## Arizona Exempt Organization Business Income Tax Return

2018

	For the □ calend	dar year 2018 or ☐ fiscal year beginning เM,M,D,D,2,0,1	.8 and ending ப	M <sub>1</sub> M <sub>1</sub> D <sub>1</sub> D <sub>1</sub>	<u>2,0,Y,Y</u> .
CHECK ONE:		Name	En	nployer Identific	ation Number (EIN)
	Original				
	Amended	Address – number and street or PO Box			
	ness Telephone Number				
(with area code)		City, Town or Post Office	State ZIF	P Code	
68	1		Check box if return 82 82F	rn filed unde	r extension:
100	68 Check box if: A ☐ This is a first return B ☐ Name change C ☐ Address change		REVENUE USE ONL	Y. DO NOT M/	ARK IN THIS AREA.
Α	•	ions began [M,M,D,D,Y,Y,Y,Y]	88	20	
В		business activities:			
C		activity codes:			
D	• • • • • • • • • • • • • • • • • • • •	ment for multistate organizations only (check one box):			
_		2 STANDARD 3 SALES FACTOR ONLY			
Е		te Service Provider Election and Computation (Arizona Schedule MSP) is	81 PM	EE	RCVD
_		te the year of the election cycle	<u>                                    </u>	[66]	
F	Check federal form	filed: 1 990-T 2 Other (specify)			
Ariz	zona Unrelated	Business Taxable Income Computation			
1		taxable income		1	00
2		Arizona tax credits claimed			00
3		and line 2. Enter the total.		3	00
4		for multistate organizations only: See instructions 4			100
5		ibutable to Arizona: Line 3 multiplied by line 4 (or if 100% Arizona, enter amount from	om line 3)	5	00
·	Taxable income attr	Buttable to Anzona. Line o maniphed by line 4 (or in 100 // Anzona, onter amount in	om mic 0,		
Ariz	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 27			00
8	·	and line 7. Enter the total			00
9	Nonrefundable tax credits from Arizona Form 300, Part 2, line 49			00	
10	Credit type:				
		for each nonrefundable credit claimed:101[3, , [102[3, , [103[3,	. 110413	1	
11		t line 9 from line 8. Enter the difference		11	00
Tax	Payments				
12	Refundable tax cred	lits: Check box(es) and enter amount: 121 308 122 349		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			
	was filed: See instru	ctions		15	00
16	Subtotal payments:	Add lines 12 through 15. Enter the total		16	00
17	Overpayments of ta	x from original return or later adjustments: See instructions		17	00
18	Total Payments: Su	btract line 17 from line 16. Enter the difference		18	00
0		(-1.5			
Cor	mputation of To	tal Due or Overpayment		<del></del>	
19	Balance of tax due:	If line 11 is larger than line 18, subtract line 18 from line 11. Enter balance of tax due. Sk	ip line 20	19	00
20	Overpayment of tax:	If line 18 is larger than line 11, subtract line 11 from line 18. Enter overpayment of tax		20	00
21	-			21	00
22	Estimated tax under	payment penalty: If Form 220 is included, check this box	22A 🔲		00
23		UE: Add lines 19, 21, and 22. Enter the total. See instructions			00
24		See instructions		24	00
25		be applied to 2019 estimated tax	00	┪	
26	Amount to be refund	ded: Subtract line 25 from line 24. Enter the difference		26	00

Name (as shown	on page 1)	EIN							
SCHEDULE A Apportionment Formula (Multistate Organizations Only)									
	Qualifying air carriers must use Arizona Schedule ACA.	LIMITED TO UNRELATED BUSINESS AMOUNTS							
Qualifying mu Schedule MSP.	Illistate service providers must include Arizona If the "SALES FACTOR ONLY" box on page 1, line D, implete only Section A3, Sales Factor, lines a through f.	COLUMN A Total Within Arizona Round to nearest dollar.	COLUMN B Total Everywhere Round to nearest dollar.	COLUMN C Ratio Within Arizona A ÷ B					
Value of rea of owned pr property at a A2 Payroll Fac Total wages	Value of real and tangible personal property (by averaging the value of owned property at the beginning and end of the tax period; rented property at capitalized value)								
<ul><li>b Sales of ser (include Sch</li><li>c Other gross</li></ul>	ered or shipped to Arizona purchasers  vices for qualifying multistate service providers only nedule MSP)  receipts								
f Sales Factor enter the an Column B.) STANDARI SALES FAC	cales: (STANDARD x 2; SALES FACTOR ONLY x 1)  or:(for Column A, multiply line d by line e; for Column B, nount from line d; for Column C, divide Column A by  O Apportionment, continue to A4.  CTOR ONLY Apportionment, enter the amount from on page 1, line 4	×2 OR ×1							
A5 Average Ap	O Apportionment Total Ratio: Add Column C of lines A1, apportionment Ratio for STANDARD Apportionment: Dividine 4. (If one of the factors is "0", in both Column A and Co	vide 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 Preparer's	PAID PREPARER'S SIGNATURE	DAT		EPARER'S TIN					
Use Only	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPL	LUYED)	FIRM'S E	ELEPHONE NUMBER					
	CITY	STA	TE ZIP CODE	<u> </u>					

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