

**U.S. Income Tax Return  
for Homeowners Associations****2021**Department of the Treasury  
Internal Revenue Service▶ Go to [www.irs.gov/Form1120H](http://www.irs.gov/Form1120H) for instructions and the latest information.

For calendar year 2021 or tax year beginning

, and ending

<b>TYPE OR PRINT</b>	Name <b>RUBY STAR AIRPARK PROPERTY OWNERS ASSOCIATION</b>			Employer identification number <b>26-1499026</b>	
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>19348 S RUBY AIRPARK DR</b>				
	City or town <b>SAHUARITA</b>		State <b>AZ</b>	ZIP code <b>85629</b>	
	Foreign country name		Foreign province/state/county		Foreign postal code
	Date association formed				

Check if: (1) ☐ Final return (2) ☐ Name change (3) ☒ Address change (4) ☐ Amended returnA Check type of homeowners association: ☐ Condominium management association ☒ Residential real estate association ☐ Timeshare association

<b>B</b>	Total exempt function income. Must meet 60% gross income test. See instructions	<b>B</b>	79,214
<b>C</b>	Total expenditures made for purposes described in 90% expenditure test. See instructions	<b>C</b>	64,360
<b>D</b>	Association's total expenditures for the tax year. See instructions	<b>D</b>	64,837
<b>E</b>	Tax-exempt interest received or accrued during the tax year	<b>E</b>	

**Gross Income** (excluding exempt function income)

<b>1</b>	Dividends	<b>1</b>	
<b>2</b>	Taxable interest	<b>2</b>	54
<b>3</b>	Gross rents	<b>3</b>	
<b>4</b>	Gross royalties	<b>4</b>	
<b>5</b>	Capital gain net income (attach Schedule D (Form 1120))	<b>5</b>	
<b>6</b>	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	<b>6</b>	
<b>7</b>	Other income (excluding exempt function income) (attach statement)	<b>7</b>	
<b>8</b>	<b>Gross income</b> (excluding exempt function income). Add lines 1 through 7	<b>8</b>	54

**Deductions** (directly connected to the production of gross income, excluding exempt function income)

<b>9</b>	Salaries and wages	<b>9</b>	
<b>10</b>	Repairs and maintenance	<b>10</b>	
<b>11</b>	Rents	<b>11</b>	
<b>12</b>	Taxes and licenses	<b>12</b>	
<b>13</b>	Interest	<b>13</b>	50
<b>14</b>	Depreciation (attach Form 4562)	<b>14</b>	
<b>15</b>	Other deductions (attach statement)	<b>15</b>	427
<b>16</b>	<b>Total deductions.</b> Add lines 9 through 15	<b>16</b>	477
<b>17</b>	Taxable income before specific deduction of \$100. Subtract line 16 from line 8	<b>17</b>	-423
<b>18</b>	Specific deduction of \$100	<b>18</b>	\$100

**Tax and Payments**

<b>19</b>	<b>Taxable income.</b> Subtract line 18 from line 17	<b>19</b>	-523
<b>20</b>	Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)	<b>20</b>	0
<b>21</b>	Tax credits (see instructions)	<b>21</b>	
<b>22</b>	<b>Total tax.</b> Subtract line 21 from line 20. See instructions for recapture of certain credits	<b>22</b>	0
<b>23a</b>	2020 overpayment credited to 2021	<b>23a</b>	
<b>b</b>	2021 estimated tax payments	<b>23b</b>	
<b>c</b>	Total	<b>23c</b>	0
<b>d</b>	Tax deposited with Form 7004	<b>23d</b>	
<b>e</b>	Credit for tax paid on undistributed capital gains (attach Form 2439)	<b>23e</b>	
<b>f</b>	Credit for federal tax paid on fuels (attach Form 4136)	<b>23f</b>	
<b>g</b>	Add lines 23c through 23f	<b>23g</b>	0
<b>24</b>	<b>Amount owed.</b> Subtract line 23g from line 22. See instructions	<b>24</b>	0
<b>25</b>	<b>Overpayment.</b> Subtract line 22 from line 23g	<b>25</b>	0
<b>26</b>	Enter amount of line 25 you want: <b>Credited to 2022 estimated tax</b> ▶ <b>Refunded</b> ▶	<b>26</b>	0

