ARIZONA FORM

99T

Arizona Exempt Organization Business Income Tax Return

		ar year 2013 or ☐ fiscal year beginnii	ng (M,M,D,D,2,0,1,	3 and ending				
1	ECK ONE:	Name			Employer	dentification Number	(EIN)	
1	Original Amended	Address – number and street or PO Box						
	ness Telephone Number	Address – Humber and street of 1 O box						
	area code)	City, Town or Post Office		State	ZIP Code			
		,,						
				CHECK BOX IF	return fil	ed under extensio	n:	
68	Check hov if:	his is a first return	ress change	82 82F				
 A		ons began: [M,M D,D Y,Y,Y,Y]	_		ONLY. DO N	IOT MARK IN THIS A	REA.	
В	Nature of unrelated business activities:							
С								
D	Arizona apportionme							
	☐ AIR Carrier ☐							
Е		na Form 99? Yes No						
F	•	iled: 990-T Other (specify)	1	81 PM		66 RCVD		
		e organization's federal return.						
			_					
Ariz		susiness Taxable Income Computat					Τ	
1		axable income – from federal Form 990-T					00	
2		Arizona tax credits claimed					00	
3		and line 2			3		00	
4		- Multistate organizations only - see instruction					T_00	
5	Taxable income attr	outable to Arizona – line 3 multiplied by line 4 (c	or enter amount from line 3, i	<u>f 100% Arizona)</u>	5		00	
A!	one Tev Liebilit	· Commutation						
Ariz	zona Tax Liabilit				•		100	
6		968 percent of line 5, or \$50, whichever is gr					00	
7	·	f tax credits – from Arizona Form 300, Part II, li					00	
8		and line 7redits – from Arizona Form 300, Part II, line 53.					00	
9	Credit type –	redits – from Arizona Form 300, Part II, line 53.			9		100	
10		or each nonrefundable credit claimed: 10 L3		3				
11		et line 9 from line 8					00	
• • •	Tax liability — Subtra	illie 9 nom illie 0			11		100	
Tax	Payments							
		its – Check box(es) and enter amount: 12 🗀	308		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 w	/as filed –					
					00			
16	Subtotal payments -	add lines 12 through 15	16		00			
17	Overpayments of ta	from original return or later adjustments – see	instructions 17		00			
18	Total Payments – su	btract line 17 from line 16			18		00	
_	_							
Cor	nputation of Tot	al Due or Overpayment						
19	Balance of tax due -	If line 11 is larger than line 18, enter balance o	f tax due. Skip line 20		19		00	
20	Overpayment of tax	 If line 18 is larger than line 11, enter overpayr 	nent of tax		20		00	
21	Penalty and interest				21		00	
22	Estimated tax under	payment penalty. If Form 220 is attached, che	ck box	22	A 🔲 22		00	
23		JE – Add lines 19, 21, and 22. If money is due,					00	
24		ee instructions					00	
25	Amount of line 24 to	be applied to 2014 estimated tax	25		00	T	_	
26	Amount to be refund	ed – subtract line 25 from line 24			26		00	

Name	e (as shown o	n page 1)	EIN				
Sch	edule A -	- Apportionment Formula (Multistate Organ	izations Only)				
• Qu	alifying air	carriers must use Arizona Schedule ACA.	LIMITED TO UNRELATED BUSINESS AMOUNTS				
• Se	e instructio	ns, pages 8 and 9.	COLUMN A Total Within Arizona Round to nearest dollar.	COLUMN B Total Everywhere Round to nearest dollar.	COLUMN C Ratio Within Arizona A ÷ B		
\ c	of owned pro	and tangible personal property (by averaging the value perty at the beginning and end of the tax period; rented apitalized value). Total owned and rented property			1.		
٧	•	ries, commissions and other compensation paid			1.1 1 1 1 1		
	to employees						
a		es and other gross receipts					
k	• Weight A	.Z sales – (STANDARD uses ×2; ENHANCED uses ×8).	×2 OR ×8				
C		ctor (For column A, multiply line a by line b; on B, enter the amount from line a.)					
	TOT COTAIT	in B, one: the amount nom inc a.,					
		- add A1, A2, and A3c, in column C			1.		
A5 Average Apportionment Ratio – divide line A4, column C, by the denoted ENHANCED divides by ten (10)). Enter the result in column C, and on							
D	eclaration	Under penalties of perjury, I declare that I have examine the best of my knowledge and belief, it is a true, correct to the income tax laws of the State of Arizona.					
Р	lease						
s	ign						
н	ere	OFFICER'S SIGNATURE	DATE	TITLE			
		5.1.62.00 5.6.00.00.2	27.1.2	,			
Р	aid	PAID PREPARER'S SIGNATURE	DATE	DAID DDE	PARER'S PTIN		
Р	reparer's	PAID PREPARENS SIGNATURE	DATE	. FAID FRE	PAREKSFIIN		
U	Use FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPL		OYED)	FIRM'S	EIN OR SSN		
0	nly						
		FIRM'S STREET ADDRESS		FIRM'S TE	ELEPHONE NUMBER		
		CITY	STAT	F ZIP CODE	:		

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