## **Arizona S Corporation Income Tax Return**

2015

		ar year 2015 or ☐ fiscal year beginning [M,M,D,D,2,0,1,5] and ending [M	MiD	D 2 0 Y Y.			
				CHECK ONE:			
			Origina				
		Address – number and street or PO Box	loyer lo	dentification Number (EIN)			
	less Activity Code federal Form 1120-S)						
(IIOIII)	lederal Form 1120-5)	City, Town or Post Office State ZIP	Code				
68	Chack box if: DT	his is a first return ☐ Name change ☐ Address change ☐ CHECK BOX IF return ☐ CHECK BOX	ırn file	ed under extension:			
	ARIZONA apportion						
11	□ AIR Carrier □ S	DO N	OT MARK IN THIS AREA				
В	Check if Multistat						
	Indicate the year						
C	Is this the S corpora						
	If "Yes", check one: □Dissolved □Withdrawn □Merged/Reorganized						
	List EIN of the succe						
D	Does the S corporat		66 RCVD				
$\mathbf{E}$	Will a composite retu	urn be filed on Form 140NR? ☐ Yes ☐ No					
F	Total number of non						
G	Total number of resid	dent and part-year resident individual shareholders					
Н		y shareholders (See instructions, page 3)					
No	<u>-</u>	juana Dispensary (NMMD) only (see instructions, page 4):					
I	■ NMMD Registry	Identification Number (include a copy of the dispensary's federal return):					
			1 1				
		VE INCOME (LOSS) from federal Form 1120-S, Schedule K		00			
		only if the S corporation has excess net passive income or capital gains/built-in gains ete lines 2-12 must complete lines 13-25 if the S corporation has a tax liability from the					
	· · · · · · · · · · · · · · · · · · ·			plure or lax credits.			
_		ncome					
3	. •			00			
4		subject to corporate income tax: Add lines 2 and 3. WHOLLY ARIZONA'S CORPORATIONS GO TO LINE 11 allocable income: Include schedule. MULTISTATE'S CORPORATIONS ONLY		00			
5			00				
6 7		e: Subtract line 5 from line 4. MULTISTATE S CORPORATIONS ONLY	.   0				
8		to Arizona: Line 6 multiplied by line 7. MULTISTATE S CORPORATIONS ONLY	. 8	00			
9		ted to Arizona: Include schedule. MULTISTATE'S CORPORATIONS ONLY	.	00			
10		able to Arizona: Add lines 8 and 9		00			
11		o Arizona corporate income tax: WHOLLY ARIZONA'S CORPORATIONS: ENTER THE AMOUNT FROM LINE 4.					
	•	ATIONS: ENTER THE AMOUNT FROM LINE 10	. 11	00			
12	Enter tax: See instru	uctions before completing this line	. 12	00			
13	Tax from recapture of	of tax credits from Arizona Form 300, Part 2, line 31	. 13	00			
14		12 and 13		00			
15	Nonrefundable tax c	. 15	00				
16	Credit type:	П					
		or each nonrefundable credit used: 16 3 1 13 1 13 1 13 1 1					
17		t line 15 from line 14	. 17	00			
18		its: Check box(es) and enter amount. 18 308 342 349 18 0					
19		made with Form 120EXT or online: See instructions					
20		ents: See instructions					
21		d lines 18 through 20. For amended returns, see instructions	1 1	00			
22		If line 17 is larger than line 21, enter balance of tax due. Skip line 23	1 1	00			
23			00				
24	Penalty and interest		00				
25	Estimated tax under	25	00				
26 27	Information return pe		00				
27	TOTAL DUE: See in	27 . 28	00				
28		ee instructions		00			
29 30		led: Subtract line 29 from line 28	7	00			
	R 10337 (15)	Out Outrate Hill 20 HOIT HILL 20	.   30	100			

Name (as shown on page 1)	EIN					
SCHEDULE A Apportionment Formula (Multistate S	Corporations Only)					
<b>IMPORTANT:</b> Qualifying air carriers must use Arizona Schedule ACA. Qualifying multistate service providers must include Arizona Schedule MSP. See instructions, pages 8 through 10.	COLUMN A Total Within Arizona Round to nearest dollar.	COLUMN B Total Everywhere Round to nearest dollar.	COLUMN C Ratio Within Arizona A ÷ B			
A1 Property Factor  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).  a Owned property (at original cost):  Inventories						
Land						
Other assets (describe):						
Less: Nonbusiness property (if included in above totals)  Total of section a		()				
<b>d</b> Weight AZ property: (STANDARD uses × 1; ENHANCED uses × 5.0)	x1 OR x5.0					
e Property factor (for column A, multiply line c by line d;						
for column B, enter amount from line c)						
<ul> <li>A2 Payroll Factor</li> <li>a Total wages, salaries, commissions and other compensation</li> <li>paid to employees (per federal Form 1120-S or payroll reports)</li> </ul>						
<b>b</b> Weight AZ payroll: (STANDARD uses × 1; ENHANCED uses × 5.0)	x1 OR x5.0					
c Payroll factor (for column A, multiply line a by line b;						
for column B, enter amount from line a)						
A3 Sales Factor						
<ul> <li>a Sales delivered or shipped to Arizona purchasers</li> <li>b Sales of services for qualifying multistate service providers only (include Schedule MSP)</li> </ul>						
c Other gross receipts						
d Total sales and other gross receipts						
e Weight AZ sales: (STANDARD uses × 2; ENHANCED uses × 90.0)	×2 OR ×90.0					
f Sales factor (for column A, multiply line d by line e; for column B, enter the amount from line d)						
for column b, enter the amount normine a)						
A4 Total Ratio: Add lines A1e, A2c, and A3f, in column C						
A5 Average Apportionment Ratio: Divide line A4, column C, by the de						
ENHANCED divides by one hundred (100)). Enter the quotient in co						
SCHEDULE B Other Information						
B1 Date business began in Arizona or date income was first derived fror	m Arizona sources: IM.MI	D.D.Y.Y.Y.Y.				
B2 Address at which tax records are located for audit purposes:	Tranzona oddrodd.					
Number/Street: State: _						
${\bf B3}$ The taxpayer designates the individual listed below as the person to	contact to schedule an aud	it of this return and autho	orizes the disclosure of			
confidential information to this individual. (See instructions, page 12.)  Name: Phone Number: (Area Code)						
<b>B4</b> List prior taxable years for which a federal examination has been fina	alized:					
NOTE: A.R.S. § 43-327 requires the taxpayer, within ninety days after Arizona Department of Revenue or to file amended returns reporting	these changes. (See instru	ctions, page 1.)				
B5 Amount of net income subject to Arizona corporate income tax for pri			\$ 00			
B6 Indicate tax accounting method: ☐ Cash ☐ Accrual ☐ Other (S	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 include 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	PAID PREPARER'S SIGNATURE		DATE	PAID PREPARER'S PTIN					
Preparer'	FIRM'S NAME (OR PAID PREPARER'S NAME, IF	FIRM'S TEIN OR SSN							
Use									
Only	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