Arizona Corporation Income Tax Return

2017

	For the 🔲 calendar year 2017 or 🔲 fiscal year beginning 🕅 M, M (D, D (2, 0, 1, 7) and ending 🛽	M, M E	D 2 0 Y Y .
Busi			lentification Number (EIN)
	Address – number and street or PO Box		
	ness Activity Code		
(trom	federal Form 1120) City, Town or Post Office State ZII	Code	
68			ler FEDERAL extension:
	Is FEDERAL return filed on a consolidated basis?		using Arizona Extension
	The second se	Y. DO N	OT MARK IN THIS AREA.
в	ARIZONA filing method: See instructions (check only one):		
	1 Separate company 2 Combined (unitary group) 3 Consolidated		
С	If ARIZONA filing method is consolidated, enter the last day of		
	the tax year Forms 122 were filed to make the election		
D	If ARIZONA filing method is combined or consolidated, see Form 51		
	instructions. Is Form 51 included?		66 RCVD
Е	ARIZONA apportionment for multistate corporations only (check one box):		
	AIR CARRIER STANDARD SALES FACTOR ONLY		
F	Check if Multistate Service 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		
G	Is this the corporation's final ARIZONA return under this EIN?		
	If "Yes", check one: Dissolved Withdrawn Merged/Reorganized		
	List EIN of the successor corporation, if any		
1	Taxable income per federal return	1	00
2	Additions to taxable income from page 2, Schedule A, line A8	2	00
3	Total taxable income: Add lines 1 and 2	3	00
4	Subtractions from taxable income from page 2, Schedule B, line B10	4	00
5	Adjusted income: Subtract line 4 from line 3. WHOLLY ARIZONA CORPORATIONS GO TO LINE 13	5	00
6	Arizona adjusted income from line 5. MULTISTATE CORPORATIONS ONLY.	7	00
7 8	Nonapportionable or allocable amounts from page 2, Schedule C, line C8. Multistate corporations only Adjusted business income: Subtract line 7 from line 6. Multistate corporations only	8	00
9	Arizona apportionment ratio from Schedule E or Schedule ACA	0	100
10	Adjusted business income apportioned to Arizona: Line 8 multiplied by line 9. Multistate corporations only	10	00
11	Other income allocated to Arizona from page 2, Schedule D, line D6. Multistate corporations only	11	00
12	Adjusted income attributable to Arizona: Add lines 10 and 11. Multistate corporations only	12	00
13	Arizona income before Net Operating Loss (NOL) from line 5 if wholly Arizona, or line 12 if multistate	13	00
	Arizona basis NOL carryover: Include computation schedule	14	00
15	Arizona taxable income: Subtract line 14 from line 13	15	00
16	Enter tax: Tax is 4.9 percent of line 15 or fifty dollars (\$50), whichever is greater	16	00
17	Tax from recapture of tax credits from Arizona Form 300, Part 2, line 31	17	00
18	Subtotal: Add lines 16 and 17	18	00
19	Nonrefundable tax credits from Arizona Form 300, Part 2, line 56	19	00
20	Credit type:		
	Enter form number for each nonrefundable credit used: 20 13 13 13 13		
21	Tax liability: Subtract line 19 from line 18	21	00
22	Refundable tax credits: Check box(es) and enter amount: 22 308 342 349	22	00
23	Extension payment made with Form 120EXT or online: See instructions	23	00
24	Estimated tax payments: 24a 00 Claim of Right: 24b 00 Add 24a and 24b		00
25	Total payments: Add lines 22, 23, and 24c. Enter the total.	25	00
26	Balance of tax due: If line 21 is larger than line 25, subtract line 25 from line 21. Enter the difference. Skip line 27.	26	00
27	Overpayment of tax: If line 25 is larger than line 21, subtract line 21 from line 25. Enter the difference	27	00
28	Penalty and interest	28	00
29	Estimated tax underpayment penalty. If Form 220 is included, check this box	29	00
30 21	TOTAL DUE: See instructions	30	00
31 32	OVERPAYMENT: See instructions Amount of line 31 to be applied to 2018 estimated tax 32	31	
32 33	Amount of line 31 to be applied to 2018 estimated tax	33	00

