

***** TAXPAYER WORKING COPY/DO NOT FILE *****

Arizona Sales Tax

PAGE 1 OF _____

TRANSACTION PRIVILEGE, USE, AND SEVERANCE TAX RETURN - (TPT-2)

Arizona Department of Revenue
PO Box 29010 - Phoenix, AZ 85038-9010
For assistance out of state or in the Phoenix area: (602) 255-3381 or
Statewide, toll free area codes 520 and 928: (800) 352-4090

Form TPT-2 is for filing
periods beginning on
or after June 1, 2016.

TPT-2 return is due the 20th day of the month following
the month in which the transactions were conducted.

TAXPAYER INFORMATION

AMENDED RETURN FINAL RETURN (Cancel License) CHECK HERE AND SIGN BELOW IF YOU HAVE NO GROSS RECEIPTS TO REPORT

BUSINESS NAME
A Test Company

MAILING ADDRESS
100 Main
City, WA 98070

STATE ZIP CODE

ADDRESS CHANGED (MAILING ADDRESS ONLY) BUSINESS PHONE NUMBER

TAXPAYER IDENTIFICATION NUMBER SSN EIN

LICENSE NUMBER

PERIOD BEGINNING PERIOD ENDING

REVENUE USE ONLY. DO NOT MARK IN THIS AREA

POSTMARK DATE RECEIVED DATE

AA NET AZ/COUNTY TAX (PAGE 2, LINE MM, COLUMN (M)).....	0.00
BB NET CITY TAX (PAGE 3, LINE RR, COLUMN (M)).....	\$13.80
CC NET TAX DUE ON THIS RETURN (LINE AA + LINE BB = LINE CC).....	\$4.00
DD TPT ESTIMATED PAYMENTS TO BE USED ON THIS RETURN (JUNE RETURN ONLY, DUE IN JULY).....	\$17.80
EE TAX DUE NET OF TPT ESTIMATED PAYMENTS (LINE CC - LINE DD = LINE EE).....	0.00
FF TOTAL AMOUNT REMITTED WITH THIS RETURN.....	\$

NOTE: A TRANSACTION DETAIL PAGE IS REQUIRED OR THE RETURN WILL NOT PROCESS CORRECTLY AND PENALTIES MAY APPLY.

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.

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.

TAXPAYER PRINTED NAME _____

TAXPAYER SIGNATURE _____ DATE _____

TAXPAYER PHONE NO. _____ TITLE _____

PAID PREPARER'S PRINTED NAME (OTHER THAN TAXPAYER) _____ PAID PREPARER'S TIN _____

PAID PREPARER'S SIGNATURE (OTHER THAN TAXPAYER) _____ PAID PREPARER'S PHONE _____

PLEASE MAKE CHECK PAYABLE TO ARIZONA DEPARTMENT OF REVENUE

ADOR 11249 (4/16)

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