



**PART 5**  
**General Questions**  
**(Continued)**

**All Tax Types**

- 5 Describe the taxpayer's business activities in Arizona:
- 6 What year did the taxpayer begin conducting business in Arizona? ..... Y,Y,Y,Y
- 7 Describe the activities of employees or independent contractors while in Arizona:
- 8 Does the taxpayer own or lease property in Arizona?.....  **YES**  **NO**
- 9 Is the taxpayer a disregarded entity for income tax purposes?.....  **YES**  **NO**
- 10 What other tax types are currently filed in Arizona?
- C Corporation                       S Corporation                       Sole Proprietorship
- Limited Liability Company (LLC)    Partnership                       TPT/Use
- Individual                               Trust
- Other: \_\_\_\_\_
- 11 Has the taxpayer been acquired and/or merged? .....  **YES**  **NO**  
 If "Yes", please explain and include the date: M,M|D,D|Y,Y,Y,Y
- Check this box if EIN changed

**PART 6**  
**TPT/Use Tax**  
**Applicants Only**

- 12 What are the estimated gross receipts in Arizona for the last four (4) years?
- | YEAR 1 | YEAR 2 | YEAR 3 | YEAR 4 |
|--------|--------|--------|--------|
| \$     | \$     | \$     | \$     |
- 13 Business Class Code (available at www.azdor.gov) .....
- 14 Has the taxpayer collected TPT or Use Tax? .....  **YES**  **NO**  
 If "Yes" indicate the date: M,M|D,D|Y,Y,Y,Y
- 15 Is the taxpayer currently remitting TPT or Use Tax to Arizona? .....  **YES**  **NO**  
 If "Yes" indicate the date: M,M|D,D|Y,Y,Y,Y
- 16 What is the estimated tax due for the last four (4) years?
- | YEAR 1 | YEAR 2 | YEAR 3 | YEAR 4 |
|--------|--------|--------|--------|
| \$     | \$     | \$     | \$     |
- 17 Has the taxpayer obtained exemption certificates for exempt sales? .....  **YES**  **NO**

**PART 7**  
**Corporate**  
**Income Tax**  
**Applicants Only**

- 18 Type of return to be filed:  Separate  Combined
- 19 What is the estimated tax due for the last four (4) years?
- | YEAR 1 | YEAR 2 | YEAR 3 | YEAR 4 |
|--------|--------|--------|--------|
| \$     | \$     | \$     | \$     |
- 20 What is the taxpayer's fiscal year-end for federal income tax purposes? ..... M,M|D,D
- a Does this taxpayer file as a member of a federal consolidated group?.....  **YES**  **NO**
- b Does this taxpayer have any affiliated entities filing in the State of Arizona? .....  **YES**  **NO**
- c Is this taxpayer part of a single unitary business? .....  **YES**  **NO**
- d Are there any Arizona net operating loss carryforwards during the disclosure period? .....  **YES**  **NO**

**PART 8**  
**Pass-Through Entity (PTE)**  
**Applicants Only**

21 What is the type of entity that is ultimately responsible for paying the income tax due?  
 C Corporation     Individual     Other: \_\_\_\_\_

22 How many partners, shareholders, beneficiaries, etc. does this PTE have? .....

23 How many partners, shareholders, beneficiaries, etc. are applying for voluntary disclosure?

24 What is the estimated tax due by partners, shareholders, beneficiaries, etc. for the last four (4) years?

YEAR 1	YEAR 2	YEAR 3	YEAR 4
\$ _____	\$ _____	\$ _____	\$ _____

**PART 9**  
**Individual Income Tax**  
**Applicants Only**

25 Filing status for disclosure period (*check one box*):  
 Single     Married/Joint     Married/Separate     Head of Household

26 What year did you first have a requirement to file? .....

27 What is the estimated tax due for the last four (4) years?

YEAR 1	YEAR 2	YEAR 3	YEAR 4
\$ _____	\$ _____	\$ _____	\$ _____

28 Residency Status for disclosure period (*check one box*):  Full Year     Part Year     Nonresident

**PART 10**  
**Other Tax Type**  
**Applicants**

29 What is the estimated tax due for the last four (4) years?

YEAR 1	YEAR 2	YEAR 3	YEAR 4
\$ _____	\$ _____	\$ _____	\$ _____

**PART 11**  
**All Applicants**

30 What are the terms of the company's proposed voluntary disclosure? *If you need more space, attach additional pages.*

31 Please explain reasons for non-filing of taxes. *If you need more space, attach additional pages.*

**SIGNATURE**

To the best of my knowledge of all available information, this application for a voluntary disclosure agreement is accurate and complete.

Print Name of Representative or Applicant \_\_\_\_\_ Title \_\_\_\_\_

 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Representative or Applicant \_\_\_\_\_ Date \_\_\_\_\_