ARIZONA FORM
204

Application for Filing Extension
For Individual and Fiduciary Returns Only
USE BLACK OR BLUE INK ONLY.

2002

For calendar year 2002 or fiscal year beginning: _____ **and ending:** _____ 66

Your first name and initial | Last name | Your Social Security Number

Spouse's first name and initial | Last name | Spouse's Social Security Number

Present home address - number and street, rural route, apt. no.

City, town or post office | State | Zip Code + 4

FOR DOR USE ONLY
88
81 | 80

Fill in ovals completely. Example: ● ***Select only one:***

Resident Personal Income Tax Forms:

- ○ 140 ○ 140A ○ 140EZ ○ 140PTC ○ 140ET
- ○ Part-Year Personal Income Tax Form 140PY
- ○ Nonresident Personal Income Tax Form 140NR
- ○ Arizona Fiduciary Income Tax Form 141

Select only one:

- ○ Automatic 4-month extension. Return due date August 15, 2003, or fiscal year return due date ____/____/20____ for tax year ending ____/____/20____.
- ○ Additional 2-month extension. Return due date October 15, 2003, or fiscal year return due date ____/____/20____ for tax year ending ____/____/20____.

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.

1	Tax liability for 2002. *You may estimate this amount*			1	00
2	Arizona income tax withheld during 2002	2	00		
3	Arizona estimated tax payments for 2002	3	00		
4	Payments made with previous extension requests for your 2002 return	4	00		
5	Credits you will claim on your 2002 return. *See instructions on back.*	5	00		
6	*Add lines 2 through 5*			6	00
7	**Balance of Tax:** *Subtract line 6 from line 1*			7	00
8	Enter the amount of payment enclosed. *Make check payable to Arizona Department of Revenue; include SSN on payment.*			8	00

You will be liable for the extension underpayment penalty if at least 90 percent of your tax liability disclosed by your return has not been paid by the original due date of the return or if you do not attach a copy of the Arizona extension when you file your return. Interest accrues on any additional tax due from the original due date of the return until paid.

9 If you were previously granted an extension of time to file for this tax year, *check this box* ..... 9 ☐

Enter the date your extension was granted to: MM / DD / YY

State the reasons why an additional extension is needed: _____

PLEASE SIGN HERE only if requesting additional 2-month extension.

Sign here only if you are requesting an additional two-month extension. You do not have to sign this form if you are requesting an automatic four-month extension.

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, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ YOUR SIGNATURE | DATE | OCCUPATION

▶ SPOUSE'S SIGNATURE | DATE | SPOUSE'S OCCUPATION

▶ PAID PREPARER'S SIGNATURE | FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

PAID PREPARER'S TIN | DATE | PAID PREPARER'S ADDRESS

If you are sending a payment with this request, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016.
If you are *not* sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138.

ADOR 91-5383 (02)
Previous ADOR 72-0019