Arizona S Corporation Income Tax Return

2014

	For the 🗌 calend	lar year 2014 or \square fiscal year beginning $(M,M,D,D,2,0,1,4)$ and ending $(M,M,D,D,2,0,1,4)$	MiD	D12,0,Y,Y	J.		
Busir	ness Telephone Number		CHECK ONE:				
(with	area code)		Origina	I Amende	ed		
		Address – number and street or PO Box Emp	loyer Id	entification Number	(EIN)		
	ness Activity Code						
(from	federal Form 1120-S)	City, Town or Post Office State ZIP	Code				
68	Check box if: □T	his is a first return Name change Address change CHECK BOX IF retu	ırn file	d under extension	n:		
		ment for multistate S corporations only (check one box):					
	□AIR Carrier □S	STANDARD DENHANCED REVENUE USE ONLY	DO NO	OT MARK IN THIS A	REA.		
В							
	Schedule MSP). Ind	dicate year of election					
C	•	tion's final Arizona return under this EIN? Yes No					
	If "Yes", check one: □Dissolved □Withdrawn □Merged/Reorganized						
		essor corporation, if any	66 RCVD				
D				66 1.012			
Е		urn be filed on Form 140NR?					
F		resident individual shareholders		1			
G		dent and part-year resident individual shareholders					
H		ty shareholders (See instructions, page 3)					
INO T	<u> </u>	Identification Number (include a copy of the dispensary's federal return):					
1	I Million Registry	identification Number (include a copy of the dispensary's federal return).					
1	TOTAL DISTRIBUTI	VE INCOME (LOSS) from federal Form 1120-S, Schedule K	. 1		00		
		only if the S corporation has excess net passive income or capital gains/built-in gains		corporation tha			
		ete lines 2-12 must complete lines 13-25 if the S corporation has a tax liability from the					
2	Excess net passive	income)				
3	Capital gains/built-in	gains 3 0)				
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 of	r allocable income: Include schedule. MULTISTATE S CORPORATIONS ONLY	. 5		00		
6	Apportionable incom	ne: Subtract line 5 from line 4. MULTISTATE S CORPORATIONS ONLY	. 6		00		
7	• • • • • • • • • • • • • • • • • • • •	ent ratio from Schedule A or Schedule ACA					
8	Income apportioned	to Arizona: Line 6 multiplied by line 7. MULTISTATE S CORPORATIONS ONLY	. 8		00		
9		ted to Arizona: Include schedule. MULTISTATE S CORPORATIONS ONLY			00		
10		able to Arizona: Add lines 8 and 9	. 10		00		
11	•	to Arizona corporate income tax: WHOLLY ARIZONA'S CORPORATIONS: ENTER THE AMOUNT FROM LINE 4.					
40		ATIONS: ENTER THE AMOUNT FROM LINE 10	. 11		00		
12		uctions before completing this line			00		
13		of tax credits from Arizona Form 300, Part 2, line 31			00		
14 15		12 and 13redits from Arizona Form 300, Part 2, line 56			00		
16	Credit type:	Todio Hom Anzona i Omi 500, i art 2, iiilo 50	13		00		
.0	• •	or each nonrefundable credit used: 16 3 1 3 1 3 1 3 1 3 1					
17		ct line 15 from line 14	. 17		00		
18		its: Check box(es) and enter amount. 18 308 342 349 18 0	_				
19		made with Form 120EXT or online: See instructions					
20		ents: See instructions					
21		d lines 18 through 20. For amended returns, see instructions	. 21		00		
22	Balance of tax due:	If line 17 is larger than line 21, enter balance of tax due. Skip line 23	. 22		00		
23	Overpayment of tax	If line 21 is larger than line 17, enter overpayment of tax	. 23		00		
24	Penalty and interest		. 24		00		
25	Estimated tax under	payment penalty. If Form 220 is included, check box	25		00		
26	·	enalty: See instructions			00		
27		nstructionsNon-EFT payment must accompany return			00		
28		See instructions	28		00		
29		be applied to 2015 estimated tax			00		
30 ADO	Amount to be refund R 10337 (14)	led: Subtract line 29 from line 28	. 30		00		

