



ONE STAPLE. NO TAPE.



Arizona Tax Recovery Application

**Must be received on or after September 1, 2016,
but no later than October 31, 2016**

For assistance: (602) 716-6706 or
Toll free: (844) 660-2400
Website: www.azdor.gov/TaxRecovery.aspx

Are you still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No		TPT License Number		Employer I.D. No. (EIN)	
Taxpayer Name			Social Security No.		Daytime Telephone No. (with area code)
Spouse's Name (if filing joint application)			Spouse's Social Security No.		REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88
Street Address					
City		State	ZIP Code		

TYPE OF TAXPAYER OR OWNERSHIP – Check one box only:

- Individual
- Corporation
- Limited Liability Corporation (LLC)
- Trust/Estate
- Other: _____
- Subchapter S
- Partnership
- Limited Liability Partnership (LLP)
- Association

81 PM	80 RCVD
--------------	----------------

1a Total Qualified Amount from page 2, column C.....	1a	\$
1b Total number of Qualified Periods: Add the amounts on page 2, column D, and enter the total here.....	1b	
2 <input type="checkbox"/> I elect to pay the tax liability in full between September 1, 2016 and October 31, 2016. Amount Remitted must equal line 1a in order to qualify for Tax Recovery.....	2	\$
3 <input type="checkbox"/> I elect to pay the tax liability in full over three years as follows:		
3a At least 33% of the full tax liability between September 1, 2016 and October 31, 2016	3a	\$
3b An additional 33% of the full tax liability between September 1, 2017 and October 31, 2017		
3c The remaining 34% of the full liability between September 1, 2018 and October 31, 2018		
4 <input type="checkbox"/> Pursuant to ARS §42-2066, if the statutory period for collection of the tax expires before October 31, 2018, by signing this agreement, the Statute of Limitation on collection of the debt is extended to October 31, 2019. (Installment period plus one year).		

PLEASE SIGN HERE

I declare under penalty of perjury that I am eligible for tax recovery and that the information on this form and any accompanying returns and schedules is, to the best of my knowledge, true, correct and complete. I understand that by signing this application for tax recovery, I waive all administrative and judicial rights of appeal that have not run or otherwise expired as of the date of application. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

NOTE: Be aware that the filing of this application does not constitute a tolling of any applicable statute of limitations, except as in 4 above.

→ SIGNATURE _____ DATE _____

→ PAID PREPARER'S SIGNATURE _____ FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) _____

PAID PREPARER'S TIN _____ DATE _____ PAID PREPARER'S ADDRESS _____

Mail to:

Tax Recovery Program
Arizona Department of Revenue
PO Box 29021
Phoenix, AZ 85038-9021

Taxpayer Name (as shown on page 1)	TPT License Number	EIN	SSN
------------------------------------	--------------------	-----	-----

Arizona Tax Recovery Application

TAX LIABILITY				
TAX YEAR	(A)	(B)	(C) = A + B	(D)
	INCOME	TRANSACTION PRIVILEGE AND USE TAX ¹	TOTAL TAX	NO. OF PERIODS
2015 ¹				
2014				
2013				
2012				
2011				
2010				
2009				
2008				
2007				
2006				
2005				
2004				
2003				
2002				
2001				
2000				
1999				
1998				
1997				
1996				
1995				
TOTALS				

¹Only tax period ending before February 1, 2015