


ARIZONA JOINT TAX APPLICATION (JT-2)



License & Registration
ARIZONA DEPARTMENT OF REVENUE
PO BOX 29032
Phoenix, AZ 85038-9032

IMPORTANT! Incomplete applications WILL NOT BE PROCESSED.

- Please read form instructions while completing the application. Additional information and forms available at www.azdor.gov
- Required information is designated with an asterisk (*).
- Return completed application AND applicable license fee(s) to address shown at left.
- For licensing questions regarding transaction privilege tax, call Taxpayer Information & Assistance: (602) 542-4576

**You can file and pay for
this application online
at www.AZTaxes.gov.** 
It is fast and secure.

SECTION A: Business Information

| | | | |
|--|--|---|-------|
| 1* Federal Employer Identification No. or Social Security No. <i>if sole proprietor without employees</i> | | 2* License Type – <i>Check all that apply:</i> <input type="checkbox"/> Transaction Privilege Tax (TPT) <input type="checkbox"/> Use Tax <input type="checkbox"/> Withholding/Unemployment Tax <i>(if hiring employees)</i> <input type="checkbox"/> TPT for Cities ONLY | |
| 3* Type of Organization/Ownership – <i>Tax exempt organizations must attach a copy of the Internal Revenue Service's letter of determination.</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Individual/Sole Proprietorship</div> <div style="width: 50%;"><input type="checkbox"/> Subchapter S Corporation</div> <div style="width: 50%;"><input type="checkbox"/> Government</div> <div style="width: 50%;"><input type="checkbox"/> Joint Venture</div> <div style="width: 50%;"><input type="checkbox"/> Corporation</div> <div style="width: 50%;"><input type="checkbox"/> Association</div> <div style="width: 50%;"><input type="checkbox"/> Estate</div> <div style="width: 50%;"><input type="checkbox"/> Receivership</div> <div style="width: 50%;"><input type="checkbox"/> Partnership</div> <div style="width: 50%;"><input type="checkbox"/> Trust</div> <div style="width: 50%;"><input type="checkbox"/> Limited Liability Company</div> <div style="width: 50%;"><input type="checkbox"/> Limited Liability Partnership</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> State of Inc. _____ Date of Inc. <u>M,M,D,D,Y,Y,Y,Y</u> </div> | | | |
| 4* Legal Business Name | | | |
| 5* Mailing Address – number and street | | City | State |
| County/Region | | ZIP Code | |
| 6* Business Phone No. <i>(with area code)</i> | | 7 Email Address | |
| 8 Fax Number <i>(with area code)</i> | | 9* Description of Business: <i>Describe merchandise sold or taxable activity.</i> | |
| 10* NAICS Codes: Available at www.azdor.gov | | | |
| 11* Did you acquire or change the legal form of an existing business? <input type="checkbox"/> No <input type="checkbox"/> Yes → You must complete Section F. | | 12* Are you a construction contractor? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(see bonding requirements)</i> | |
| BONDING REQUIREMENTS: Prior to the issuance of a Transaction Privilege Tax license, new or out-of-state contractors are required to post a Taxpayer Bond for Contractors unless the contractor qualifies for an exemption from the bonding requirement. The primary type of contracting being performed determines the amount of bond to be posted. Bonds may also be required from applicants who are delinquent in paying Arizona taxes or have a history of delinquencies. Refer to the publication, Taxpayer Bonds, available online at www.azdor.gov or in Arizona Department of Revenue offices. | | | |
| WITHHOLDING LICENSE ONLY | | | |
| 13* Withholding Physical Location Number and street <i>(Do not use PO Box, PMB or route numbers)</i> | | City | State |
| County/Region | | ZIP Code | |
| Country | | Country | |

Continued on page 2 →

| FOR AGENCY USE ONLY | | |
|---|----------------|---------------------------|
| <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Revise <input type="checkbox"/> Reopen | ACCOUNT NUMBER | DLN |
| | START | TRANSACTION PRIVILEGE TAX |
| | S/E DATE | WITHHOLDING / SSN / EIN |
| | COMPLETED DATE | EMPLOYEE'S NAME |
| | LIABILITY | LIABILITY ESTABLISHED |

