

For the ☐ calendar year 2014 or ☐ fiscal year beginning M, M, D, D, 2, 0, 1, 4 and ending M, M, D, D, 2, 0, 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
If "Yes", list EIN of common parent from consolidated return

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 consolidated, enter the last day of
the tax year Forms 122 were filed to make the election M, M, D, D, Y, Y, Y, Y

D If ARIZONA filing method is combined or consolidated, see Form 51
instructions. Is Form 51 included? ☐ Yes ☐ No

E ARIZONA apportionment **for multistate corporations only** (check one box):

☐ AIR Carrier ☐ STANDARD ☐ ENHANCED

F ☐ Check this box to elect to be treated as a multistate service provider, if qualified (include
Schedule MSP). Indicate year of election ☐ Yr 1 ☐ Yr 2 ☐ Yr 3 ☐ Yr 4 ☐ Yr 5

G 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If "Yes", check one: ☐ Dissolved ☐ Withdrawn ☐ Merged/Reorganized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

1	Taxable income per included federal return.....	1		00
2	Additions to taxable income from page 2, Schedule A, line A8.....	2		00
3	Total taxable income: Add lines 1 and 2	3		00
4	Subtractions from taxable income from page 2, Schedule B, line B11	4		00
5	Adjusted income: Subtract line 4 from line 3. WHOLLY ARIZONA CORPORATIONS GO TO LINE 13.....	5		00
6	Arizona adjusted income from line 5. MULTISTATE CORPORATIONS ONLY.....	6		00
7	Nonapportionable or allocable amounts from page 2, Schedule C, line C8. Multistate corporations only	7		00
8	Adjusted business income: Subtract line 7 from line 6. Multistate corporations only	8		00
9	Arizona apportionment ratio from Schedule E or Schedule ACA.....	9	.	
10	Adjusted business income apportioned to Arizona: Line 8 multiplied by line 9. Multistate corporations only.....	10		00
11	Other income allocated to Arizona from page 2, Schedule D, line D6. Multistate corporations only	11		00
12	Adjusted income attributable to Arizona: Add lines 10 and 11. Multistate corporations only	12		00
13	Arizona income before NOL from line 5 or line 12.....	13		00
14	Arizona basis net operating loss carryover: Include computation schedule	14		00
15	Arizona taxable income: Subtract line 14 from line 13.....	15		00
16	Enter tax: Tax is 6.5 percent of line 15 or fifty dollars (\$50), whichever is greater.	16		00
17	Tax from recapture of tax credits from Arizona Form 300, Part 2, line 31.....	17		00
18	Subtotal: Add lines 16 and 17	18		00
19	Nonrefundable tax credits from Arizona Form 300, Part 2, line 56.....	19		00
20	Credit type: Enter form number for each nonrefundable credit used: 20 <u>3</u> <u>3</u> <u>3</u> <u>3</u>			
21	Tax liability: Subtract line 19 from line 18.....	21		00
22	Refundable tax credits: Check box(es) and enter amount: 22 <input type="checkbox"/> 308 <input type="checkbox"/> 342 <input type="checkbox"/> 349 22			00
23	Extension payment made with Form 120EXT or online: See instructions.....	23		00
24	Estimated tax payments: See instructions.....	24		00
25	Total payments: See instructions	25		00
26	Balance of tax due: If line 21 is larger than line 25, enter balance of tax due. Skip line 27.....	26		00
27	Overpayment of tax: If line 25 is larger than line 21, enter overpayment of tax.....	27		00
28	Penalty and interest.....	28		00
29	Estimated tax underpayment penalty. If Form 220 is included, check this box 29A <input type="checkbox"/>	29		00
30	TOTAL DUE: See instructions..... Non-EFT payment must accompany return	30		00
31	OVERPAYMENT: See instructions.....	31		00
32	Amount of line 31 to be applied to 2015 estimated tax.....	32		00
33	Amount to be refunded: Subtract line 32 from line 31	33		00

Name (as shown on page 1)	EIN
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SCHEDULE A Additions to Taxable Income