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

**Sign  
Here**

Signature of officer

Date

Title

May the IRS discuss this return  
with the preparer shown below?  
See instructions. ☒ Yes ☐ No**Paid  
Preparer  
Use Only**

Print/Type preparer's name

LARRY J RECKER

Preparer's signature

LARRY J RECKER

Date

9/8/2022

Check ☒ if

PTIN

self-employed

P01249457

Firm's EIN ▶

Firm's name ▶ LARRY J. RECKER, CPA

Firm's address ▶ 10990 N. JOY FAITH DRIVE, ORO VALLEY, AZ 85737

Phone no. (520) 406-3296

For Paperwork Reduction Act Notice, see separate instructions.

HTA

Form **1120-H** (2021)

Form **4797**

# Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

**2021**Department of the Treasury  
Internal Revenue Service

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Attachment

Sequence No. **27**

Name(s) shown on return

RUBY STAR AIRPARK PROPERTY OWNERS ASSOCIATION

Identifying number

26-1499026

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions . . . . .
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets . . . . .
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets . . . . .

**1a** 92,000**1b****1c**

## Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	VACANT LAND	3/3/2020	6/30/2021	92,000	0	92,000	0
							0
							0
							0

- 3** Gain, if any, from Form 4684, line 39 . . . . . **3**
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . . **4**
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . . . **5**
- 6** Gain, if any, from line 32, from other than casualty or theft . . . . . **6**
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows . . . . . **7** 0

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions . . . . . **8**
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions . . . . . **9** 0

## Part II Ordinary Gains and Losses (see instructions)

<b>10</b> Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):							0
							0
							0
							0

- 11** Loss, if any, from line 7 . . . . . **11** ( )
- 12** Gain, if any, from line 7 or amount from line 8, if applicable . . . . . **12**
- 13** Gain, if any, from line 31 . . . . . **13**
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a . . . . . **14**
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . . **15**
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . . **16**
- 17** Combine lines 10 through 16 . . . . . **17** 0
- 18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.
- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions . . . . . **18a**
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 . . . . . **18b** 0

For Paperwork Reduction Act Notice, see separate instructions.

HTA

Form **4797** (2021)

**Line 15 (1120-H) - Other Deductions**

1 ACCOUNTING & TAX SERVICES	1	175
2 ALLOCATED MANAGEMENT FEES	2	252
3 Total other deductions . . . . .	3	427

For the ☒ calendar year 2021 or ☐ fiscal year beginning \_\_\_\_\_ 2021 and ending \_\_\_\_\_ 20

Business Telephone Number (with area code) <b>(302) 236-3551</b>	Name <b>RUBY STAR AIRPARK PROPERTY OWNERS ASSOCIATION</b>	Employer Identification Number (EIN) <b>26-1499026</b>
Business Activity Code (from federal Form 1120) <b>531390</b>	Address - number and street or PO Box <b>19348 S RUBY AIRPARK DR</b>	
	City, Town or Post Office <b>SAHUARITA</b>	State <b>AZ</b>
		ZIP Code <b>85629</b>

**IMPORTANT: Do not use Form 120A to file an Arizona combined or consolidated return. Use Form 120.**

Check box if return is filed under extension:

☒ 82 ☐ 82F ☐

**68 Check box if:**

A ☐ This is a first return B ☐ Name change C ☒ Address change

A Is FEDERAL return filed on a consolidated basis? ☐ Yes ☒ No

If "Yes", list EIN of common parent from consolidated return .....

