

Annual Estimated Payment Form for Transaction Privilege Tax

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Business name ①
Mailing address ②
City, state, ZIP code ③
Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
④
Taxpayer's signature _____ Date _____ Daytime phone number (with area code) _____
Paid preparer's signature (other than taxpayer) _____ Daytime phone number (with area code) _____
Paid preparer's TIN: _____

State License Number ⑤	⑥ Taxpayer Identification Number <input type="checkbox"/> EIN <input type="checkbox"/> SSN
Estimated Payment Amount ⑦	⑧ Period Covered Month: 06 Year: _____

BD#	FOR DOR USE ONLY	
	Postmark	Receipt

Mail to: ARIZONA DEPARTMENT OF REVENUE, PO BOX 29085, PHOENIX, AZ 85038-9085

Requirement for Estimated Tax Payment

Arizona Revised Statute § 42-5014.D requires an annual estimated payment if a taxpayer's actual combined tax liability for transaction privilege, telecommunication services excise and county excise taxes in the preceding calendar year was \$1,000,000 or more, or if the taxpayer can reasonably anticipate a liability for such taxes of \$1,000,000 or more in the current year. For purposes of the annual estimated tax payment, "taxpayer" is defined as the business entity under which the business reports and pays state income taxes, regardless of the number of business locations collecting the transaction privilege, telecommunication services excise and county excise taxes.

Estimated Payment Calculation

Must be equal to either one-half of the tax due for the month of May or the actual total tax due for the first 15 days of June.

Due Date

June 20. It must be postmarked by June 20 or received in the department by the business day preceding the last business day of June.

Mailing Instructions

Include your state license number on your payment and enclose it with this form.

EFT Payment

For those businesses required to remit payment via EFT, please use aztaxes.gov to report and pay your estimated tax payment electronically. If you use aztaxes.gov to report and pay your estimated tax, do not mail a paper Form TPT-ES.

Line-by-Line Instructions

Please see the next page.

Line-By-Line Instructions

Box 1, 2 and 3 – Name and Mailing Address

Enter the business name and mailing address as shown on your state license.

Box 4 – Taxpayer’s Name/Signature

Taxpayer must sign and enter daytime phone number. If prepared by a paid preparer, that person must sign and enter their taxpayer identification number (TIN) and a daytime phone number.

Box 5 – State License Number

Enter your Transaction Privilege Tax license number, including the alpha letter at the end.

Box 6 – Taxpayer Identification Number

If you are a sole proprietor and have been reporting and paying transaction privilege tax using your EIN or SSN, enter that number.

Box 7 – Estimated Payment Amount

This figure should equal your actual transaction privilege, telecommunications services excise and county excise tax liability for the first 15 days of June or 50 percent of May’s actual tax liability for these taxes.

Box 8 – Period Ending

Enter the year for which the estimated payment is to be applied. The month (06) has already been entered.

For assistance, call:

Phoenix.....	(602) 255-2060
Other Arizona areas.....	1-800-843-7196