

For the [] calendar year 2013 or [] fiscal year beginning [M,M,D,D] 2,0,1,3 and ending [M,M,D,D] Y,Y,Y,Y.

Business Telephone Number (with area code) Name Employer Identification Number (EIN) Address - number and street or PO Box Business Activity Code (from federal Form 1120) City, Town or Post Office State ZIP Code

- 68 Check box if: [] This is a first return [] Name change [] Address change
A Is FEDERAL return filed on a consolidated basis? [] Yes [] No
B ARIZONA filing method - see instructions, page 1 (check only one):
1 [] Separate company 2 [] Combined (unitary group) 3 [] Consolidated
C If ARIZONA filing method is combined or consolidated, see Form 51 instructions.
Is Form 51 attached? [] Yes [] No
D Multistate corporations only -
ARIZONA apportionment (check only one):
[] AIR Carrier [] STANDARD Sales Factor [] ENHANCED Sales Factor
E Is this the corporation's final ARIZONA return under this EIN? [] Yes [] No
If "Yes", check one: [] Dissolved [] Withdrawn [] Merged/Reorganized
List EIN of the successor corporation, if any

CHECK BOX IF return filed under extension:
82 82F []
REVENUE USE ONLY. DO NOT MARK IN THIS AREA.
88
81 PM 66 RCVD

Table with 3 columns: Line number, Description, Amount. Includes rows for Taxable income, Adjusted income, Tax, and Total Due.

Schedule D – Nonapportionable Income and Expenses (Multistate Corporations Only)

D1 Nonbusiness dividends and interest income –			
a Total nonbusiness dividends not deducted on page 2, Schedule B	D1a		00
b Interest from nonbusiness sources.....	D1b		00
c Total nonbusiness dividends and interest – add lines D1a and D1b	D1c		00
D2 Net royalties from nonbusiness patents and copyrights – attach schedule.....	D2		00
D3 Net income from rental of nonbusiness assets – attach schedule.....	D3		00
D4 Net gain or (loss) from sale or exchange of nonbusiness assets utilized for production of nonbusiness income – attach schedule	D4		00
D5 Other income or (loss) – attach schedule	D5		00
D6 Subtotal – add lines D1c through D5	D6		00
D7 Expenses attributable to income derived from a foreign corporation which is not itself subject to Arizona income tax – attach schedule	D7		00
D8 Total – subtract line D7 from line D6. Enter total here and on page 1, line 7.....	D8		00

Schedule E – Other Income Allocated to Arizona (Multistate Corporations Only)

E1 Gain or (loss) from sale or exchange of real estate and other tangible assets utilized for the production of nonbusiness income – attach schedule.....	E1		00
E2 Net income or (loss) from rental of nonbusiness assets – attach schedule.....	E2		00
E3 Net royalties from nonbusiness assets – attach schedule.....	E3		00
E4 Net income or (loss) from intangible property specifically allocable to Arizona – attach schedule.....	E4		00
E5 Federal income tax refunds received in the taxable year – see instructions	E5		00
E6 Other income or (loss) directly allocable to Arizona – attach schedule	E6		00
E7 Total – add lines E1 through E6. Enter total here and on page 1, line 11.....	E7		00

Schedule F – Schedule of Tax Payments

Name of Corporation	EIN	Payment Date	Payment Type	Payment Amount
		MM DD YY		00
		MM DD YY		00
		MM DD YY		00
		MM DD YY		00
		MM DD YY		00
		MM DD YY		00
		MM DD YY		00
		MM DD YY		00
		MM DD YY		00
		MM DD YY		00
		MM DD YY		00
		MM DD YY		00
		MM DD YY		00
TOTAL				00

Schedule G – Other Information

G1 Date business began in Arizona or date income was first derived from Arizona sources: MM, DD, YYYY

G2 Address at which tax records are located for audit purposes:

Number and Street: _____

City: _____ State: _____ ZIP Code: _____

G3 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 16.)

Name: _____ Phone Number: _____

Title: _____

G4 List prior taxable years for which a federal examination has been finalized:

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 4.)

G5 List the taxable years for which federal examinations are now in progress, or final determination of past examinations is still pending:

G6 List the taxable years for which federal waivers of the statute of limitations are in effect and dates on which waivers expire:

G7 Amount of Arizona taxable income for prior taxable year (2012 Form 120, line 15)..... \$ 00

G8 Indicate tax accounting method: Cash Accrual Other (Specify method.) _____

Multistate taxpayers:

G9 Are the nonbusiness items reported on Schedule D, lines D1 through D5, and the apportionment factor amounts reported on Schedule C, column B, treated consistently on all state tax returns filed under the Uniform Division of Income for Tax Purposes Act?

Yes No

If "No", the taxpayer must disclose the nature and extent of the variance upon request by the department.

G10 Has the taxpayer changed the way income is apportioned or allocated to Arizona from prior taxable year returns?

Yes No

If "Yes", attach explanation.

Consolidated Return Filers:

G11 Enter the year Form(s) 122 were filed to make the Arizona consolidated election: _____

	The following declaration must be signed by one or more of the following officers: president, treasurer, or any other principal officer.		
Declaration	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	_____ DATE	_____ PAID PREPARER'S PTIN
	_____ FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)		_____ FIRM'S <input type="checkbox"/> EIN OR <input type="checkbox"/> SSN
	_____ FIRM'S STREET ADDRESS		_____ FIRM'S TELEPHONE NUMBER
	_____ CITY	_____ STATE	_____ ZIP CODE

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