B Is this the corporation's final ARIZONA return under this EIN? ☐ Yes ☒ No

If "Yes", check one:

1 ☐ Dissolved 2 ☐ Withdrawn 3 ☐ Merged/Reorganized

List EIN of the successor corporation, if any .....

**C Marijuana Establishments only:**

1 ☐ Adult Use only 2 ☐ Dual Lic. elected for-profit 3 ☐ Dual Lic. did not elect for-profit

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

**88**

**81** PM

**66** RCVD

**Arizona Taxable Income Computation**

1 Taxable income per included federal return .....	1	-523	00
2 Additions to taxable income from page 2, Schedule A, line A9 .....	2	150	00
3 Total taxable income: Add lines 1 and 2. Enter the total. ....	3	-373	00
4 Subtractions from taxable income from page 2, Schedule B, line B11 .....	4	0	00
5 Adjusted income: Subtract line 4 from line 3. Enter the difference. ....	5	-373	00
6 Arizona basis net operating loss carryover: Include computation schedule .....	6	0	00
7 Arizona taxable income: Subtract line 6 from line 5. Enter the difference. ....	7	-373	00

**Arizona Tax Liability Computation**

8 Enter tax: Tax is 4.9 percent of line 7 or fifty dollars (\$50), whichever is greater .....	8	50	00
9 Tax from recapture of tax credits from Arizona Form 300, Part 2, line 25 .....	9	0	00
10 Subtotal: Add lines 8 and 9. Enter the total .....	10	50	00
11 Nonrefundable tax credits from Arizona Form 300, Part 2, line 46 .....	11	0	00
12 Credit type: Enter form number for each nonrefundable credit used: 121 <input type="checkbox"/> 3 <input type="checkbox"/> 122 <input type="checkbox"/> 3 <input type="checkbox"/> 123 <input type="checkbox"/> 3 <input type="checkbox"/> 124 <input type="checkbox"/> 3 <input type="checkbox"/>			
13 Tax liability: Subtract line 11 from line 10. Enter the difference .....	13	50	00

**Tax Payments**

14 Refundable tax credits: Check box(es) and enter amount 141 <input type="checkbox"/> 308 142 <input type="checkbox"/> 349 .....	14	0	00
15 Extension payment made with Form 120EXT or online: See instructions .....	15	50	00
16 Estimated tax payments: 16a <input type="checkbox"/> 0 00 Claim of Right: 16b <input type="checkbox"/> 00 Add 16a and 16b...	16c	0	00
17 Total payments: Add lines 14, 15, and 16c. Enter the total .....	17	50	00

**Computation of Total Due or Overpayment**

18 Balance of tax due: If line 13 is larger than line 17, subtract line 17 from line 13. Enter the difference. Skip line 19 .....	18	0	00
19 Overpayment of tax: If line 17 is larger than line 13, subtract line 13 from line 17. Enter the difference .....	19	0	00
20 Penalty and interest .....	20	0	00
21 Estimated tax underpayment penalty: If Form 220 is included, check box 21A <input type="checkbox"/>	21	0	00
22 TOTAL DUE: See instructions .....	22	0	00
23 OVERPAYMENT: See instructions .....	23	0	00
24 Amount of line 23 to be applied to 2022 estimated tax .....	24	0	00
25 Amount to be refunded: Subtract line 24 from line 23. Enter the difference. ....	25	0	00

Continued on page 2 →



Name (as shown on page 1)

RUBY STAR AIRPARK PROPERTY OWNERS ASSOCIATION

EIN

26-1499026

**SCHEDULE A Additions to Taxable Income**

A1	Total federal depreciation .....	A1		0	00
A2	Taxes based on income paid to any state (INCLUDING ARIZONA), local governments or foreign governments. ....	A2		50	00
A3	Interest on obligations of other states, foreign countries, or political subdivisions .....	A3			00
A4	Special deductions claimed on federal return .....	A4		100	00
A5	Federal net operating loss deduction claimed on federal return .....	A5		0	00
A6	Additions related to Arizona tax credits: See instructions .....	A6		0	00
A7	Capital loss from exchange of legal tender .....	A7			00
A8	Other additions to federal taxable income: See instructions .....	A8		0	00
A9	Total: Add lines A1 through A8. Enter the total here and on page 1, line 2 .....	A9		150	00

