## ARIZONA FORM Arizona Exempt Organization Business Income Tax Return 99T

2000

	For taxable year beginning MM / DD /YYYYY, and ending MM / DD /YYYYY.						CHECK ONE Original			
								CHECK ONE		
	Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ						Calendar year  Fiscal year			
Busi	ness telephone number		Federal employer ID number (FEIN)							
Please print			Number and street			٨٦	haldin -	tov number		
Unrelated business activity or Number and street					AZ withholding tax number					
		type	City or town, state and ZIP code			AZ transaction privilege tax number				
68	68 Check box if: This is a first return Name change Address									
A D	Pate Arizona operations be	gan <u>MM</u>	J DD JYYYY							
B Date of letter granting exemption from Arizona income tax MM / DD /YYYY										
C N	lature of unrelated trade or	business a	activities	_			1			
<b>D</b> D	Did you file an Arizona Forn	n 99?	Yes No							
E C	Check federal form filed:	990T	Other (specify)	81			66			
	Enclose copy of federal f	82	CHECK BOX IF: Federal extension used to file return.							
2 A	pportionment ratio. Multist	ate organiz	ome - from federal Form 990Tations only - <i>see instructions</i>	. 2 .			3		00	
5 10	axable income attributable	10 7 11 12 01 10	Arizona Tax Liability Computation	11 10070 711120116	<i></i>				1 00	
			B, or \$50, whichever is greater				4		00	
						_	5		00	
			INSTRUCTIONS BEFORE COMPLETING THIS LINE tax reduction and tax credit - <i>subtract the sum of lines 5</i>				6 7		00	
/ 10	an nability after Cleaff Elec	uons fund		anu o nom me	7		I		00	
			Tax Payments		T	<del>,                                     </del>				
			Form 120EXT - see instructions			00				
			zona Form 120ES - <i>see instructions</i> mended returns - <i>see instructions</i>	<u> </u>		00	10		00	
10 11	otai paymonto - auu iiilos t	anu /. Al			•••••	•••••	10		1 00	
			Computation of Total Due or Overpayment				1			
		U	nan line 10, enter balance of tax due. Skip line 12				11		00	
		-	than line 7, enter overpayment of tax				12 13		00	
	•		nd interest. If Form 220 is attached, check box				14		00	
			und - Enter the amount of the donation. Amended returns				15		00	
			13, 14, and 15. If money is due, payment must accompa				16		00	
							17		00	
	mount of line 17 to be appl		estimated tax	18		00	10		00	
		ntract lina 1	v trom uno 17				10		1 (1/1)	

## Schedule A - Apportionment Formula (Multistate Organizations Only)

The following information must be submitted by all exempt organizations having unrelated trade or business income from sources both within and without Arizona.

See instructions on page 5 before completing this section.

		(a)	(b)	(c)			
	Limited to Unrelated Trade or Business Amounts	Total Within Arizona	Total Everywhere	Ratio Within Arizona (a) / (b)			
A1	Average yearly value of real and tangible personal property						
A2	Wages, salaries and other compensation of employees						
<b>A</b> 3	(a) Gross receipts, less returns and allowances						
	(b) Double weight sales factor	X 2					
	(c) Sales factor ratio. For column (a), multiply line A3(a) by line A3(b);						
	for column (b) enter the amount from line A3(a)						
A4	Total ratio - add lines A1, A2 and A3(c) in column (c)						
<b>A</b> 5	Average ratio - divide line A4 by four (4). Enter the result in column (c)						
	and on page 1, line 2						
		·					
Certii	Under penalties of perjury, I declare that I have examined this return, ir and belief, it is a true, correct and complete return, made in good faith,						
Pleas							
Sign	here Signature of officer Date	e Title					
Paid							
Prepa	arer's Preparer's signature	Date	_				
Use (	Only	Date	1				
	Firm's name (or preparer's, if self-employed)		Preparer's TIN				
	Firm's address	Firm's address					