Coulifying multistate service providers must include Arazona Schedule MSP, See instructions, pages 8 through 10. A1 Property Factor Value of real and tangible personal property (by averaging the value of owned property at the beginning and end of the tax period; rented property at capitalized value). a Owned property (at original cost): Inventories	Name (as snown on page 1)	EIN		
MPORTANT: Qualifying air carriers must use Arizona Schedule ACA. Qualifying multistates service providers must include Arizona Schedule ASC. See instructions, pages 8 through 10. A1 Property Factor Value of real and tangible personal property (by averaging the value of owned property at the beginning and end of the tax period; rented property at capitalized value). A2 Owned property at the beginning and end of the tax period; rented property at capitalized value). A2 Owned property at capitalized value. A3 Owned property (at original cost): Inventories Depreciable assets: (do not include construction in progress) Lead C1 Total of section a. Leas: Nonbusiness property (if included in above totals) Total of section a. E2 Payroll capitalize at 8 times net rental paid) A2 Payroll factor A2 Payroll Factor A2 Payroll Factor A3 Sales Factor A Total Ratio: Add lines A1e, A2c, and A3f, in column C. A4 Total Ratio: Add lines A1e, A2c, and A3f, in column C. A5 Average Apportionment Ratio: Divide line A4, column C. A5 Average Apportionment Ratio: Divide line A4, column C. A5 Average Apportionment Ratio: Divide line A4, column C. A5 Address at which tax records are located for audit purposes: Number/Street: C1 E/F C1 City: State: Z1P Code:	SCHEDULE A Apportionment Formula (Multistate S	S Corporations Only)		
Value of real and tangible personal property (by averaging the value of owned property at the beginning and end of the tax period, rented property at the beginning and end of the tax period, rented property (at original cost): Inventories Depreciable assets: (do not include construction in progress) Land Other assets (describe): Less: Nonbusiness property (if included in above totals) Total of section a b Rented property (capitalize at 8 times net rental paid)	IMPORTANT: Qualifying air carriers must use Arizona Schedule ACA. Qualifying multistate service providers must include Arizona	COLUMN A Total Within Arizona	Total Everywhere	Ratio Within Arizona
Depreciable assets: (do not include construction in progress) Land	Value of real and tangible personal property (by averaging the value of owned property at the beginning and end of the tax period; rented property at capitalized value). a Owned property (at original cost):			
Less: Nonbusiness property (if included in above totals)	Depreciable assets: (do not include construction in progress) Land			
d Weight AZ property: (STANDARD uses x 1; ENHANCED uses x 7.5) e Property factor (for column A, multiply line c by line d; for column B, enter amount from line c) A2 Payroll Factor a Total wages, salaries, commissions and other compensation paid to employees (per federal Form 1120-S or payroll reports). b Weight AZ payroll: (STANDARD uses x 1; ENHANCED uses x 7.5) c Payroll factor (for column A, multiply line a by line b; for column B, enter amount from line a) A3 Sales Factor a Sales delivered or shipped to Arizona purchasers b Sales of services for qualifying multistate service providers only (include Schedule MSP) c Other gross receipts	Less: Nonbusiness property (if included in above totals)		()	
a Total wages, salaries, commissions and other compensation paid to employees (per federal Form 1120-S or payroll reports) b Weight AZ payroll: (STANDARD uses x1; ENHANCED uses x 7.5) c Payroll factor (for column A, multiply line a by line b; for column B, enter amount from line a)	 d Weight AZ property: (STANDARD uses x 1; ENHANCED uses x 7.5) e Property factor (for column A, multiply line c by line d; 	x1 OR x7.5		
for column B, enter amount from line a)	 a Total wages, salaries, commissions and other compensation paid to employees (per federal Form 1120-S or payroll reports) b Weight AZ payroll: (STANDARD uses x 1; ENHANCED uses x 7.5) 			
b Sales of services for qualifying multistate service providers only (include Schedule MSP)	for column B, enter amount from line a)			
d Total sales and other gross receipts	b Sales of services for qualifying multistate service providers only (include Schedule MSP)			
A4 Total Ratio: Add lines A1e, A2c, and A3f, in column C	 d Total sales and other gross receipts e Weight AZ sales: (STANDARD uses x 2; ENHANCED uses x 85) f Sales factor (for column A, multiply line d by line e; 	x2 OR x85.0		
Date business began in Arizona or date income was first derived from Arizona sources: \[\bigcup_M, \bigcup_I \bigcup_Y,	A4 Total Ratio: Add lines A1e, A2c, and A3f, in column C	denominator (STANDARD di	vides by four (4);	
Address at which tax records are located for audit purposes: Number/Street:	SCHEDULE B Other Information			
	B2 Address at which tax records are located for audit purposes: Number/Street:			
confidential information to this individual. (See instructions, page 10.) Name: Phone Number:(Area Code)	B3 The taxpayer designates the individual listed below as the person to confidential information to this individual. (See instructions, page 10 Name:	o contact to schedule an auc 0.)	lit of this return and autho	
Title: B4 List prior taxable years for which a federal examination has been finalized:		nalized:	١ , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	··· ,
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, page 1.) B5 Amount of net income subject to Arizona corporate income tax for prior taxable year (2013 Form 120S, line 11.)	Arizona Department of Revenue or to file amended returns reporting	g these changes. (See instru	uctions, page 1.)	
B6 Indicate tax accounting method: Cash Accrual Other (Specify method.)				Ţ. <u>100</u>

Name (as shown on page 1)	EIN

SCHEDULE C Shareholder Information

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 include the schedule immediately after page 3 of Form 120S.

Declaration	The following declaration 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.							
Please Sign Here	OFFICER'S SIGNATURE	DATE	TITLE					
Paid Preparer's Use Only	PAID PREPARER'S SIGNATURE FIRM'S NAME (OR PAID PREPARER'S NAME, IF SE	LF-EMPLOYED)	ATE	PAID PREPARER'S PTIN FIRM'S				
	CITY	S ⁻	TATE	ZIP CODE				

Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix, AZ 85038-9079