**SCHEDULE B Subtractions From Taxable Income**

B1	Recalculated Arizona depreciation: See instructions .....	B1		0	00
B2	Basis adjustment for property sold or otherwise disposed of during the taxable year: See instructions .....	B2			00
B3	Dividends received from 50% or more controlled domestic corporations .....	B3			00
B4	Foreign dividend gross-up .....	B4		0	00
B5	Dividends received from foreign corporations .....	B5		0	00
B6	Interest on U.S. obligations .....	B6		0	00
B7	Agricultural crops charitable contribution .....	B7			00
B8	Expenses related to certain federal tax credits: See instructions .....	B8		0	00
B9	Capital gain from exchange of legal tender .....	B9			00
B10	Other subtractions from federal taxable income: See instructions .....	B10		0	00
B11	Total: Add lines B1 through B10. Enter the total here and on page 1, line 4 .....	B11		0	00

**SCHEDULE C Additional Information**

- C1 Date business began in Arizona: 03062000
- C2 Address at which tax records are located for audit purposes: Number/Street: 7633 W LOST SILVER LN  
City: SAHUARITA State: AZ ZIP Code: 85629
- C3 The taxpayer designates the individual listed below as the person to contact to schedule an audit of this return and authorizes the disclosure of confidential information to this individual. (See instructions.)  
Name: LARRY J RECKER Phone Number: (520) 406-3296  
Title: CPA (Area Code)
- C4 List prior taxable years ending in MM/DD/YYYY format for which a federal examination has been finalized:

**NOTE:** A.R.S. § 43-327 requires the taxpayer, within ninety days after final determination, to report these changes under separate cover to the Arizona Department of Revenue or to file amended returns reporting these changes. (See instructions.)

- C5 Indicate tax accounting method: ☒ Cash ☐ Accrual ☐ Other (Specify method.) \_\_\_\_\_

**Declaration**

The following declaration must be signed by one of the following officers: president, treasurer, or any other principal officer.

Under penalties of perjury, I, the undersigned officer authorized to sign this return, declare that I have examined this return, including the 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

OFFICER'S SIGNATURE

HOLLY SMITH

OFFICER'S PRINTED NAME

9/8/22

DATE

TREASURER

TITLE

Paid Preparer's Use Only

LARRY J RECKER

PAID PREPARER'S SIGNATURE

LARRY J RECKER

PAID PREPARER'S PRINTED NAME

LARRY J. RECKER, CPA

FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)

10990 N. JOY FAITH DRIVE

FIRM'S STREET ADDRESS

ORO VALLEY

CITY

9/8/2022

DATE

P01249457

PAID PREPARER'S TIN

FIRM'S EIN

(520) 406-3296

FIRM'S TELEPHONE NUMBER

85737

ZIP CODE

AZ

STATE

This form must be e-filed unless the corporation has a waiver or is exempt from e-filing. See instructions for details.

