		dar year 2014 or ☐ fiscal year beginning [M,M,D,D,2,0,1,4] and			
Business Telephone Number (with area code)		Name	Employer Id	dentification Number (EIN)	
		Address – number and street or PO Box			
	ness Activity Code				
(from federal Form 1120)		City, Town or Post Office State	ZIP Code		
		Journal	(DOV IE (('I		
60	1 _		2F	ed under extension:	
00	Check box if:	nis is a first return		OT MARK IN THIS AREA.	
Α.	In EEDEDAL materia	[88]	DE GOL GIVEI. DO IV	OT MARKE IN THIS AREA.	
A		illed on a consolidated basis?			
		common parent from consolidated return			
		use Form 120A to file an Arizona consolidated return.			
	iaxpayers carmot (
В	Is this the corporation		66 RCVD		
2	·	on's final ARIZONA return under this EIN? Yes No Sinal ARIZONA return under this EIN? Yes No Sinal ARIZONA return under this EIN?			
		essor corporation, if any			
Ari	<u>zona Taxable In</u>	come Computation			
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 incom	e: Add lines 1 and 2	3	00	
4		axable income from page 2, Schedule B, line B11		00	
5	Adjusted income: S	Subtract line 4 from line 3	5	00	
6		perating loss carryforward: Include computation schedule		00	
7	Arizona taxable inc	ome: Subtract line 6 from line 5	7	00	
Ari	zona Tax Liabili	ty Computation			
		· · · · · · · · · · · · · · · · · · ·	8	00	
8		5 percent of line 7 or fifty dollars (\$50), whichever is greater		00	
9 10		8 and 9		00	
11		credits from Arizona Form 300, Part 2, line 56	F	00	
	Credit type:	700110 110111741120110 1 01111 000, 1 011 2, 11110 00		- 00	
		or each nonrefundable credit used: 12 3 1 3 1 3	13		
13		ct line 11 from line 10	40	00	
			-	·	
Tax	Payments	_			
14	Refundable tax cred	dits: Check box(es) and enter amount 14 308 342 349 14	00		
15	Extension payment	made with Form 120EXT or online: See instructions	00		
16		ents: See instructions	00		
17	Total payments: Se	e instructions	17	00	
Co	mputation of To	tal Due or Overpayment			
18	-	If line 13 is larger than line 17, enter balance of tax due. Skip line 19	18	00	
19		: If line 17 is larger than line 17, enter balance of tax due. Skip line 19		00	
20		t		00	
21	•	rpayment penalty: If Form 220 is included, check box	T T	00	
22		nstructions		00	
23		See instructions		00	
24		b be applied to 2015 estimated tax	00		
25		ded: Subtract line 24 from line 23	25	00	

Name (as shown on page 1) EIN										
SC	HEDULE A	Additions to Taxable Income								
Α1	Total federa	al depreciation		. A1	00					
A2	? Taxes base	axes based on income paid to any state (INCLUDING ARIZONA), local governments or foreign governments		. A2	00					
А3	Interest on	nterest on obligations of other states, foreign countries, or political subdivisions		. A3	00					
A4	•	pecial deductions claimed on federal return			00					
A5		t operating loss deduction claimed on federal return			00					
A6		related to Arizona tax credits: Include detailed schedule			00					
A7		tions to federal taxable income: Include detailed schedule			00					
A8	lotal: Add	lines A1 through A7. Enter the total here and on page 1, line 2		. A8	00					
SC	HEDULE B	Subtractions From Taxable Income								
В1		ed Arizona depreciation: See instructions		00						
B2		sis adjustment for property sold or otherwise disposed of during the taxable year: See instructions			00					
В3		Adjustment for IRC § 179 expense not allowed		1	00					
B4		Dividends received from 50% or more controlled domestic corporations			00					
B5	J	ridend gross-up		00						
B6		received from foreign corporations (including deemed dividends)			00					
B7 B8		U.S. obligations I crops charitable contribution			00					
B9	•	related to certain federal tax credits listed on the instructions: Include detailed sche		1	00					
B10		ractions from federal taxable income: Include detailed schedule			00					
B11		lines B1 through B10. Enter the total here and on page 1, line 4			00					
00	NIEDIII E O	Additional Information								
	HEDULE C									
C1 Date business began in Arizona: [M,M,D,D,Y,Y,Y,Y]										
C2		which tax records are located for audit purposes: Number/Street:								
00		City: State: ZIP Code:								
Co		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 11.)								
		Tillomation to this illuvidual. (See illistructions, page 11.)	Phone Number							
	Title:	rea Code)								
C4		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 De	Arizona Department of Revenue or to file amended returns reporting these changes. (See instructions, page 3.)								
		Arizona taxable income for prior taxable year (2013 Form 120A, line 7)		\$	00					
C6	Indicate tax	accounting method: Cash Accrual Other (Specify method.)								
		The following declaration must be signed by one or more of the following officers:	president, treasurer,	or any other prir	ncipal officer.					
					1.41.5					
י	Declaration									
		including the accompanying schedules and statements, and to the best of my(
		complete return, made in good faith, for the taxable year stated pursuant to the in	come tax laws of the s	State of Affzoria.						
	Please									
	Sign	OFFICER'S SIGNATURE DATE	TITLE							
'	Here	OFFICER'S SIGNATURE DATE	TITLE							
		PAID PREPARER'S SIGNATURE DA'	Ε ΡΔΙ	ID PREPARER'S F	PTIN					
Paid Preparer's		PAID PREPARER'S SIGNATURE DATE PA		AND CIVEL MINER OF HIN						
		FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)	FIR	FIRM'S EIN OR SSN						
	Use									
(Only	FIRM'S STREET ADDRESS	FIR	RM'S TELEPHONE	NUMBER					
		CITY STA	TE ZIP	CODE						

STATE