EIN

SCHEDULE A Additions to Taxable Income

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
A 4	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
A 7	Other additions to federal taxable income: Include detailed schedule	A7	00
A 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

calculated Anzona depreciation. See instructions	B1	00
sis adjustment for property sold or otherwise disposed of during the taxable year: See instructions	B2	00
vidends received from 50% or more controlled domestic corporations	B 3	00
reign dividend gross-up	B4	00
	B5	00
	B6	00
	B7	00
penses related to certain federal tax credits listed in the instructions: Include detailed schedule	B8	00
her subtractions from federal taxable income: Include detailed schedule	B9	00
tal: Add lines B1 through B9. Enter the total here and on page 1, line 4	B10	00
	ridends received from 50% or more controlled domestic corporations reign dividend gross-up ridends received from foreign corporation erest on U.S. obligations ricultural crops charitable contribution penses related to certain federal tax credits listed in the instructions: Include detailed schedule ner subtractions from federal taxable income: Include detailed schedule	sis adjustment for property sold or otherwise disposed of during the taxable year: See instructions B2 ridends received from 50% or more controlled domestic corporations B3 reign dividend gross-up B4 ridends received from foreign corporation B5 erest on U.S. obligations B6 penses related to certain federal tax credits listed in the instructions: Include detailed schedule B8

SCHEDULE C Nonapportionable Income and Expenses (Multistate Corporations Only)

C1	Nonbusiness dividends and interest income:				
	a Total nonbusiness dividends not deducted in Schedule B	C1a	00		
	b Interest from nonbusiness sources	C1b	00		
	c Total nonbusiness dividends and interest: Add lines C1a and C1b	·		C1c	00
C2	Net royalties: Include detailed schedule				
	a Net royalties from nonbusiness real and tangible personal property	C2a	00		
	b Net royalties from nonbusiness patents and copyrights	C2b	00		
	c Total net royalties from nonbusiness assets: Add lines C2a and C2b			C2c	00
C3	Net income or (loss) from rental of nonbusiness assets: Include detailed schedule			C3	00
C4	Net capital gain or (loss) from sale or exchange of nonbusiness assets utilized for pro	duction of nonb	usiness		
	income: Include detailed schedule			C4	00
C5	Other income or (loss): Include detailed schedule			C5	00
C6	Subtotal: Add lines C1c, C2c, C3 through C5			C6	00
C7					
	income tax: Include detailed schedule			C7	00
C8	Total: Subtract line C7 from line C6. Enter the total here and on page 1, line 7			C8	00

SCHEDULE D Other Income Allocated to Arizona (Multistate Corporations Only)

D1	Nonbusiness dividends and interest income:					
	a Total nonbusiness dividends	D1a	0	0		
	b Interest from nonbusiness sources	D1b	0	0		
	c Total nonbusiness dividends and interest: Add lines D1a and D1b			D1c	:	00
D2	Net royalties from nonbusiness assets: Include detailed schedule					
	a Net royalties from nonbusiness real and tangible personal property	D2a	0	0		
	b Net royalties from nonbusiness patents and copyrights	D2b	0	0		
	c Total net royalties from nonbusiness assets: Add lines D2a and D2b			D2c	:	00
D3	Net income or (loss) from rental of nonbusiness assets: Include detailed schedule			D3		00
D4	Net capital gain or (loss) from sale or exchange of nonbusiness assets utilized for pro-	ductio	n of			
	nonbusiness income: Include detailed schedule			D4		00
D5	Other income or (loss) directly allocable to Arizona: Include detailed schedule			D5		00
D6	Total: Add lines D1c, D2c, D3 through D5. Enter the total here and on page 1, line 11			D6		00

Name (as shown on page 1)	EIN

SCHEDULE E Apportionment Formula (Multistate Organizations Only)

