

- Mail to Arizona Department of Revenue, PO Box 29010, Phoenix, AZ 85038-9010
- For assistance call: (602) 255-3381 or 1-800-352-4090 (statewide only).

Name of Reporting Entity				Employer Identification Number (EIN)	
C/O				Social Security Number (SSN)	
Mailing Address – number and street or PO Box				Business Telephone Number (with area code)	
City, Town or Post Office	State	ZIP Code	Country	REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
Entity Type – Check one: <input type="checkbox"/> L = Limited Liability Company <input type="checkbox"/> F = Consolidated <input type="checkbox"/> C = Combined <input type="checkbox"/> S = Separate Corporation <input type="checkbox"/> E = Estate <input type="checkbox"/> H = Subchapter S <input type="checkbox"/> P = Partnership <input type="checkbox"/> I = Sole Proprietor <input type="checkbox"/> T = Trust				88	
				81 PM	80 RCVD
<input type="checkbox"/> Check this box if this is a change in election and enter the effective date: <u>MM,MM,YY,YY</u> .					

A business entity that files a single Arizona income tax return which includes income from more than one transaction privilege tax license, should file this election form with the Arizona Department of Revenue if it is expected that the credit for accounting and reporting expenses for all transaction privilege tax licenses will meet or exceed the maximum \$10,000 amount for the calendar year. This election form should indicate how the credit will be allocated among the licensees. The credit is taken on Arizona Form TPT-1. See Arizona Administrative Code rule R15-5-2007 for additional information and requirements.

List all Arizona transaction privilege tax (TPT) licenses that will be part of this group subject to the election. Please use whole dollar amounts in each election. If none, please enter zero.

Add/ Change/ Delete	Name of TPT Licensee	Entity Type	EIN	TPT License No.	Election Amount
1					\$.00
2					\$.00
3					\$.00
4					\$.00
5					\$.00
6					\$.00
7					\$.00
8					\$.00
9					\$.00
10 Total Credit. Total election amount cannot exceed \$10,000					\$.00

Please Sign Here	TAXPAYER'S SIGNATURE	DATE	PAID PREPARER'S SIGNATURE (other than taxpayer)
	TAXPAYER'S TITLE	PHONE NUMBER (with area code)	PAID PREPARER'S EIN OR SSN