## ARIZONA FORM 99T

## Arizona Exempt Organization Business Income Tax Return 2009

For the calendar year 2009 or fiscal year beginning MMDDDYYYYY and ending MMDDDYYYYYY.

	CHECK ONE:		Í		CHECK ONE:	
Orio	ginal Amended	Calendar year  Fiscal year				
Business telephone number Name			Employer identification number (EIN)			
	Please			·		
	Туре	Number and street or PO Box				
Unre	lated business activity codes or		AZ transaction privilege tax number			nber
	Print	City or town, state and ZIP code				
<u> </u>		<u> </u>	OUEOK BOY IS			
68	Check box if:	first return	CHECK BOX IF Return filed un		ension. 82 F	
<b>A</b> D	ate Arizona operations began		REVENUE USE ONLY	Y. DO N	IOT MARK IN THIS AREA	١.
B N	lature of unrelated trade or business activities					
C A	Arizona apportionment: (check only one) Multistate organizations only.					
	☐ AIR Carrier ☐ STAN					
<b>D</b> D	id you file an Arizona Form 99?					
	•	☐ Yes ☐ No  T ☐ Other (specify)				
	Enclose copy of federal form		81	lr	66	
	Enclose copy of rederal for	ii with this return.	[01]		<u> </u>	
	A ri - a a	a Unralated Trade or Dusiness Tayahla Income Com	anutation			
1		a Unrelated Trade or Business Taxable Income Com ble income - from federal Form 990-T	•		1	00
	Apportionment ratio. Multistate or			[00]		
		zona - line 1 multiplied by line 2 (or enter amount from line 1,			3	00
			,			
		Arizona Tax Liability Computation				00
4	4 Enter tax. Tax is 6.968 percent of line 3, or \$50, whichever is greater					
5	5 Clean Elections Fund Tax Reduction. <i>Check this box to send \$5 to the fund and reduce the tax liability (line 4) by \$5.</i>					
6	6 Clean Elections Fund Tax Credit. SEE INSTRUCTIONS BEFORE COMPLETING THIS LINE				6	00
7	7 Tax liability after Clean Elections Fund tax reduction and tax credit - subtract the sum of lines 5 and 6 from line 4					
						00
•		Tax Payments			1	
8		zona Form 120EXT		00	_	
9 10	. ,	n plus all payments made after it was filed - see instructions		00	-	
	3	r pius ali payments maue anei it was nieu - <i>see instructions</i> hrough 10		00		
		return or later adjustments - see instructions		00	-	
13		from line 11			13	00
	,	Computation of Total Due or Overpayment				
1.1	Palanco of tay due If line 7 is la				14	00
15		ger than line 13, enter balance of tax due. Skip line 15 larger than line 7, enter overpayment of tax			15	00
16		arger than line 7, enter overpayment of tax			16	00
17	-	alty. If Form 220 is attached, check box			17	00
18	Donation to Citizens Clean Election		18	00		
					19	00
20		S	-		20	00
21	Amount of line 20 to be applied to	2010 estimated tax	21	00		
22		line 21 from line 20			22	00

AZ Form 99T (	(2009) Name:		EIN:	Page 2 of 2			
Schedule A -	Apportionment Formula (Multistate Organizations On	ly) See in	structions, pages 5 through 7	·.			
		Limited to	Limited to Unrelated Trade or Business Amounts				
A1 Property		Column A	Column B	Column C			
	and tangible personal property (by averaging the value of	Total Within Arizona	Total Everywhere	e Ratio Within			
	ty at the beginning and end of the tax period; rented	Round to the	Round to the	Arizona			
property at ca	pitalized value)	Nearest Dollar	Nearest Dollar	A ÷ B			
Total owne	ed and rented property						
A2 Payroll F	actor						
Wages, s	salaries, commissions and other compensation of employees						
A3 Sales Fa	ctor						
a. Total sale	es and other gross receipts						
0	rizona sales - (STANDARD uses X 2; ENHANCED uses X 8)	X 2 OR X 8					
	tor (for column A - multiply item a by item b; for column B -						
	amount from item a)			•			
A4 Total ratio - add A1, A2, and A3(c), in column C							
•	apportionment ratio - divide line A4, Column C, by the denomination of the control of the contro						
ENHANC	CED divides by ten (10)). Enter the result in column C, and on pa	ge 1, line 2		•			
Certification	Under penalties of perjury, I declare that I have examined this retu	rn, including accompanying echo	adulas and statements, and to the he	act of my knowledge and			
Certification	belief, it is a true, correct and complete return, made in good faith,						
	3,	· · · · · · · · · · · · · · · · · · ·					
Please							
Sign Here	Signature of officer	Date	Title				
Significit							
		1					
Paid							
Preparer's	Preparer's signature	Date	Business telep	ohone number			
Use Only							
	Firm's name (or preparer's, if self-employed)		Preparer's TIN				
	Firm's address		Zip code				

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