Name (as shown on page 1)	EIN
RUBY STAR AIRPARK PROPERTY OWNERS ASSOCIATION	26-1499026

# **SCHEDULE A Additions to Taxable Income Continued**

## **A6 Additions related to Arizona tax credits:**

<b>A</b> Environmental Technology Facility Credit:		
1 Excess Federal Depreciation or Amortization .....	<b>A1</b>	00
2 Excess in Federal Adjusted Basis .....	<b>A2</b>	00
<b>B</b> Pollution Control Credit:		
1 Excess Federal Depreciation or Amortization .....	<b>B1</b>	00
2 Excess in Federal Adjusted Basis .....	<b>B2</b>	00
<b>C</b> Credit for Taxes Paid for Coal Consumed in Generating Electrical Power .....	<b>C</b>	00
<b>D</b> Credit for Employment of TANF Recipients .....	<b>D</b>	00
<b>E</b> Credit for Donation of School Site .....	<b>E</b>	00
<b>F</b> Credit for Corporate Contributions to School Tuition Organizations .....	<b>F</b>	00
<b>G</b> Credit for Corporate Contributions to School Tuition Organizations for Displaced Students or Students with Disabilities .....	<b>G</b>	00
<b>H</b> Total Additions Related to Arizona Tax Credits.	<b>H</b>	0 00
Enter this amount on page 2, Schedule A, line A6 .....		

## **A8 Other additions to federal taxable income:**

<b>A</b> Positive Partnership Income Adjustment .....	<b>A</b>	00
<b>B</b> Federal Exploration Expenses .....	<b>B</b>	00
<b>C</b> Federal Amortization or Depreciation for Facilities and Equipment Amortized Under Arizona Law:		
1 Pollution Control Devices .....	<b>C1</b>	00
2 Child Care Facilities .....	<b>C2</b>	00
<b>D</b> Expenses and Interest Relating to Income Not Taxed by Arizona .....	<b>D</b>	00
<b>E</b> Amounts Repaid in Current Taxable Year .....	<b>E</b>	00
<b>F</b> Excess Federal Capital Loss Carryover Under a Claim of Right Restoration .....	<b>F</b>	00
<b>G</b> Domestic International Sales Corporations .....	<b>G</b>	00
<b>H</b> Expenditures for the Americans With Disabilities Act .....	<b>H</b>	00
<b>I</b> Total Other Additions to Federal Taxable Income.	<b>I</b>	0 00
Enter this amount on page 2, Schedule A, line A8 .....		

# **SCHEDULE B Subtractions from Taxable Income Continued**

## **B8 Expenses related to certain federal tax credits:**

<b>A</b> Work Opportunity Credit .....	<b>A</b>	0 00
<b>B</b> Empowerment Zone Employment Credit .....	<b>B</b>	0 00
<b>C</b> Credit for Employer-Paid Social Security Taxes on Employee Cash Tips .....	<b>C</b>	00
<b>D</b> Indian Employment Credit .....	<b>D</b>	0 00
<b>E</b> Total Expenses Related to Certain Federal Tax Credits.	<b>E</b>	0 00
Enter this amount on page 2, Schedule B, line B8 .....		

## **B10 Other subtractions from federal taxable income:**

<b>A</b> Refunds of Taxes Based on Income .....	<b>A</b>	00
<b>B</b> Negative Partnership Income Adjustment .....	<b>B</b>	00
<b>C</b> Expense Recapture, Mine Explorations .....	<b>C</b>	00
<b>D</b> Deferred Exploration Expenses .....	<b>D</b>	00
<b>E</b> Exploration Expenses: Oil, Gas or Geothermal Resources .....	<b>E</b>	00
<b>F</b> Arizona Amortization of Facilities and Equipment:		
1 Pollution Control Devices .....	<b>F1</b>	00
2 Cost of Child Care Facilities .....	<b>F2</b>	00
<b>G</b> Interest on Federally Taxable Arizona Obligations Evidenced by Bonds .....	<b>G</b>	00
<b>H</b> Expenses and Interest Relating to Tax-Exempt Income .....	<b>H</b>	00
<b>I</b> Claim of Right Adjustment .....	<b>I</b>	00
<b>J</b> Dividends from Domestic International Sales Corporation (DISC) .....	<b>J</b>	00
<b>K</b> Expenditures for the Americans with Disabilities Act .....	<b>K</b>	00
<b>L</b> Contribution in Aid of Construction (see instructions) .....	<b>L</b>	00
<b>M</b> Marijuana Establishments <b>only</b> (see instructions)		
1 Federal Disallowed Expenses, <b>or</b> .....	<b>M1</b>	00
2 Federal Taxable Income Attributable to NMMD Operations .....	<b>M2</b>	00
<b>N</b> Total Other Subtractions from Federal Taxable Income.	<b>N</b>	0 00
Enter this amount on page 2, Schedule B, line B10 .....		

