



VOLUNTARY DISCLOSURE APPLICATION

Failure to complete this form in its entirety may invalidate your request for voluntary disclosure.

PART 1 Representative/Applicant (required) - Representative/Applicant's Name, Title, Mailing Address, Phone Number, City, State, ZIP Code, FAX Number, E-mail Address

PART 2 Entity Type (required) - Type of entity applying for the Voluntary Disclosure Program:

PART 3 Tax Type (required) - Tax Type (check all applicable boxes; complete corresponding area on page 2): Individual Income Tax, Corporate Income Tax, Transaction Privilege Tax (TPT), Use Tax, Withholding Tax, Other

PART 4 General Questions (required) - 1 Has the taxpayer been contacted by the Department of Revenue or other Jurisdiction? 2 Is the taxpayer currently under criminal investigation by the department or any municipality? 3 Give a description of the taxpayer's business and business activities in Arizona? 4 What month and year did the taxpayer begin conducting business in Arizona? 5 Does the taxpayer own or lease property in Arizona? 6 Is the taxpayer a disregarded entity for income tax purposes? 7 What other tax returns are being filed in Arizona? 8 Has the taxpayer been acquired and/or merged? Enter the total number of EINs requesting this voluntary disclosure:

PART 5 TPT/Use Tax Only - 9 Has the taxpayer collected TPT or Use Tax? 10 Is the taxpayer currently remitting TPT or Use Tax to Arizona?

Representative/Applicant's Name: _____

PART 5
TPT/Use Tax Only
(continue)

11 What are the estimated gross receipts in Arizona for the last four (4) years?

YEAR 1	YEAR 2	YEAR 3	YEAR 4
\$ _____	\$ _____	\$ _____	\$ _____

12 What is the estimated tax due for the last four (4) years?

YEAR 1	YEAR 2	YEAR 3	YEAR 4	Business Class Code
\$ _____	\$ _____	\$ _____	\$ _____	

If not already licensed, the Taxpayer shall become duly licensed for Transaction Privilege and Use Tax with the Department and applicable Jurisdictions by registering on www.AZTaxes.gov and pay all state and city license fees. The Taxpayer shall comply with all licensing provisions of Title 42 of the Arizona Revised Statutes (A.R.S.) and the Model City Tax Code.

PART 6
Corporate
Income Tax Only

13 Type of return to be filed: Separate Combined

14 What is the estimated tax due for the last four (4) years?

YEAR 1	YEAR 2	YEAR 3	YEAR 4
\$ _____	\$ _____	\$ _____	\$ _____

15 What is the taxpayer's fiscal year-end for federal income tax purposes? (M,M|D,D)

16 Are there any Arizona net operating loss carryforwards during the disclosure period? YES NO

PART 7
Pass-Through
Entity (PTE)
Applicants Only

Complete part 7 only if you are an LLC, LLP, Subchapter S Corporation.

17 What is the type of entity that is ultimately responsible for paying the income tax due?
 C Corporation Individual Other: _____

18 How many partners, shareholders, beneficiaries, etc. does this PTE have?

19 How many partners, shareholders, beneficiaries, etc. are applying for voluntary disclosure?

20 What is the estimated tax due by partners, shareholders, beneficiaries, etc. for the last four (4) years?

YEAR 1	YEAR 2	YEAR 3	YEAR 4
\$ _____	\$ _____	\$ _____	\$ _____

PART 8
Individual
Income Tax Only

21 Filing status for disclosure period (check all that apply):
 Single Married/Joint Married/Separate Head of Household

22 What year did you first have a requirement to file? (Y,Y|Y,Y)

23 What is the estimated tax due for the last four (4) years?

YEAR 1	YEAR 2	YEAR 3	YEAR 4
\$ _____	\$ _____	\$ _____	\$ _____

24 Residency Status for disclosure period (check all that apply): Full Year Part Year Nonresident

PART 9
Other Tax Type

25 What is the estimated tax due for the last four (4) years?

YEAR 1	YEAR 2	YEAR 3	YEAR 4
\$ _____	\$ _____	\$ _____	\$ _____

Enter the tax type: _____

Please note prior to submission: All required documents for the Voluntary Disclosure will be expected within 30 days of acceptance into the Program, including sales schedules for TPT Applicants. Please submit form only if this deadline can be met.