

Name (as shown on page 1)	EIN
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SCHEDULE A Apportionment Formula (Multistate Organizations Only)

IMPORTANT: Qualifying air carriers must use Arizona Schedule ACA. Qualifying multistate service providers must include Arizona Schedule MSP. If the **"SALES FACTOR ONLY"** box on page 1, line D, is checked, *complete only Section A3, Sales Factor, lines a through f.* See instructions.

LIMITED TO UNRELATED BUSINESS AMOUNTS		
COLUMN A Total Within Arizona Round to nearest dollar.	COLUMN B Total Everywhere Round to nearest dollar.	COLUMN C Ratio Within Arizona A ÷ B
		.
		.
	x2 OR x1	
		.
		.
		.

- 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; rented property at capitalized value).
- A2 Payroll Factor - STANDARD APPORTIONMENT ONLY**
Total wages, salaries, commissions and other compensation to employees (per federal Form 990T, or payroll reports).
- A3 Sales Factor**
- a Sales delivered or shipped to Arizona purchasers
 - b Sales from services or from designated intangibles **for qualifying multistate service providers only** (see instructions; include Schedule MSP)
 - c Other gross receipts
 - d Total sales and other gross receipts (the sum of lines a through c)
 - e Weight AZ sales: (STANDARD x 2; SALES FACTOR ONLY x 1)
 - f 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.)
- 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 A1, A2, and A3f. Enter the total
- A5 Average Apportionment Ratio for STANDARD Apportionment:** Divide line A4, Column C, by four (4). Enter the result on page 1, line 4. (If one of the factors is "0", in both Column A and Column B, see instructions.)

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 Use Only	PAID PREPARER'S SIGNATURE	DATE	PAID PREPARER'S TIN
	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)	FIRM'S EIN	
	FIRM'S STREET ADDRESS	FIRM'S TELEPHONE NUMBER	
	CITY	STATE	ZIP CODE

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