CASHIER'S STAMP ONLY. DO NOT MARK IN THIS AREA.

| | |
|---------------------------|----------------------------------|
| Name (as shown on page 1) | FEIN or SSN (as shown on page 1) |
|---------------------------|----------------------------------|

SECTION B: Identification of Owners, Partners, Corporate Officers Members/Managing Members or Officials of this Employing Unit

If you need more space, attach Additional Owner, Partner, Corporate Officer(s) form available at www.azdor.gov. If the owner, partners, corporate officers or combination of partners or corporate officers, members and/or managing members own more than 50% of or control another business in Arizona, attach a list of the businesses, percentages owned and unemployment insurance account numbers or provide a Power of Attorney (Form 285) which must be filled out and signed by an authorized corporate officer.

| | | | | | |
|----------------|----------------------|---------|--------------------------------|------------|--------------|
| Owner 1 | *Social Security No. | *Title | *Last Name | First Name | Middle Intl. |
| | *Street Address | | *City | *State | * % Owned |
| | *ZIP Code | *County | *Phone Number (with area code) | *Country | |
| Owner 2 | *Social Security No. | *Title | *Last Name | First Name | Middle Intl. |
| | *Street Address | | *City | *State | * % Owned |
| | *ZIP Code | *County | *Phone Number (with area code) | *Country | |
| Owner 3 | *Social Security No. | *Title | *Last Name | First Name | Middle Intl. |
| | *Street Address | | *City | *State | * % Owned |
| | *ZIP Code | *County | *Phone Number (with area code) | *Country | |

SECTION C: Transaction Privilege Tax (TPT)

| | | |
|--|--|---|
| 1* Date Business Started in Arizona <small>M, M, D, D, Y, Y, Y, Y</small> | 2* Date Sales Began <small>M, M, D, D, Y, Y, Y, Y</small> | 3 What is your anticipated annual income for your first twelve months of business? |
| 4 Filing Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Seasonal <input type="checkbox"/> Annual If seasonal filer, check the months for which you intend to do business: <input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC | | |
| 5 Does your business sell tobacco products? <input type="checkbox"/> Yes → <input type="checkbox"/> Retailer OR <input type="checkbox"/> Distributor | 6 TPT Filing Method <input type="checkbox"/> Cash Receipts <input type="checkbox"/> Accrual | 7 Does your business sell new motor vehicle tires or vehicles? <input type="checkbox"/> Yes → You will have to file Motor Vehicle Tire Fee form available at www.azdor.gov |
| 8* Tax Records Physical Location – number and street <small>(Do not use PO Box, PMB or route numbers)</small> | | |
| City | | State ZIP Code |
| County | | Country |
| 9* Name of Contact | | * Phone Number (with area code) Extension |

SECTION D: Transaction Privilege Tax (TPT) Physical Location

| | | | | | | | | | |
|---|--|--|--|--|--|-------|----------|--|--|
| 1* Business Name, "Doing Business As" or Trade Name at this Physical Location | | | | | | | | | |
| 2* Physical Location of Business or Commercial/Residential Rental Number and street <small>(Do not use PO Box, PMB or route numbers)</small> | | | | | City | State | ZIP Code | | |
| County/Region | | | | | Country | | | | |
| Residential Rental Only – Number of Units | | | | | Reporting City <small>(if different than the physical location city)</small> | | | | |
| 3* Additional County/Region Indian Reservation: County/Region and Indian Reservation Codes available at www.azdor.gov | | | | | | | | | |
| County/ Region | | | | | City | | | | |
| Business Codes (Include all codes that apply): See instructions. Complete list available at www.azdor.gov | | | | | | | | | |
| State/ County | | | | | City | | | | |

If you need more space, attach Additional Business Locations form available at www.azdor.gov

| | |
|---------------------------|----------------------------------|
| Name (as shown on page 1) | FEIN or SSN (as shown on page 1) |
|---------------------------|----------------------------------|

