

For the ☐ calendar year 2012 or ☐ fiscal year beginning MM, D, D, Y, Y, Y, Y and ending MM, D, D, Y, Y, Y, Y.

Business telephone number (with area code)	Please Type or Print	Name	CHECK ONE: <input type="checkbox"/> Original <input type="checkbox"/> Amended
Business activity code number (from federal Form 1120-S)		Number and street or PO Box	Employer identification number (EIN)
		City or town, state, and ZIP code	AZ transaction privilege tax number

68 Check box if: ☐ This is a first return ☐ Name change ☐ Address change**A Multistate S corporations only:**

Arizona apportionment (check only one):

☐ AIR Carrier ☐ STANDARD Sales Factor ☐ ENHANCED Sales Factor**B** Is this the S corporation's final Arizona return? ☐ Yes ☐ NoIf yes, check one: ☐ Dissolved ☐ Withdrawn ☐ Merged/Reorganized

List EIN of the successor corporation, if any: _____

C Does the S corporation conduct business within and without Arizona? ☐ Yes ☐ No**D** Will a composite return be filed on Form 140NR? ☐ Yes ☐ No**E** Total number of nonresident individual shareholders: _____**F** Total number of resident individual shareholders: _____**G** Total number of entity shareholders (See instructions, page 3): _____**Nonprofit Medical Marijuana Dispensary (NMMD) only:****H** ☐ NMMD Registry Identification Number: _____

Attach a copy of the dispensary's federal return.

CHECK BOX IF: Return filed under extension.**82** 82 F ☐

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

81**66****1** Total distributive income (loss) – from federal Form 1120-S, Schedule K..... **1** 00

Complete lines 2-12 only if the S corporation has excess net passive income or capital gains/built-in gains. An S corporation that is not required to complete lines 2-12 must complete lines 13-27 if the S corporation has a tax liability from the recapture of tax credits.

2 Excess net passive income	2	00	
3 Capital gains/built-in gains	3	00	
4 Total federal income subject to corporate income tax – add lines 2 and 3. WHOLLY ARIZONA S CORPORATIONS GO TO LINE 11	4		00
5 Nonapportionable or allocable income – attach schedule. MULTISTATE S CORPORATIONS ONLY	5		00
6 Apportionable income – subtract line 5 from line 4. MULTISTATE S CORPORATIONS ONLY	6		00
7 Arizona apportionment ratio – from Schedule A or Schedule ACA..... 7	7		
8 Income apportioned to Arizona – line 6 multiplied by line 7. MULTISTATE S CORPORATIONS ONLY	8		00
9 Other income allocated to Arizona – attach schedule. MULTISTATE S CORPORATIONS ONLY	9		00
10 Total income attributable to Arizona – add lines 8 and 9	10		00
11 Net income subject to Arizona corporate income tax. Wholly Arizona S corporations – enter the amount from line 4. Multistate S corporations – enter the amount from line 10	11		00
12 Enter tax – see instructions before completing this line.....	12		00
13 Tax from recapture of tax credits – from Form 300, Part II, line 28.....	13		00
14 Subtotal – add lines 12 and 13.....	14		00
15 Nonrefundable tax credits – from Arizona Form 300, Part II, line 52	15		00
16 Credit type – enter form number for each nonrefundable credit claimed: 16 <u>3</u> <u>3</u> <u>3</u> <u>3</u>	16	<u>3</u>	
17 Tax liability – subtract line 15 from line 14	17		00
18 Clean Elections Fund Tax Credit. SEE INSTRUCTIONS BEFORE COMPLETING THIS LINE.....	18		00
19 Tax liability after Clean Elections Fund tax credit – subtract line 18 from line 17	19		00
20 Refundable tax credits. Check box(es) and enter amount(s) 20 <input type="checkbox"/> 308 <input type="checkbox"/> 342	20		00
21 Extension payment made with Form 120EXT or online – see instructions.....	21		00
22 Estimated tax payments – see instructions	22		00
23 Total payments – add lines 20 through 22. Amended returns – see instructions	23		00
24 Balance of tax due – If line 19 is larger than line 23, enter balance of tax due. Skip line 25.....	24		00
25 Overpayment of tax – If line 23 is larger than line 19, enter overpayment of tax.....	25		00
26 Penalty and interest	26		00
27 Estimated tax underpayment penalty. If Form 220 is attached, check box..... 27A <input type="checkbox"/>	27		00
28 Information return penalty – see instructions.....	28		00
29 TOTAL DUE – see instructions..... Payment must accompany return	29		00
30 OVERPAYMENT – see instructions.....	30		00
31 Amount of line 30 to be applied to 2013 estimated tax..... 31	31		00
32 Amount to be refunded – subtract line 31 from line 30.....	32		00

NOTE: Qualifying air carriers must use Schedule ACA

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Column C
Ratio Within
Arizona
 $A \div B$

c Total owned and rented property (section a total plus section b).....

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Total wages, salaries, commissions and other compensation paid to employees (per federal Form 1120-S or payroll reports)

for column B – enter the amount from item c)

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ENHANCED divides by ten (10)). Enter the result in column C, and on page 1, line 7

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B1 Date business began in Arizona or date income was first derived from Arizona sources: |M|M|D|D|Y|Y|Y|Y|

B2 Address at which tax records are located for audit purposes:

B3 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, page 9.)

Name: _____ Phone number: _____

Title: _____

B4 List prior taxable years for which a federal examination has been finalized:

NOTE: ARS § 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, page 1.)

B5 Amount of net income subject to Arizona corporate income tax for prior taxable year (2011 Form 120S, line 11.)	\$		00
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B6 Indicate tax accounting method: ☐ Cash ☐ Accrual ☐ Other (Specify method.)

Prepare a schedule that lists each shareholder's name, address, taxpayer identification number, and pro rata share of the amount shown on line 1. Label the listing as "Schedule C – Shareholder Information" and attach the schedule immediately after page 2 of Form 120S.

Certification The following certification must be signed by one or more of the following officers (president, treasurer, or any other principal officer).

Under penalties of perjury, I (we), the undersigned officer(s) authorized to sign this return, declare that I (we) have examined this return, including the accompanying schedules and statements, and to the best of my (our) 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.

Title

Title

Preparer's PTIN

Firm's EIN or SSN

Firm's Telephone Number