

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

Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079

CHECK ONE:	
Original <input type="checkbox"/>	Amended <input type="checkbox"/>
CHECK ONE:	
Calendar year <input type="checkbox"/>	Fiscal year <input type="checkbox"/>
Federal employer ID number (FEIN)	
AZ withholding tax number	
AZ transaction privilege tax number	

Please Type or Print	Name	
	Number and street	
	City or town, state and ZIP code	
Business telephone number ()		

Check box if: This is a first return Name change Address change

FOR DOR USE ONLY

- A Date Arizona operations began MM / DD / YYYY
- B Date of letter granting exemption from Arizona income tax MM / DD / YYYY
- C Nature of Arizona activities _____
- D Check federal form filed: 990 990-EZ Other (specify) _____

Attach copy of federal return.

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Sources of Income	1	Gross sales or receipts from business activities.....	1		00	
	2	Less: Cost of goods sold or of operations - <i>attach itemized statement</i>	2		00	
	3	Gross profit from business activities - <i>subtract line 2 from line 1</i>	3		00	
	4	Interest.....	4		00	
	5	Dividends.....	5		00	
	6	Rents and royalties.....	6		00	
	7	Gain or (loss) from sales of assets, excluding inventory items.....	7		00	
	8	Dues, assessments, etc., from members	8		00	
	9	Dues, assessments, etc., from affiliated organizations	9		00	
	10	Contributions, gifts, grants, etc., received	10		00	
	11	Other income - <i>attach itemized statement</i>	11		00	
		12	Total income - <i>add lines 3 through 11</i>	12		00
Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	13		00	
	14	Salaries and wages - other than amounts included on line 2.....	14		00	
	15	Interest.....	15		00	
	16	Taxes	16		00	
	17	Rent expense	17		00	
	18	Depreciation - <i>attach schedule</i>	18		00	
	19	Miscellaneous expenses - <i>attach itemized statement</i>	19		00	
		20	Total expenses - <i>add lines 13 through 19</i>	20		00
	Disbursements from Current Income for the Organization's Exempt Purposes	21	Dues, assessments, etc., to affiliated corporations	21		00
22		Contributions, gifts, grants, etc., paid	22		00	
23		Benefit payments to or for members or their dependents:				
		a. Death, sickness, hospitalization, disability, or pension benefits	23a		00	
		b. Other benefits.....	23b		00	
24		Dividends and other distributions to members, shareholders, or depositors	24		00	
25		Other.....	25		00	
	26	Total - <i>add lines 21 through 25</i>	26		00	
Disbursements from Principal Income for the Organization's Exempt Purposes	27	Dues, assessments, etc., to affiliated corporations	27		00	
	28	Contributions, gifts, grants, etc., paid	28		00	
	29	Benefit payments to or for members or their dependents:				
		a. Death, sickness, hospitalization, disability, or pension benefits	29a		00	
		b. Other benefits.....	29b		00	
	30	Dividends and other distributions to members, shareholders, or depositors	30		00	
	31	Other.....	31		00	
	32	Total - <i>add lines 27 through 31</i>	32		00	
Other	33	Other disbursements not itemized above - <i>attach schedule</i>	33		00	
Accumulation of Income	34	Accumulation of income in current year - <i>line 12 minus the sum of lines 20, 26, 32, and 33</i>	34		00	
	35	Accumulation of income at beginning of year.....	35		00	
	36	Accumulation of income at end of year - <i>add lines 34 and 35</i>	36		00	
Penalty	37	Penalty for late filing or incomplete filing (\$500.00).....	37		00	

Schedule A - Balance Sheet

		(a) Beginning of year		(b) End of year	
<i>Note: Amounts used in attached schedules and in this column should be end of year amounts.</i>					
Assets					
A1	Cash		00	A1	00
A2a	Accounts receivable.....	A2a	00		
	b Less: allowance for doubtful accounts.....	A2b	00		
	c Line A2a less line A2b. Enter difference in column (b).....		00	A2c	00
A3a	Other notes and loans receivable - <i>attach schedule</i> ..	A3a	00		
	b Less: allowance for doubtful accounts.....	A3b	00		
	c Line A3a less line A3b. Enter difference in column (b).....		00	A3c	00
A4	Inventories		00	A4	00
A5	Investments (securities) - <i>attach schedule</i>		00	A5	00
A6	Investments (other) - <i>attach schedule</i>		00	A6	00
A7a	Land, buildings, and equipment; basis	A7a	00		
	b Less: accumulated depreciation - <i>attach schedule</i>	A7b	00		
	c Line A7a less line A7b. Enter difference in column (b).....		00	A7c	00
A8	Other assets - <i>describe</i>		00	A8	00
A9	Total assets - add lines A1 through A8		00	A9	00

Liabilities

A10	Accounts payable and accrued expenses		00	A10	00
A11	Mortgages and other notes payable - <i>attach schedule</i>		00	A11	00
A12	Other liabilities - <i>describe</i>		00	A12	00
A13	Total liabilities - add lines A10 through A12		00	A13	00

Net Assets

A14	Capital stock or trust principal.....		00	A14	00
A15	Paid-in or capital surplus.....		00	A15	00
A16	Retained earnings or accumulated income.....		00	A16	00
A17	Total net assets - add lines A14 through A16		00	A17	00
A18	Total liabilities and net assets - add lines A13 and A17		00	A18	00

Certification Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign Here _____
 Signature of officer Date Title

Paid Preparer's Use Only _____
 Preparer's signature Date

_____ Preparer's TIN

_____ Zip code