SECTION E: Withholding & Unemployment Tax Applicants

| 1* Regarding <i>THIS</i> application, Date Employees First Hired in Arizona M M D D Y Y Y Y | 2 Are you liable for Federal Unemployment Tax? <input type="checkbox"/> Yes → First year of liability: Y Y Y Y | | | | | | | | |
|--|---|---------------|---------------|---------------|--------------|---------------|---|---------------|---|
| 3 Are individuals performing services that are excluded from withholding or unemployment tax? <input type="checkbox"/> Yes → Describe services: _____ | 4 Do you have an IRS ruling that grants an exclusion from Federal Unemployment Tax? <input type="checkbox"/> Yes → Attach a copy of the Ruling Letter. | | | | | | | | |
| 5 Do you have, or have you previously had, an Arizona unemployment tax number? <input type="checkbox"/> No <input type="checkbox"/> Yes → Business Name: _____ Unemployment Tax Number: _____ | | | | | | | | | |
| 6 First calendar quarter Arizona employees were/will be hired and paid (indicate quarter as 1, 2, 3, 4): | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Hired Year</th> <th style="width: 25%;">Hired Quarter</th> <th style="width: 25%;">Paid Year</th> <th style="width: 25%;">Paid Quarter</th> </tr> <tr> <td style="text-align: center;">Y Y Y Y</td> <td style="text-align: center;">Q</td> <td style="text-align: center;">Y Y Y Y</td> <td style="text-align: center;">Q</td> </tr> </table> | Hired Year | Hired Quarter | Paid Year | Paid Quarter | Y Y Y Y | Q | Y Y Y Y | Q |
| Hired Year | Hired Quarter | Paid Year | Paid Quarter | | | | | | |
| Y Y Y Y | Q | Y Y Y Y | Q | | | | | | |
| 7 When did/will you first pay a total of \$1,500 or more gross wages in a calendar quarter? (indicate quarter as 1, 2, 3, 4) <small>Exceptions: \$20,000 gross cash wages Agricultural: \$1,000 gross cash wages Domestic/Household: not applicable to 501(c)(3) Non-Profit.</small> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Year</th> <th style="width: 50%;">Quarter</th> </tr> <tr> <td style="text-align: center;">Y Y Y Y</td> <td style="text-align: center;">Q</td> </tr> </table> | Year | Quarter | Y Y Y Y | Q | | | | |
| Year | Quarter | | | | | | | | |
| Y Y Y Y | Q | | | | | | | | |
| 8 When did/will you first reach the 20 th week of employing 1 or more individuals for some portion of a day in each of 20 different weeks in the same calendar year? (indicate quarter as 1, 2, 3, 4) <small>Exceptions: 10 or more individuals Agricultural; 4 or more individuals 501(c)(3) Non-Profit; not applicable to Domestic/Household.</small> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Year</th> <th style="width: 50%;">Quarter</th> </tr> <tr> <td style="text-align: center;">Y Y Y Y</td> <td style="text-align: center;">Q</td> </tr> </table> | Year | Quarter | Y Y Y Y | Q | | | | |
| Year | Quarter | | | | | | | | |
| Y Y Y Y | Q | | | | | | | | |

SECTION F: Acquired Business Information

If you answered "Yes" to Section A, question 11, you must complete Section F.

| | | |
|---|--|--|
| 1* Did you acquire or change all or part of an existing business? <input type="checkbox"/> All <input type="checkbox"/> Part | 2* Date of Acquisition M M D D Y Y Y Y | 3* EIN of Business Under Previous Owner |
| 4* Previous Owner's Telephone Number | 5* Name of Business Under Previous Owner | 6* Name of Previous Owner |
| 7* Did you change the legal form of all or part of the Arizona operations of your existing business? (e.g., change from sole proprietor to corporation or etc.) <input type="checkbox"/> All <input type="checkbox"/> Part | 8* Date of Change M M D D Y Y Y Y | 9* EIN of Previous Legal Form |

