

For the calendar year 2009.

<b>Please Type or Print</b>	Name	EIN:
	Number and street or PO Box	REVENUE USE ONLY. DO NOT MARK IN THIS AREA.
	City or town, state, and ZIP code	
<p>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.</p> <p>Form A1-APR is due on or before February 28 of the year following the close of the calendar year. An extension cannot be granted if the extension application is postmarked after the original due date of Form A1-APR.</p> <p>The entire amount of tax must be postmarked on or before March 1, 2010, to be considered timely. The annual withholding payment must be remitted with the extension application.</p>		POSTMARK DATE

**Check only one box:** 82A  Employer requests **first** 30 day extension.  
82B  Employer requests **second** 30 day extension.

**Reason why an extension of time to file Form A1-APR is needed:**

- |   |   |
|---|---|
| 1A. <input type="checkbox"/> Unavoidable illness of _____.                    | 1E. <input type="checkbox"/> Computer failure.        |
| 1B. <input type="checkbox"/> Unavoidable absence of _____.                    | 1F. <input type="checkbox"/> Other equipment failure. |
| 1C. <input type="checkbox"/> Death of _____.                                  | 1G. <input type="checkbox"/> Natural disaster.        |
| 1D. <input type="checkbox"/> Absence of records.                              |   |
| 1H. <input type="checkbox"/> Other (or further explanation of above reasons): |   |



**Extension Payment**

1 Annual withholding tax liability for 2009. Remit this amount in full with this application .....PAYMENT DUE 

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Make check payable to: **ARIZONA DEPARTMENT OF REVENUE (Include EIN on payment.)**  
Send application and payment to: **Arizona Department of Revenue, PO Box 29009, Phoenix AZ 85038-9009**

**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
Business telephone number	Agent's TIN	

File the original. Keep a copy for your records. The Department will notify you by letter if the extension application is denied.