

For the calendar year 2012 or fiscal year beginning MM,DD,YY,YY and ending MM,DD,YY,YY.

Check box if: This is the first tax return filed under this name and EIN
Name, address, or EIN has changed If EIN has changed, list prior number _____

Please Type or Print	Name	Employer identification number (EIN)
	Number and street or PO Box	Business telephone number
	City or town, state, and ZIP code	REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

Check type of return to be filed:

Form 120 Form 120A Form 120S Form 99T Form 99 Form 165

All applications for an extension of time to file **must be postmarked** on or before the original due date of the return, unless the original due date falls on Saturday, Sunday, or a legal holiday. In that case, the application must be postmarked on or before the business day following such Saturday, Sunday, or legal holiday.

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S corporations and partnerships: Use Form 204 to request an extension of time to file a composite return for nonresident individual shareholders or nonresident individual partners on Form 140NR.

AN ARIZONA EXTENSION CANNOT BE GRANTED FOR MORE THAN SIX MONTHS BEYOND THE ORIGINAL DUE DATE OF THE RETURN. ARIZONA WILL ACCEPT A VALID FEDERAL EXTENSION FOR THE SAME PERIOD OF TIME COVERED BY THE FEDERAL EXTENSION. THE FEDERAL EXTENSION FOR PARTNERSHIPS IS FIVE MONTHS.

Check one:

- Form 120, Form 120A, Form 120S, Form 99T, Form 99:** This is a request for an automatic six-month extension of time until MM DD YYYY, to file the tax return for the taxable year ending MM DD YYYY.
- Form 165 only:** This is a request for an automatic five-month extension of time until MM DD YYYY, to file the tax return for the taxable year ending MM DD YYYY.
- A federal extension will be used to file this tax return. This form is being used to transmit the Arizona extension payment.

Extension Payment Computation (For Forms 120, 120A, 120S, and 99T only)

1 Amount of tax for the taxable year. <i>See instructions</i>	1	00
2 Less estimated tax payments	2	00
3 Balance of tax - <i>line 1 less line 2</i>	3	00
4 Enter amount of payment enclosed. <i>See instructions</i> PAYMENT ENCLOSED	4	00

Make check payable to: **ARIZONA DEPARTMENT OF REVENUE. Include EIN on Payment.**
Send application and payment to: **Arizona Department of Revenue, PO Box 29085, Phoenix AZ 85038-9085**
Send application without payment to: **Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079**

THE TAXPAYER WILL BE LIABLE FOR THE EXTENSION UNDERPAYMENT PENALTY IF AT LEAST 90 PERCENT OF THE TAX LIABILITY DISCLOSED BY THE RETURN HAS NOT BEEN PAID BY THE ORIGINAL DUE DATE OF THE RETURN. TAXPAYERS SUBJECT TO THE EXTENSION UNDERPAYMENT PENALTY ARE NOT SUBJECT TO THE LATE PAYMENT PENALTY PRESCRIBED BY A.R.S. § 42-1125(D). INTEREST ACCRUES ON ANY ADDITIONAL TAX DUE FROM THE ORIGINAL DUE DATE OF THE RETURN UNTIL PAID.

SIGNATURE AND VERIFICATION

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature of officer or agent	Title	Date
Printed Name	Business Phone Number	Agent's TIN