Arizona Form 99T — Arizona Exempt Organization Business Income Tax Return — 2016

For the ☐ calendar year 2016 or ☐ fiscal year beginning |M,M|D,D| 2,0,1,6 | and ending |M,M|D,D| 2,0,Y,Y |.

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

68 Check box if: ☐ This is a first return ☐ Name change ☐ Address change

Check box if return filed under extension:
82 **82F** ☐

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.
88

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 Service 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

81 PM

66 RCVD

F Did you file an Arizona Form 99? .... ☐ Yes ☐ No

G Check federal form filed: ☐ 990-T ☐ Other (specify) _____

Arizona Unrelated Business Taxable Income Computation

1	Unrelated business taxable income	**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 5.5 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** |3, ,	|3, ,	|3, ,	|3, ,				
11	Tax liability: Subtract line 9 from line 8	**11**		00

Tax Payments

12	Refundable tax credits: Check box(es) and enter amount: **12** ☐ 308 ☐ 342 ☐ 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, subtract line 18 from line 11. Enter balance of tax due. Skip line 20	**19**		00
20	Overpayment of tax: If line 18 is larger than line 11, subtract line 11 from line 18. 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** ☐	**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 2017 estimated tax **25**		00	
26	Amount to be refunded: Subtract line 25 from line 24	**26**		00

ADOR 10419 (16)

Name (as shown on page 1)	EIN

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 × 1; ENHANCED uses × 2.5)	×1 OR ×2.5		
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 × 1; ENHANCED uses × 2.5)	×1 OR ×2.5		
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 ×2; ENHANCED uses × 95.0)........	×2 OR ×95.0		
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 ☐ EIN OR ☐ 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