line 11 is larger than line 18, enter balance of tax due. Skip line 20.....	19		00
20 Overpayment of tax: If line 18 is larger than line 11, enter overpayment of tax.....	20		00
21 Penalty and interest.....	21		00
22 Estimated tax underpayment penalty: If Form 220 is included, check this box 22A <input type="checkbox"/>	22		00
23 TOTAL AMOUNT DUE: Add lines 19, 21, and 22. If money is due, non-EFT payment must accompany return	23		00
24 OVERPAYMENT: See instructions	24		00
25 Amount of line 24 to be applied to 2016 estimated tax.....	25	00	
26 Amount to be refunded: Subtract line 25 from line 24	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. See instructions, pages 8, 9, and 10.

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		
a 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). Total owned and rented property		
b Weight AZ property: (STANDARD uses x 1; ENHANCED uses x 5.0)	x1 OR x5.0	
c Property factor (for column A, multiply line a by line b; for column B, enter amount from line a)		•
A2 Payroll Factor		
a Wages, salaries, commissions and other compensation paid to officers or employees		
b Weight AZ payroll: (STANDARD uses x 1; ENHANCED uses x 5.0)	x1 OR x5.0	
c Payroll factor (for column A, multiply line a by line b; for column B, enter amount from line a)		•
A3 Sales Factor		
a Sales delivered or shipped to Arizona purchasers		
b Sales of services for qualifying multistate service providers only (include Schedule MSP)		
c Other gross receipts		
d Total sales and other gross receipts.....		
e Weight AZ sales: (STANDARD uses x2; ENHANCED uses x90.0)	x2 OR x90.0	
f Sales factor (For column A, multiply line d by line e; for column B, enter the amount from line d).....		•
A4 Total Ratio: Add A1c, A2c, and A3f, in column C		•
A5 Average Apportionment Ratio: Divide line A4, column C, by the denominator (STANDARD divides by four (4); ENHANCED divides by one hundred (100)). Enter the result in column C, and on page 1, line 4		•

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 PTIN _____
	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) _____	FIRM'S <input type="checkbox"/> EIN OR <input type="checkbox"/> SSN _____	
	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