Arizona Exempt Organization Business Income Tax Return

2017

	For the calend	dar year 2017 or ☐ fiscal year beginning [M,M,D,D,2,0,1,7] and ending	M,MI	D,D12,0,Y,Y.
CHE	CK ONE:	Name	mployer I	dentification Number (EIN)
	Original			
	Amended	Address – number and street or PO Box		
	ness Telephone Number			
(With	area code)	City, Town or Post Office State Z	IP Code	
	_		urn filed	l under extension:
68	Check box if: □□	his is a first return Name change Address change		
Α		ions began	ILY. DO N	NOT MARK IN THIS AREA
В		business activities:		
С		activity codes:		
D		ment for multistate organizations only (check one box):		
_	☐AIR CARRIER			
Е		te Service Provider Election and Computation (Arizona Schedule MSP) is		
_		the year of the election cycle		66 RCVD
F		na Form 99?		
G	•	filed: 990-T Other (specify)		
Ū	oncon rodoral form			
Ari	zona Unrelated	Business Taxable Income Computation		
1	Unrelated business	taxable income	1	00
2	Additions related to	Arizona tax credits claimed	. 2	00
3		and line 2. Enter the total		00
4		for multistate organizations only: See instructions 4		
5		ibutable to Arizona: Line 3 multiplied by line 4 (or if 100% Arizona, enter amount from line 3)	. 5	00
Ari	zona Tax Liabilit	ty Computation		
6	Enter tax: Tax is 4.	9 percent of line 5, or \$50, whichever is greater	6	00
7		of tax credits from Arizona Form 300, Part 2, line 31		00
8	•	and line 7. Enter the total		00
9				00
-	Credit type:	70010 110117 112010 1 0111 000, 1 dit 2, 1110 00	9	
		for each nonrefundable credit claimed: 10 [3, ,] [3, ,] [3, ,]		
11		t line 9 from line 8. Enter the difference.	11	00
•••	rax nabinty. Cabildo	time of non-line of Enter the difference	[
Tax	Payments			
12		lits: Check box(es) and enter amount: 12 308 342 349	12	00
13		made with Arizona Form 120EXT or online		00
14		ents:		00
15		Payment made with original return plus all payments made after it	 	
		ctions	15	00
16		Add lines 12 through 15. Enter the total		00
17		x from original return or later adjustments: See instructions		00
18		btract line 17 from line 16. Enter the difference		00
	Total Layments. Ou	budget line 17 Houri line 10. Enter the difference	10	
Co	mputation of To	tal Due or Overpayment		
19		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		If line 11 is larger than line 18, subtract line 18 from line 11. Enter balance of tax due. Skip line 20 If line 18 is larger than line 11, subtract line 11 from line 18. Enter overpayment of tax		00
21		If line 18 is larger than line 11, subtract line 11 from line 18. Enter overpayment or tax		00
22	-	payment penalty: If Form 220 is included, check this box	_	00
23		UE: Add lines 19, 21, and 22. Enter the total. If tax is due, non-EFT payment must accompany return		00
24			_	00
		see instructions	00	00
25 26		ded: Subtract line 25 from line 24. Enter the difference.	26	00
~0	THE PROPERTY OF THE PROPERTY O	404. Ouddiad: mid 40 HOH IIIC 47. LINGI NIC WIICICIDC	20	1 100

Name (as snown on page 1)		EIN				
SCUEDINE A Apportionment Formula (Multistate)	Organizations Only)					
SCHEDULE A Apportionment Formula (Multistate Comportant: Qualifying air carriers must use Arizona Schedule AC.		LIMITED TO UNRELATED BUSINESS AMOUNTS				
Qualifying multistate service providers must include Arizor Schedule MSP. If the "SALES FACTOR ONLY" box on page 1, line	na D, COLUMN A	COLUMN B Total Everywhere	COLUMN C Ratio Within Arizona			
is checked, complete only Section A3, Sales Factor, lines a through See instructions.	f. Round to nearest dollar.	Round to nearest dollar.	A ÷ B			
A1 Property Factor - STANDARD APPORTIONMENT ONLY Value of real and tangible personal property (by averaging the value of owned property at the beginning and end of the tax period; renter	d					
property at capitalized value)						
A3 Sales Factor a Sales delivered or shipped to Arizona purchasers b Sales of services for qualifying multistate service providers only	у					
c Other gross receipts						
Weight AZ sales: (STANDARD x 2; SALES FACTOR ONLY x 1) Sales Factor:(for Column A, multiply line d by line e; for Column B, enter the amount from line d; for Column C, divide Column A by Column B.)	×2 OR ×1					
STANDARD Apportionment, continue to A4. SALES FACTOR ONLY Apportionment, enter the amount from Column C on page 1, line 4						
A4 STANDARD Apportionment Total Ratio: Add Column C of lines A 5 Average Apportionment Ratio for STANDARD Apportionment: on page 1, line 4. (If one of the factors is "0", in both Column A and	Divide line A4, Column C, by	four (4). Enter the result				
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 PAID PREPARER'S SIGNATURE Preparer's	DAT		PARER'S PTIN			
Use FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-END FIRM'S STREET ADDRESS	MPLOYED)		□EIN OR □SSN ELEPHONE NUMBER			
CITY	STA	TE ZIP CODE	<u> </u>			

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix, AZ 85072-2153