ARIZONA FORM
120EXT

Application for Automatic Extension of Time to File Corporation, Partnership, and Exempt Organization Returns

2008

For the calendar year 2008 or fiscal year beginning M M D D Y Y Y Y and ending M M D D Y Y Y Y.

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 _____

CHECK ONE:
Calendar year ☐ Fiscal year ☐

Employer identification number (EIN)

Business telephone number

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

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

81 66

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.

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 FOR RETURNS DUE ON OR AFTER JANUARY 1, 2009.

Check one:

☐ This is a request for an automatic six-month extension of time until , to file the tax return for the taxable year ending .

☐ 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, AND (2) THE LATE PAYMENT PENALTY IF 100 PERCENT OF THE TAX LIABILITY IS NOT PAID BY THE ORIGINAL 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

Print Reset form