SECTION G: AZTaxes.gov Security Administrator (authorized users)

By electing to register for www.AZTaxes.gov, you can have online access to account information, file and pay Arizona transaction privilege, use, and withholding taxes. You may also designate authorized users to access these services. Please provide the name of the authorized user for AZTaxes.gov.

| |
|-------------------------------|
| Name of Authorized User |
| Title |
| Email Address |
| Phone Number (with area code) |

SECTION H: Required Signatures

This application must be signed by either a sole owner, at least two partners, managing member or corporate officer legally responsible for the business, trustee or receiver or representative of an estate that has been listed in Section B.

Under penalty of perjury I (we), the applicant, declare that the information provided on this application is true and correct. I (we) hereby authorize the security administrator, if one is listed in Section G, to access the AZTaxes.gov site for the business identified in Section A. This authority is to remain in full force and effect until the Arizona Department of Revenue has received written termination notification from an authorized officer.

| | |
|-----------------------------|-----------------------------|
| 1 Print or Type Name | 2 Print or Type Name |
| Title | Title |
| Date | Date |
| Signature | Signature |

This application must be completed, signed, and returned as provided by A.R.S. § 23-722.

Equal Opportunity Employer/Program

This application available in alternative formats at Unemployment Insurance Tax Office.

PLEASE COMPLETE SECTION I: STATE/COUNTY & CITY LICENSE FEE WORKSHEET TO CALCULATE AND REMIT TOTAL AMOUNT DUE WITH THIS APPLICATION.

Name (as shown on page 1)

FEIN or SSN (as shown on page 1)

SECTION I: State/County & City License Fee WorksheetALL FEES ARE SUBJECT TO CHANGE. Check for updates at azdor.gov.To calculate **CITY FEE**: Multiply **No. of Locations** by the **License Fee** and enter sum in **License Subtotal**.

