



# TRANSACTION PRIVILEGE, USE, AND SEVERANCE TAX RETURN (TPT-1)

Arizona Department of Revenue

PO BOX 29010 • PHOENIX, AZ 85038-9010

For assistance out-of-state or in the Phoenix area: (602) 255-2060 or  
Statewide, toll free from area codes 520 and 928: (800) 843-7196

TPT-1 return is due the 20<sup>th</sup> day of the month following the reporting period.

STATE LICENSE NUMBER: \_\_\_\_\_

TAXPAYER IDENTIFICATION NUMBER:  
 EIN     SSN

PERIOD BEGINNING: \_\_\_\_\_ PERIOD ENDING: \_\_\_\_\_  
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**DOR USE ONLY**                       LABELED RETURN

POSTMARK DATE \_\_\_\_\_

RECEIVED DATE \_\_\_\_\_

## I. TAXPAYER INFORMATION

- Amended Return     Multipage Return     One-Time Only Return     Final Return: *(CANCEL LICENSE)*

BUSINESS NAME \_\_\_\_\_

C/O \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Address Changed

## II. TRANSACTION DETAIL *(If more reporting lines are necessary, please attach continuation pages.)*

LINE	(A) BUSINESS DESCRIPTION	(B) REGION CODE	(C) BUSINESS CLASS	(D) GROSS AMOUNT	(E) DEDUCTION AMOUNT	(F) NET TAXABLE AMOUNT	(G) TAX RATE	(H) TOTAL TAX AMOUNT	(I) ACCOUNTING CREDIT RATE	(J) = (F × I) ACCOUNTING CREDIT
1										
2										
3										
4										
5										
<b>Subtotal</b> .....							X		X	

## III. TAX COMPUTATION

1	Total deductions from Schedule A .....	1	
2	Total Tax Amount (from column H) .....	2	
3	State excess tax collected .....	+	3
4	Other excess tax collected .....	+	4
5	Total Tax Liability: <i>Add lines 2, 3, and 4</i> .....	=	5
6	Accounting Credit (from column J) .....		6
7	State excess tax accounting credit: <i>Multiply line 3 by .01</i> .....	+	7
8	Total Accounting Credit: <i>Add lines 6 and 7</i> .....	=	8
9	Net tax due line: <i>Subtract line 8 from line 5</i> .....		9
10	Penalty and interest .....	+	10
11	TPT estimated payments to be used .....	-	11
12	Total amount due this period .....	=	12
13	Additional payment to be applied (for other periods) .....	+	13
14	<b>TOTAL AMOUNT REMITTED WITH THIS RETURN</b> .....	=	14

**AMENDED RETURN ONLY**

ORIGINAL REMITTED AMOUNT: \$ \_\_\_\_\_

**DOR USE**

\$ \_\_\_\_\_

*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.*

PAID PREPARER'S SIGNATURE (OTHER THAN TAXPAYER) \_\_\_\_\_

TAXPAYER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PAID PREPARER'S EIN OR SSN \_\_\_\_\_

**Please make check payable to Arizona Department of Revenue.**