ARIZONA FORM

Arizona Exempt Organization Business Income Tax Return 2002

			For to:!	No year beginning MM / DD / VVVV and and in the	AIM I DD IVVVV		CHECK ONE:	
			For taxable year beginning/_ DD_ /, and ending/_ DD_ /				Original Amended	
			Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079			Cale	CHECK ONE: Calendar year Fiscal year	
Business telephone number			Please	Name		Feder	al employer ID number (FEIN)	
			Type	Number and street			AZ withholding tax number	
Unrelated business activity codes			or	Trainbot and direct			•	
			Print	City or town, state and ZIP code		AZ tra	nsaction privilege tax number	
					1	FOR DOR U	SE ONLY	
68	Check I	oox if: L	This is a	first return				
A D	ate Arizona o	perations be	gan <u>MM</u>	/ DD / YYYY				
B D	ate of letter of	ranting exem	ption from	Arizona income tax/				
	_	_		activities				
					_	<u></u>	_	
	-	Arizona Forn		Yes No	81	60		
E Check federal form filed: 990T Other (specify) CHECK Finclose copy of federal form with this return. 82 Federal						(IF:	d to file return 82 F	
	Enclose	nsion use	d to file return. 82 F					
2 3 4 5	Apportionm Taxable inco Enter tax - t Clean Elect Enter the ar Clean Elect	ent ratio. Multiper attributal ax is 6.968 prices on Fund Tate mount of the tions Fund Tate.	ess taxable tistate orga ble to Arizo ercent of lii x Reductio fax reductio x Credit. Si	Unrelated Trade or Business Taxable Income Come income - from federal Form 990T	if 100% Arizona)liability (line 4) by \$5.	5A 🗆	1 00 3 00 4 00 5 00 6 00 7 00	
•	-		· · · · · ·	Tax Payments			1	
ŏ a		•		ona Form 120EXT - see instructions uctions		00		
				Amended returns - see instructions			10 00	
	, ,							
				Computation of Total Due or Overpayment				
11	Balance of	tax due - If lin	e 7 is large	er than line 10, enter balance of tax due. Skip line 12			11 00	
12				ger than line 7, enter overpayment of tax			12 00	
13	•						13 00	
14				y. If Form 220 is attached, check box			14 00 15 00	
15 16				s Fund - Enter the amount of the donation. Amended returns 11, 13, 14, and 15. If money is due, payment must accompa			15 00 16 00	
17				11, 13, 14, and 15. If money is due, payment must accompa	•		17 00	
18				003 estimated tax		00		
40				no 10 from lino 17	[• •]	1 00	10	

Schedule A - Apportionment Formula (Multistate Organizations Only) See instruction pages 5 and 6

Limited to Unrelated Trade or Business Amounts

A1 Property	Factor	Column A	Column B	Column B Column C		
Value of real a	and tangible personal property (by averaging the value of	Total	Total Within	Ratio Within		
owned propert	ty at the beginning and end of the tax period; rented	Within	and	Arizona		
property at cap	pitalized value)	Arizona	Without Arizona	A ÷ B		
Total own	ed and rented property			•		
A2 Payroll F						
Total wages, s	salaries, commissions and other compensation of employees			•		
A3 Sales Fac	ctor					
a. Total sale	s and other gross receipts					
b. Double w	eight Arizona sales and gross receipts	X 2				
c. Sales fact	tor (for column A, multiply item a by item b; for column B,					
enter amo	ount from item a)					
A4 Total rati	o - add A1, A2 and A3(c), in column C					
A5 Average	apportionment ratio - divide A4 by four (4). Enter the result in o	column C and on page 1, lin	e 2			
Certification	Under penalties of perjury, I declare that I have examined this retu belief, it is a true, correct and complete return, made in good faith,					
	belier, it is a true, correct and complete return, made in good failir,	ioi ine iaxable year stateu pur	Suant to the income tax laws of	lile State of Alizona.		
Please						
	Cianatura of officer	I Date	I Title			
Sign Here	Signature of officer	Date	ritie			
Paid	Preparer's signature	Date				
Preparer's	repaid 3 signature	Date	İ			
Use Only						
•	Firm's name (or preparer's, if self-employed)		Preparer's TIN			
			1			