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

2021

S Corporations and Partnerships: Use Form 204 to request an extension of time to file a composite return on Form 140NR for nonresident individual shareholders or nonresident individual partners.

For the ☒ calendar year 2021 or ☐ fiscal year beginning \_\_\_\_\_ 2021 and ending \_\_\_\_\_ 20

Name <b>RUBY STAR AIRPARK PROPERTY OWNERS ASSOCIATION</b>		Employer Identification Number (EIN) <b>28-1496026</b>
Address - number and street or PO Box <b>7833 W LOST SILVER LN</b>		Business Telephone Number (with area code) <b>(302) 236-3551</b>
City, Town or Post Office <b>SAHUARITA</b>	State <b>AZ</b>	ZIP Code <b>85629</b>
REVENUE USE ONLY. DO NOT MARK IN THIS AREA.		
<input type="checkbox"/> Check if this is the first tax return filed under this name and EIN. <input checked="" type="checkbox"/> Check if name and/or address has changed. <input type="checkbox"/> Check if EIN has changed. Enter prior EIN: _____		
Check type of return to be filed: <input type="checkbox"/> 120 <input checked="" type="checkbox"/> 120A <input type="checkbox"/> 99T <input type="checkbox"/> 99M <input type="checkbox"/> 120S <input type="checkbox"/> 165		<input checked="" type="checkbox"/> PM <input type="checkbox"/> RCTD

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.

An Arizona extension for a C corporation cannot be granted for more than seven months beyond the original due date of the return. An Arizona extension for a partnership or S Corporation 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.

## CHECK ONE BOX

	Extension Date	Taxable Year Ending
<input checked="" type="checkbox"/> Form 120, Form 120A, Form 99T, or Form 99M: This is a request for an automatic seven-month extension until _____	11/15/2022	12/31/2021
<input type="checkbox"/> Form 120S, or Form 165: This is a request for an automatic six-month extension until _____		
<input type="checkbox"/> A federal extension will be used to file this tax return. See instructions if this form is being used to transmit the Arizona extension payment.		


## EXTENSION PAYMENT COMPUTATION (Forms 120, 120A, 120S and 99T only)

1 Tax liability for the taxable year. See instructions.	1	50.00
2 Less estimated tax payments.	2	0.00
3 Balance of Tax: Subtract line 2 from line 1. Enter the difference.	3	50.00
4 Enter amount of extension payment made electronically. See instructions.	4	0.00
5 Enter amount of payment enclosed with this extension. See instructions. <b>PAYMENT ENCLOSED</b>	5	50.00

☐ Make check payable to Arizona Department of Revenue and include EIN on payment.  
☐ Mail application and payment to:  
 Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085  
☐ Mail application without payment to:  
 Arizona Department of Revenue, PO Box 29079, Phoenix, AZ 85038-9079

The taxpayer will be liable for 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. Taxpayers subject to the extension underpayment penalty are not subject to the late payment penalty prescribed by

A.R.S. §42-1126(D). Interest accrues on any additional tax due from the original due date of the return until paid. Taxpayers that have a tax liability of \$500 or more for tax year 2021 must make tax payments by electronic funds transfer.

Declaration	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.		
Please Sign Here	 SIGNATURE OF OFFICER OR AGENT	4/18/2022 DATE	CRA TITLE
	LARRY J RECKER PRINTED NAME	(302) 406-3296 BUSINESS PHONE (with area code)	P01249457 AGENT'S TIN