Qua If th	CORTANT: Qualifying air carriers must use Arizona Schedule ACA. alifying multistate service providers must include Arizona Schedule MSP. e "SALES FACTOR ONLY" box on page 1, line E, is checked, <i>complete</i> of Section E3, Sales Factor, lines a through f. See instructions.		COLUMN B Total Everywhere Round to nearest dollar.	Ra			Ariz	ona	
E1	Property Factor - STANDARD APPORTIONMENT ONLY								
	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):								
	1 Inventories								
	2 Depreciable assets (do not include construction in progress):								
	3 Land								
	4 Other assets (describe):								
	5 Less: Nonbusiness property (if included in above totals)								
	6 Total of section a (the sum of lines 1 through 4 less line 5):								
	b Rented property (capitalize at 8 times net rent paid)								
	c Total owned and rented property (Total of section a plus section b)								
E2	Payroll Factor - STANDARD APPORTIONMENT ONLY								
	Total wages, salaries, commissions and other compensation to								
	employees (per federal Form 1120, or payroll reports).					1			
E3	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 x 2; SALES FACTOR ONLY x 1)	×2 OR ×1			 				
	f Sales Factor (for Column A, multiply line d by line e; for								
	Column B,enter the amount from line d; for Column C, divide								
	Column A by Column B.)								
	STANDARD Apportionment, continue to E4.								
	SALES FACTOR ONLY Apportionment, enter the amount from								
	Column C on page 1, line 9								
E4	STANDARD Apportionment Total Ratio: Add Column C of lines E1c,	, E2, and E3f. Enter the t	total						
E5	Average Apportionment Ratio for STANDARD Apportionment: Div								
	on page 1, line 9. (If one of the factors is "0" in both Column A and Col	umn B, see instructions.)							

SCHEDULE F Schedule of Tax Payments (Include additional sheets if more space is needed.)

	Name of Corporation	EIN	Payment Date	Estimated Payment	Extension Payment
F1				00	00
F2			MM DD YY	00	00
F3			MM DD YY	00	00
F4			MM DD YY	00	00
F5	Total Tax Payments			00	00
F6	Subtotal(s) from included schedule(s)			00	00
F7	TOTALS Add lines F5 and F6. Enter the total.			00	00

Name	e (as shown or	n page 1)		EIN	
SCI	IEDULE	G Other Information			
G1	Date busin	ess began in Arizona or date income was first derive	ed from Arizona sources: L	M,MID,DIY,Y,	Υ.Υ.
G2	Address at	which tax records are located for audit purposes:			
	Number ar	d Street:			
	City:	S	tate: ZIP C	ode:	
G3		rer designates the individual listed below as the pers	son to contact to schedule	an audit of this retur	n and authorizes the disclosure of
		I information to this individual. (See instructions.)		Dhone Numb	0.F
	Title:				er: (Area Code)
G4	List prior ta	xable years for which a federal examination has be	en finalized:		
		R.S. § 43-327 requires the taxpayer, within ninety da partment of Revenue or to file amended returns rep			anges under separate cover to the
G5	List the tax	able years for which federal examinations are now i	n progress and final deterr	nination of past exa	minations is still pending:
G6	List the tax	able years for which federal waivers of the statute o	f limitations are in effect ar	d dates on which w	aivers expire:
G7	Indicate tax	c accounting method: 🗌 Cash 🔲 Accrual 🔲 O	ther (Specify method.)		
		• <u> </u>			
G9	Has the tax	taxpayer must disclose the nature and extent of the payer changed the way income is apportioned or al			ms?
		The following declaration must be signed by one of	r more of the following offi	cers: president. trea	asurer, or any other principal officer.
De	eclaration	Under penalties of perjury, I(we), the undersigned of including the accompanying schedules and state complete return, made in good faith, for the taxable	officer(s) authorized to sign ments, and to the best of	this return, declare my(our) knowledge	that I(we) have examined this return, and belief, it is a true, correct and
PI	ease				
Si	gn	OFFICER'S SIGNATURE	DATE	TITLE	
Н	ere				
		OFFICER'S SIGNATURE	DATE	TITLE	
D,	aid	PAID PREPARER'S SIGNATURE		DATE	PAID PREPARER'S PTIN
	reparer's				
	se	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF	-EMPLOYED)		
0	nly	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