



License and Registration
ARIZONA DEPARTMENT OF REVENUE
 PO BOX 29032
 Phoenix, AZ 85038-9032
 Fax: 602-716-7990

PROPERTY MANAGEMENT LICENSE APPLICATION

IMPORTANT! Incomplete applications WILL NOT BE PROCESSED.

This form is used to license Property Management Companies (PMC) to file on behalf of property owners pursuant to A.R.S § 42-5005(M). Licensure is required for the PMC to act in a fiduciary capacity as the agent of the property owner in accordance with A.R.S § 42-6013. All required information is designated with an asterisk *. For assistance, call Customer Care and Outreach: (602) 255-3381

SECTION A: Property Management Company (PMC) Business Information

| | | | |
|---|--|--|--|
| 1* Federal Employer Identification Number or Social Security Number, <i>required if sole proprietor with no employees</i> | | 2* Legal Business Name | |
| 3* Type of Organization/Ownership – <i>Tax exempt organizations must attach a copy of the Internal Revenue Service's letter of determination.</i> | | | |
| <input type="checkbox"/> Individual/Sole Proprietorship | <input type="checkbox"/> Subchapter S Corporation | <input type="checkbox"/> Government | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Association | <input type="checkbox"/> Estate | <input type="checkbox"/> Receivership |
| State of Inc. _____ | <input type="checkbox"/> Partnership | <input type="checkbox"/> Trust | |
| Date of Inc. <u>M,M,D,D,Y,Y,Y,Y</u> | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Partnership | |
| 4* Business or "Doing Business As" Name or Trade Name | | | |
| 5* Business Phone No. (with area code) | | 6* Email Address (use this e-mail address to login or register on AZTaxes) | |
| 7* Mailing Address – number and street | | City | State ZIP Code |
| 8* Physical Location of Business (Do not use PO Box, PMB or route numbers) | | City | State ZIP Code |
| | | 9* City Region ZZ - NOT APPLICABLE | |
| 10* County/Region | | 11* Date of PMC Registration in Arizona <u>M,M,D,D,Y,Y,Y,Y</u> | |
| 12* Description of Business: PROPERTY MANAGEMENT COMPANY | | 13* NAICS Code 531310 | 14* Business Code 945 |

SECTION B: Identification of Owners, Partners, Corporate Officers Members/Managing Members or Officials of this Employing Unit

If you need more space, attach Additional Owner, Partner, Corporate Officer(s) form available at www.azdor.gov. If the owner, partners, corporate officers or combination of partners or corporate officers, members and/or managing members own more than 50% of or control another business in Arizona, attach a list of the businesses, percentages owned and unemployment insurance account numbers or provide a Power of Attorney (Form 285) which must be filled out and signed by an authorized corporate officer.

| | | | | | |
|---------|----------------------|---------|--------------------------------|------------|--------------|
| Owner 1 | *Social Security No. | *Title | *Last Name | First Name | Middle Intl. |
| | *Street Address | | *City | *State | * % Owned |
| | *ZIP Code | *County | *Phone Number (with area code) | *Country | |
| Owner 2 | *Social Security No. | *Title | *Last Name | First Name | Middle Intl. |
| | *Street Address | | *City | *State | * % Owned |
| | *ZIP Code | *County | *Phone Number (with area code) | *Country | |
| Owner 3 | *Social Security No. | *Title | *Last Name | First Name | Middle Intl. |
| | *Street Address | | *City | *State | * % Owned |
| | *ZIP Code | *County | *Phone Number (with area code) | *Country | |

This Box for Agency Use Only.

DLN: _____ Registration Number: _____ Processed Date: _____ Agent Name: _____



ARIZONA DEPARTMENT OF REVENUE GENERAL INSTRUCTIONS FOR PROPERTY MANAGEMENT COMPANY REGISTRATION

Mail, fax, or email your application to:

Mailing Address

Arizona Department of Revenue
PO Box 29032
Phoenix, AZ 85038-9032

Customer Service Center Locations

Phoenix Office

1600 W Monroe
Phoenix, AZ 85007

Tucson Office

400 W Congress
Tucson, AZ 85701

Phoenix and Tucson locations
8:00 a.m. – 5:00 p.m.
Monday through Friday
(Except legal Arizona state holidays)

Mesa Office

55 N Center
Mesa, AZ 85201

7:30 a.m. - 5:30 p.m.
Monday through Thursday
(Except legal Arizona state holidays)
(Closed on Friday)

To schedule an appointment
email AZTaxHelp@azdor.gov

Customer Service Telephone Numbers

(602) 542-4576

(from area codes 520/928)
1-800-634-6494

WHO IS REQUIRED TO REGISTER:

For the taxable periods beginning from and after December 31, 2017 all Property Management Companies that act in a fiduciary capacity on behalf of individual Property Owners MUST be registered with the department to file and pay electronically.

IMPORTANT

- Incomplete registration forms will not be processed
- Required information is designated with an asterisk (*).

Section A – Business Information

1. Provide your **Federal Employer Identification No.** (FEIN) or Social Security No. (SSN) if you are a sole proprietor without employees. Taxpayers are required to provide their taxpayer identification number (TIN) on all returns and documents. A TIN is defined as the federal employer identification number (EIN), or SSN depending upon how income tax is reported. The EIN is required for all employers. A penalty of \$5 will be assessed by the Department of Revenue for each document filed without a TIN.
2. Provide the **Legal Business Name** or owner or corporation as listed in its articles of incorporation, or individual and spouse, or partners, or organization owning or controlling the business.
3. **Type of Organization/Ownership:** Check as applicable. A corporation must provide the state and date of incorporation.
4. Provide the **Business Name, “Doing Business As” (DBA)**. DBA is the name of a business other than the owner’s name or, in the case of a corporation, a name that is different from the legal or true corporate name as on file with the Secretary of State. If it is the same as the Legal Business Name enter “same”.
5. Provide the **Business Phone Number** including the area code.
6. Provide the **Email Address** for the business. Use the same email address as your username to register on AZTaxes.gov. **PREREQUISITE:** This email address must already be registered to an account on AZTaxes.gov.
7. Provide the **Mailing Address** (number and street) where all correspondence is to be sent. You may use your home address, corporate headquarters, or accounting firm’s address, etc. if mailing address differs for licenses (for instance withholding and unemployment insurance), please send a cover letter with completed application to explain.
8. through 10. Provide the **Physical Location, County/Region, and Reporting City**, if different than the **Physical Location** city of the business. This cannot be a PO Box or Route Number. For example, if the location for the listed address is listed in an adjacent city, such as Scottsdale, but the location of the business is actually within Phoenix.
11. Provide a date on or after 1/1/2018 as the **date the PMC registered** in Arizona to file electronic consolidated returns for the Property Owners that act on behalf of.
12. **Description of Business** is defaulted to Property Management Company.
13. **North American Industries Classification System (NAICS)** Code(s) is the standard used by Federal statistical agencies in classifying business establishment. NAICS is defaulted to Residential Property Managers, 531310.
14. **Business Code** is defaulted to 945.

Section B – Identification of Owners, Partners, Corporate Officers, Members/Managing Members or Officials of this Employing Unit

Provide the full name, SSN and title of all Owners, Partners, Corporate Officers, Members/Managing Members or Officials of the Employing Unit. If the owner, partners, corporate officers or combination of partners or corporate officers, members and/or managing members own more than 50% of, or control another business in Arizona, attach a list of the businesses, percentages owned and unemployment insurance account numbers or provide a General Disclosure / Power of Attorney (Form 285) which must be filled out and signed by an authorized corporate officer.