A1 Total federal depreciation.....	A1	00
A2 Taxes based on income paid to any state (INCLUDING ARIZONA), local governments or foreign governments	A2	00
A3 Interest on obligations of other states, foreign countries, or political subdivisions	A3	00
A4 Special deductions claimed on federal return.....	A4	00
A5 Federal net operating loss deduction claimed on federal return.....	A5	00
A6 Additions related to Arizona tax credits: Include detailed schedule.....	A6	00
A7 Other additions to federal taxable income: Include detailed schedule.....	A7	00
A8 Total: Add lines A1 through A7. Enter the total here and on page 1, line 2.....	A8	00

SCHEDULE B Subtractions From Taxable Income

B1 Recalculated Arizona depreciation: See instructions.....	B1	00
B2 Basis adjustment for property sold or otherwise disposed of during the taxable year: See instructions	B2	00
B3 Adjustment for IRC § 179 expense not allowed.....	B3	00
B4 Dividends received from 50% or more controlled domestic corporations.....	B4	00
B5 Foreign dividend gross-up	B5	00
B6 Dividends received from foreign corporation	B6	00
B7 Interest on U.S. obligations.....	B7	00
B8 Agricultural crops charitable contribution.....	B8	00
B9 Expenses related to certain federal tax credits listed on the instructions: Include detailed schedule.....	B9	00
B10 Other subtractions from federal taxable income: Include detailed schedule	B10	00
B11 Total: Add lines B1 through B10. Enter the total here and on page 1, line 4	B11	00

SCHEDULE C Nonapportionable Income and Expenses (Multistate Corporations Only)

C1 Nonbusiness dividends and interest income:			
a Total nonbusiness dividends not deducted in Schedule B.....	C1a	00	
b Interest from nonbusiness sources	C1b	00	
c Total nonbusiness dividends and interest: Add lines C1a and C1b	C1c		00
C2 Net royalties: Include detailed schedule			
a Net royalties from nonbusiness real property and tangible personal property.....	C2a	00	
b Net royalties from nonbusiness patents and copyrights	C2b	00	
c Total net royalties from nonbusiness assets: Add lines C2a and C2b	C2c		00
C3 Net income or (loss) from rental of nonbusiness assets: Include detailed schedule	C3		00
C4 Net capital gain or (loss) from sale or exchange of nonbusiness assets utilized for production of nonbusiness income: Include detailed schedule.....	C4		00
C5 Other income or (loss): Include detailed schedule.....	C5		00
C6 Subtotal: Add lines C1c, C2c, C3 through C5.....	C6		00
C7 Expenses attributable to income derived from a foreign corporation which is not itself subject to Arizona income tax: Include detailed schedule.....	C7		00
C8 Total: Subtract line C7 from line C6. Enter the total here and on page 1, line 7	C8		00

SCHEDULE D Other Income Allocated to Arizona (Multistate Corporations Only)

D1 Nonbusiness dividends and interest income:			
a Total nonbusiness dividends.....	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 assets: Include detailed schedule			
a Net royalties from nonbusiness real property and tangible personal property.....	D2a	00	
b Net royalties from nonbusiness patents and copyrights	D2b	00	
c Total net royalties from nonbusiness assets: Add lines D2a and D2b	D2c		00
D3 Net income or (loss) from rental of nonbusiness assets: Include detailed schedule	D3		00
D4 Net capital gain or (loss) from sale or exchange of nonbusiness assets utilized for production of nonbusiness income: Include detailed schedule	D4		00
D5 Other income or (loss) directly allocable to Arizona: Include detailed schedule.....	D5		00
D6 Total: Add lines D1c, D2c, D3 through D5. Enter the total here and on page 1, line 11	D6		00

Continued on page 3 ➔

Name (as shown on page 1)	EIN
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SCHEDULE G Other Information

G1 Date business began in Arizona or date income was first derived from Arizona sources: M M D D Y Y Y Y

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: (Area Code)

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 and 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 (2013 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 C, lines C1 through C5, and the apportionment factor amounts reported on Schedule E, 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", include explanation.

Declaration	The following declaration must be signed by one or more of the following officers: president, treasurer, or any other principal officer.		
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