

For taxable year beginning MM / DD / YYYY, and ending MM / DD / YYYY

**Check box if:** This is the first tax return filed under this name and FEIN   
Name, address, or FEIN has changed  if FEIN has changed, list prior number \_\_\_\_\_

CHECK ONE:	
Calendar year <input type="checkbox"/>	Fiscal year <input type="checkbox"/>
Federal employer ID number (FEIN)	
Business telephone number	

Please Type or Print	Name
	Number and street
	City, or town, state, and ZIP code

**Check type of return to be filed:**  
Form 120  Form 120A  Form 120S  Form 99T  Form 99  Form 165

FOR DOR USE ONLY	

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.

**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.

81	66
----	----

**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 PERIOD COVERED BY THE FEDERAL EXTENSION.**

**Check one:**

- 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.
- 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. See instructions .....	1	00
2	Less estimated tax payments .....	2	00
3	Balance of tax (line 1 minus line 2) .....	3	00
4	Enter amount of payment enclosed. See instructions ..... PAYMENT ENCLOSED	4	00

Make check payable to: **ARIZONA DEPARTMENT OF REVENUE**  
Send application and payment to: **Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079**

**THE TAXPAYER WILL BE LIABLE FOR: (1) 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 OR THE RETURN IS FILED WITHOUT AN ATTACHED ARIZONA EXTENSION OF TIME TO FILE (IF THE TAXPAYER USES AN ARIZONA EXTENSION); OR (2) A LATE PAYMENT PENALTY IF 100 PERCENT OF THE TAX LIABILITY IS NOT PAID BY THE EXTENDED DUE DATE OF THE RETURN. 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
		Agent's TIN