

For the calendar year 2015 or fiscal year beginning M, M, D, D | 2, 0, 1, 5 and ending M, M, D, D | 2, 0, Y, Y.

Business Telephone Number (with area code)	Name	CHECK ONE: <input type="checkbox"/> Original <input type="checkbox"/> Amended
	Address – number and street or PO Box	Employer Identification Number (EIN)
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 ARIZONA apportionment for multistate S corporations only (check one box):
 AIR Carrier STANDARD ENHANCED
- B Check if Multistate Provider Election and Computation (Arizona Schedule MSP) is included.
 Indicate the year of the election cycle..... Yr 1 Yr 2 Yr 3 Yr 4 Yr 5
- C Is this the S 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 If "Yes", check one: Dissolved Withdrawn Merged/Reorganized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
- D Does the S corporation conduct business within and without Arizona?..... Yes No
- E Will a composite return be filed on Form 140NR?..... Yes No
- F Total number of nonresident individual shareholders
- G Total number of resident and part-year resident individual shareholders
- H Total number of entity shareholders (See instructions, page 3).....
- Nonprofit Medical Marijuana Dispensary (NMMD) only** (see instructions, page 4):
- I NMMD Registry Identification Number (include 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: Include 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	00
8 Income apportioned to Arizona: Line 6 multiplied by line 7. MULTISTATE S CORPORATIONS ONLY	8	00
9 Other income allocated to Arizona: Include 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 2, line 31.....	13	00
14 Subtotal: Add lines 12 and 13	14	00
15 Nonrefundable tax credits from Arizona Form 300, Part 2, line 56.....	15	00
16 Credit type: Enter form number for each nonrefundable credit used: <input checked="" type="checkbox"/> 16 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	16	00
17 Tax liability: Subtract line 15 from line 14.....	17	00
18 Refundable tax credits: Check box(es) and enter amount. <input checked="" type="checkbox"/> 18 <input type="checkbox"/> 308 <input type="checkbox"/> 342 <input type="checkbox"/> 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. For 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 included, check box 25A <input type="checkbox"/>	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 2016 estimated tax.....	29	00
30 Amount to be refunded: Subtract line 29 from line 28	30	00

Name (as shown on page 1)	EIN
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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
Paid Preparer's Use Only	_____	_____	_____
	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
Paid Preparer's 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