# Arizona Corporation Income Tax Return (Short Form)

	For the 🗌 calenc	lar year 2015 or 🔲 fiscal year beginning 💹 MID, DI2, 0, 1	5 and ending	g (M,M(D,D)2	<u>, 0 , Y , Y .</u>
Business Telephone Number (with area code)				Employer Identificat	
		Address – number and street or PO Box			
	ness Activity Code				
(from	federal Form 1120)	City, Town or Post Office	State	ZIP Code	
68	Check box if: □⊺	his is a first return  ☐Name change  ☐Address change	82 82F	F return filed unde	
A	If "Yes", list EIN of control NOTE: Use Form 1	filed on a consolidated basis?	88	UNET. DO NOT MAP	IN THIS AREA.
В	If "Yes", check one:	n's final ARIZONA return under this EIN? ☐ Yes ☐ No ☐ Dissolved ☐ Withdrawn ☐ Merged/Reorganized essor corporation, if any	81 PM	66 <sup>R</sup>	CVD
Aria	zona Taxable Ind	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 income	e: Add lines 1 and 2		3	00
4		xable income from page 2, Schedule B, line B11			00
5	Adjusted income: S	ubtract line 4 from line 3		5	00
6		perating loss carryforward: Include computation schedule			00
7	Arizona taxable inco	me: Subtract line 6 from line 5		7	00

# Arizona Tax Liability Computation

8	Enter tax: Tax is 6.0 percent of line 7 or fifty dollars (\$50), whichever is greater	8	00
	Tax from recapture of tax credits from Arizona Form 300, Part 2, line 31	9	00
10	Subtotal: Add lines 8 and 9	10	00
11	Nonrefundable tax credits from Arizona Form 300, Part 2, line 56	11	00
12	Credit type:		
	Enter form number for each nonrefundable credit used: 12 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.		
13	Tax liability: Subtract line 11 from line 10	13	00

### Tax Payments

14	Refundable tax credits: Check box(es) and enter amount: 14 308 342 349	14	00		
15	Extension payment made with Form 120EXT or online: See instructions	15	00		
16	Estimated tax payments: See instructions	16	00		
17	Total payments: See instructions			17	00

### Computation of Total Due or Overpayment

		1	
18	Balance of tax due: If line 13 is larger than line 17, enter balance of tax due. Skip line 19	18	00
19	Overpayment of tax: If line 17 is larger than line 13, enter overpayment of tax	19	00
20	Penalty and interest	20	00
	Estimated tax underpayment penalty: If Form 220 is included, check box	21	00
22	TOTAL DUE: See instructions	22	00
23	OVERPAYMENT: See instructions	23	00
24	Amount of line 23 to be applied to 2016 estimated tax		
25	Amount to be refunded: Subtract line 24 from line 23	25	00

Continued on page 2 →

EIN

SCHEDULE A Additions to Taxable Inco
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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
<b>A4</b>	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
<b>A</b> 8	Total: Add lines A1 through A7. Enter the total here and on page 1, line 2	A8	00

### SCHEDULE B Subtractions From Taxable Income

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#### SCHEDULE C Additional Information

Title:

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C1	Date business began in Arizona: M.M.D.D.Y.Y.Y.Y.	
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	-			
C2	Address at which tax	records are located f	or audit purposes:	Number/Street:

\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_ City:

C3 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.) \_\_\_ Phone Number: \_\_\_\_\_ (Area Code) Name:

**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 Department of Revenue or to file amended returns reporting these changes. (See instructions.) **→**□

C5	Amount of Arizona taxable income for prior taxable year (2014 Form 120A, line 7)	00
<b>C</b> 6	Indicate tax accounting method: 🗌 Cash 🔲 Accrual 🔲 Other (Specify method.)	

	The following declaration must be signed by one or n	nore of the following o	officers: pr	resident, trea	asurer, or any other principal officer.	
Declaration	Under penalties of perjury, I(we), the undersigned offic including the accompanying schedules and stateme complete return, made in good faith, for the taxable y	nts, and to the best	of my(our)	) knowledge	and belief, it is a true, correct and	
Please Sign	OFFICER'S SIGNATURE	DATE		TITLE		
Here	OFFICER'S SIGNATURE	DATE		TITLE		
Paid	PAID PREPARER'S SIGNATURE		DATE		PAID PREPARER'S PTIN	
Preparer's Use	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EN	IPLOYED)				
Only	FIRM'S STREET ADDRESS		STATE		FIRM'S TELEPHONE NUMBER	
N	Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix, AZ 85038-9079					