

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	CHECK ONE: <input type="checkbox"/> Original <input type="checkbox"/> Amended Employer Identification Number (EIN)
	Address – number and street or PO Box	
Business Activity Code (from federal Form 1120-S)	City, Town or Post Office	State ZIP Code

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 under this EIN?..... ☐ Yes ☐ NoIf "Yes", check one: ☐ Dissolved ☐ Withdrawn ☐ Merged/Reorganized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** 82F ☐**REVENUE USE ONLY. DO NOT MARK IN THIS AREA.****88****81** PM**66** RCVD**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 13-25 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** .**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 Arizona Form 300, Part II, line 29..... **13** 00**14** Subtotal – add lines 12 and 13 **14** 00**15** Nonrefundable tax credits – from Arizona Form 300, Part II, line 53 **15** 00**16** Credit type –enter form number for each nonrefundable credit claimed: **16** 3, 3, 3, 3**17** Tax liability – subtract line 15 from line 14 **17** 00**18** Refundable tax credits – Check box(es) and enter amount **18** ☐ 308 ☐ 342 ☐ 349 **18** 00**19** Extension payment made with Form 120EXT or online – see instructions..... **19** 00**20** Estimated tax payments – see instructions **20** 00**21** Total payments – add lines 18 through 20. 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 underpayment penalty. If Form 220 is attached, check box **25A** ☐ **25** 00**26** Information return penalty – see instructions..... **26** 00**27** TOTAL DUE – see instructions.....Non-EFT payment must accompany return **27** 00**28** OVERPAYMENT – see instructions..... **28** 00**29** Amount of line 28 to be applied to 2014 estimated tax..... **29** 00**30** Amount to be refunded – subtract line 29 from line 28 **30** 00

- Qualifying air carriers must use Arizona Schedule ACA.
- See instructions, pages 8 and 9.

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).

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.....

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

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

a Sales delivered or shipped to Arizona purchasers.....

b Other gross receipts

c Total sales and other gross receipts

d Weight AZ sales – (STANDARD uses ×2; ENHANCED uses ×8)

e Sales factor (For column A, multiply line c by line d; for column B, enter the amount from line c.).....

COLUMN A Total Within Arizona Round to nearest dollar.	COLUMN B Total Everywhere Round to nearest dollar.	COLUMN C Ratio Within Arizona A ÷ B
() ()		
		.
		.
× 2 OR × 8		
		.
		.

A4 Total Ratio – add A1c, A2, and A3e, in column C

A5 Average Apportionment Ratio – divide line A4, column C, by the denominator (STANDARD divides by four (4));

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

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

Street: _____ City: _____ State: _____ ZIP Code: _____

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: _____ Title: _____ Phone: _____

B4 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 1.)

B5 Amount of net income subject to Arizona corporate income tax for prior taxable year (2012 Form 120S, line 11.) \$ 00

B6 Indicate tax accounting method: ☐ Cash ☐ Accrual ☐ Other (Specify method.) _____



PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

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 attach 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

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 ☐ EIN OR ☐ 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