Arizona S Corporation Income Tax Return

2016

	For the 🗌 calend	dar year 2016 or 🔲 fiscal year beginning <u>[M,MլD,Dլ2,0,1,6</u>] and ending	[M,M]E	D 2 , 0 , Y , Y].	
	ith area anda)			CHECK ONE:	
(with area code)		Original Amended			
		Address – number and street or PO Box	Employer lo	lentification Number (EIN)	
	ness Activity Code				
(11011	federal Form 1120-S)	City, Town or Post Office State	ZIP Code		
68	Check box if: □⊺	his is a first return IName change Address change	turn filed	under extension:	
		ment for multistate S corporations only (check one box):			
			NLY. DO N	OT MARK IN THIS AREA.	
в		te Service Provider Election and Computation (Arizona Schedule MSP) is			
		e the year of the election cycle . □Yr 1 □Yr 2 □Yr 3 □Yr 4 □Yr 5			
с		tion's final Arizona return under this EIN?			
	•	Dissolved Withdrawn Merged/Reorganized			
		essor cornoration if any			
D		tion conduct business within and without Arizona? [Yes No 81 PM		66 RCVD	
E		urn be filed on Form 140NR?			
F	•	resident individual shareholders			
G		dent and part-year resident individual shareholders			
Н		ty shareholders (See instructions, page 5)			
		ijuana Dispensary (NMMD) only (see instructions, page 5):			
1		Identification Number:			
	_				
1	TOTAL DISTRIBUT	IVE INCOME (LOSS) from federal Form 1120-S, Schedule K	1	00	
Сс	mplete lines 2-12	only if the S corporation has excess net passive income or capital gains/built-in ga	ains. An S	corporation that is	
no	t required to compl	ete lines 2-12 must complete lines 13-25 if the S corporation has a tax liability from	the reca	pture of tax credits.	
2	Excess net passive	income 2	00		
3	Capital gains/built-ir	n gains	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 o	r allocable income: Include schedule. MULTISTATE S CORPORATIONS ONLY	5	00	
6	Apportionable incon	ne: Subtract line 5 from line 4. MULTISTATE S CORPORATIONS ONLY	6	00	
7	Arizona apportionm	ent ratio from Schedule A or Schedule ACA 7			
8	Income apportioned	I to Arizona: Line 6 multiplied by line 7. MULTISTATE S CORPORATIONS ONLY		00	
9	Other income allocation	ted to Arizona: Include schedule. MULTISTATE S CORPORATIONS ONLY	9	00	
10	Total income attribut	table 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 CORPOR	ATIONS: ENTER THE AMOUNT FROM LINE 10	11	00	
12		uctions before completing this line		00	
13	Tax from recapture	of tax credits from Arizona Form 300, Part 2, line 31	13	00	
14		12 and 13		00	
15	Nonrefundable tax of	credits from Arizona Form 300, Part 2, line 56	15	00	
16	Credit type:				
		for each nonrefundable credit used: 16 13 1 3 1 3 1 3			
17		ct line 15 from line 14		00	
18		lits: Check box(es) and enter amount 18 308 342 349.	00		
19		made with Form 120EXT or online: See instructions 19	00		
20		ents: See instructions	00		
21		d lines 18 through 20. For amended returns, see instructions		00	
22		If line 17 is larger than line 21, enter balance of tax due. Skip line 23		00	
23		: If line 21 is larger than line 17, enter overpayment of tax		00	
24	,	t		00	
25		rpayment penalty. If Form 220 is included, check box 254		00	
26		enalty: See instructions		00	
27		nstructions Non-EFT payment must accompany re		00	
28		See instructions		00	
29		be applied to 2017 estimated tax	00		
30	Amount to be refund	ded: Subtract line 29 from line 28	30	00	

ADOR 10337 (16)

Name (as shown on page 1)	EIN	
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SCHEDULE A Apportionment Formula (Multistate S Corporations Only)

IMPORTANT: Qualifying air carriers must use Arizona Schedule ACA. Qualifying multistate service providers must include Arizona Schedule MSP. See instructions, pages 10 through 12.	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				
Depreciable assets: (do not include construction in progress)				
Land				
Other assets (describe):				
Less: Nonbusiness property (if included in above totals)	()	()		
Total of section a	,	· · ·		
b Rented property (capitalize at 8 times net rental paid)				
c Total owned and rented property (section a total plus section b).				
d Weight AZ property: (STANDARD uses × 1; ENHANCED uses × 2.5)	×1 OR ×2.5			
e Property factor (for column A, multiply line c by line d;				
for column B, enter amount from line c)				
A2 Payroll Factor				
a Total wages, salaries, commissions and other compensation				
paid to employees (per federal Form 1120-S or payroll reports).				
b Weight AZ payroll: (STANDARD uses × 1; ENHANCED uses × 2.5)	×1 OR ×2.5			
c Payroll factor (for column A, multiply line a by line b;				
for column B, enter amount from line a)				
A3 Sales Factor				
a Sales delivered or shipped to Arizona purchasers				
b Sales of services for qualifying multistate service providers				
only (include Schedule MSP)				
c Other gross receipts				
d Total sales and other gross receipts				
e Weight AZ sales: (STANDARD uses × 2; ENHANCED uses × 95.0)	×2 OR ×95.0			
f Sales factor (for column A, multiply line d by line e;				
for column B, enter the amount from line d)				
A4 Total Ratio: Add lines A1e, A2c, and A3f, in column C				
A5 Average Apportionment Ratio: Divide line A4, column C, by the de	nominator (STANDARD div	vides by four (4);		
ENHANCED divides by one hundred (100)). Enter the quotient in co	lumn C, and on page 1, line	e 7		
SCHEDULE B Other Information				
B1 Date business began in Arizona or date income was first derived from	n Arizona sources: M.M.	D, D Y, Y, Y, Y, Y		
B2 Address at which tax records are located for audit purposes:				
Number/Street:				
•	ZIP Code: L			
B3 The taxpayer designates the individual listed below as the person to		it of this return and author	prizes the disclosure of	
confidential information to this individual. (See instructions, page 12.)				
Name:		Phone Number:	a Code)	
B4 List prior taxable years for which a federal examination has been fina	lized:			
NOTE: A.R.S. § 43-327 requires the taxpayer, within ninety days after	separate cover to the			
Arizona Department of Revenue or to file amended returns reporting these changes. (See instructions, page 2.)				
B5 Amount of net income subject to Arizona corporate income tax for pri				
B6 Indicate tax accounting method: Cash Accrual Other (S	specity method.)			
PLEASE BE SURE TO	SIGN THE RETURN	ON PAGE 3.		
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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.

	The following declaration must be signed by one or more	of the following	officers: p	resident, trea	surer, or any other principal officer.
Declaration Under penalties of perjury, I(we), the undersigned officer(s) authorized to sign this return, declare that I(we) have exa including the accompanying schedules and statements, and to the best of my(our) knowledge and belief, it is a complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arize				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	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)				
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