| City/Town | Code | No. of Loc's | License Fee | License Subtotal | City/Town | Code | No. of Loc's | License Fee | License Subtotal | City/Town | Code | No. of Loc's | License Fee | License Subtotal |
|---------------------------------------|------|--------------|-------------|------------------|---------------------------------------|------|--------------|-------------|------------------|---------------------------------------|------|--------------|-------------|------------------|
| Apache Junction | AJ | | \$50.00 | | Goodyear | GY | | \$5.00 | | Sahuarita | SA | | \$5.00 | |
| Avondale | AV | | \$40.00 | | Guadalupe | GU | | \$2.00 | | San Luis | SU | | \$2.00 | |
| Benson | BS | | \$5.00 | | Hayden | HY | | \$5.00 | | Scottsdale | SC | | \$50.00 | |
| Bisbee | BB | | \$1.00 | | Holbrook | HB | | \$1.00 | | Sedona | SE | | \$2.00 | |
| Buckeye | BE | | \$2.00 | | Huachuca City | HC | | \$2.00 | | Show Low | SL | | \$2.00 | |
| Bullhead City | BH | | \$2.00 | | Jerome | JO | | \$2.00 | | Sierra Vista | SR | | \$1.00 | |
| Camp Verde | CE | | \$2.00 | | Kearny | KN | | \$2.00 | | Snowflake | SN | | \$2.00 | |
| Carefree | CA | | \$10.00 | | Kingman | KM | | \$2.00 | | Somerton | SO | | \$2.00 | |
| Casa Grande | CG | | \$2.00 | | Lake Havasu | LH | | \$5.00 | | South Tucson | ST | | \$2.00 | |
| Cave Creek | CK | | \$20.00 | | Litchfield Park | LP | | \$2.00 | | Springerville | SV | | \$5.00 | |
| Chandler | CH | | \$50.00 | | Mammoth | MH | | \$2.00 | | St. Johns | SJ | | \$2.00 | |
| Chino Valley | CV | | \$2.00 | | Marana | MA | | \$5.00 | | Star Valley | SY | | \$2.00 | |
| Clarkdale | CD | | \$2.00 | | Maricopa | MP | | \$2.00 | | Superior | SI | | \$2.00 | |
| Clifton | CF | | \$2.00 | | Mesa | ME | | \$30.00 | | Surprise | SP | | \$10.00 | |
| Colorado City | CC | | \$2.00 | | Miami | MM | | \$2.00 | | Taylor | TL | | \$2.00 | |
| Coolidge | CL | | \$2.00 | | Nogales | NO | | \$25.00 | | Tempe | TE | | \$50.00 | |
| Cottonwood | CW | | \$2.00 | | Oro Valley | OR | | \$12.00 | | Thatcher | TC | | \$2.00 | |
| Dewey/Humboldt | DH | | \$2.00 | | Page | PG | | \$2.00 | | Tolleson | TN | | \$2.00 | |
| Douglas | DL | | \$5.00 | | Paradise Valley | PV | | \$2.00 | | Tombstone | TS | | \$1.00 | |
| Duncan | DC | | \$2.00 | | Parker | PK | | \$2.00 | | Tucson | TU | | \$45.00 | |
| Eagar | EG | | \$10.00 | | Patagonia | PA | | \$25.00 | | Tusayan | TY | | \$2.00 | |
| El Mirage | EM | | \$15.00 | | Payson | PS | | \$2.00 | | Wellton | WT | | \$2.00 | |
| Eloy | EL | | \$10.00 | | Peoria | PE | | \$50.00 | | Wickenburg | WB | | \$2.00 | |
| Flagstaff | FS | | \$46.00 | | Phoenix | PX | | \$50.00 | | Willcox | WC | | \$25.00 | |
| Florence | FL | | \$2.00 | | Pima | PM | | \$2.00 | | Williams | WL | | \$2.00 | |
| Fountain Hills | FH | | \$2.00 | | Pinetop/Lakeside | PP | | \$2.00 | | Winkelman | WM | | \$2.00 | |
| Fredonia | FD | | \$10.00 | | Prescott | PR | | \$25.00 | | Winslow | WS | | \$10.00 | |
| Gila Bend | GI | | \$2.00 | | Prescott Valley | PL | | \$2.00 | | Youngtown | YT | | \$10.00 | |
| Gilbert | GB | | \$2.00 | | Quartzsite | QZ | | \$2.00 | | Yuma | YM | | \$2.00 | |
| Glendale | GE | | 50.00 | | Queen Creek | QC | | \$2.00 | | | | | | |
| Globe | GL | | \$2.00 | | Safford | SF | | \$2.00 | | | | | | |
| Subtotal City License Fees (column 1) | | | \$ | | Subtotal City License Fees (column 2) | | | \$ | | Subtotal City License Fees (column 3) | | | \$ | |

AA TOTAL City License Fee(s) (column 1 + 2 + 3)..... \$

| | | | | No. of Loc's | Fee per Location | TOTAL |
|--|--|--|--|---------------------------------------|------------------|----------|
| BB TOTAL State License Fee(s): Calculate by multiplying number of business locations by \$12.00 | | | | | \$12.00 | \$ |
| Residential Rental License Fees - Multiply the number of units per locations by \$2.00 (\$50.00 Annual Cap per license). | | | | No. of Units | No. of Loc's | City Fee |
| <div>ONLY CHANDLER, PHOENIX, and SCOTTSDALE need to use this section, and NOT the fee chart above, to calculate license fee(s). The amount for each city CANNOT EXCEED \$50.00</div> | | | | Residential Rental License-Chandler | | \$ |
| | | | | Residential Rental License-Phoenix | | \$ |
| | | | | Residential Rental License-Scottsdale | | \$ |
| CC TOTAL City Residential Rental License Fees (Add Chandler, Phoenix, & Scottsdale)..... | | | | | | \$ |
| DD TOTAL DUE (Add lines AA + BB + CC) | | | | | | \$ |

- Make check payable to Arizona Department of Revenue.
- Include FEIN or SSN on payment.
- Do not send cash.
- License will not be issued without full payment of fee.