| | For the ☐ calendar year 2022 or ☐ fiscal year beginning [M,M,D,D,2,0,2,2] and ending | $M_1M_1D_1D$ | 12,0,Y,Y). | |
|----------|---|---------------------|--------------------------------------|--|
| Busir | | | Employer Identification Number (EIN) | |
| (****** | Address – number and street or PO Box | | | |
| Rueir | ness Activity Code | | | |
| | foderal Form 4420) | IP Code | | |
| | only, form or root office | 0000 | | |
| 68 | Check box if: A ☐ This is a first return B ☐ Name change C ☐ Address change | urn filed unde | r extension: | |
| A | R2 82 82 82 82 82 82 82 82 82 82 82 82 82 | | | |
| A | is i EDETAL returnilled on a consolidated basis: | LY. DO NOT I | 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? | 60 | 6 RCVD | |
| Ε | ARIZONA apportionment for Multistate corporations only (check one box): | | | |
| | 1 ☐ AIR CARRIER 2 ☐ STANDARD 3 ☐ SALES FACTOR ONLY | | | |
| F | Check if Multistate Service Provider Election and Computation (Arizona Schedule MSP) is included. Indicate the | e year of the | election cycle: | |
| | □Yr 1 □Yr 2 □Yr 3 □Yr 4 □Yr 5 | | _ | |
| G | | □ D issolved | 2 W ithdrawn | |
| | 3 Merged/Reorganized List EIN of the successor corporation, if any | . f | | |
| Н | | 1 1 | 00 | |
| 1 | Taxable income per included federal return | | 00 | |
| 2 | Additions to taxable income from page 2, Schedule A, line A9 | | 00 | |
| 3 | Total taxable income: Add lines 1 and 2. Enter the total | | 00 | |
| 4 5 | Adjusted income: Subtract Line 4 from line 3. Enter the difference | | 00 | |
| J | Multistate corporations, go to line 6. 100% Arizona corporations, check box 5a Go to line 13 | | 100 | |
| 6 | Arizona adjusted income from line 5. Multistate corporations only | | 00 | |
| 7 | Nonapportionable or allocable amounts from page 2, Schedule C, line C8. Multistate corporations only | | 00 | |
| 8 | Adjusted business income: Subtract line 7 from line 6. Enter the difference. Multistate corporations only | 8 | 00 | |
| 9 | Arizona apportionment ratio from Schedule E or Schedule ACA | | | |
| 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 <i>line 5 if 100% Arizona</i> , or line 12 if Multistate corporation | 13 | 00 | |
| 14 | Arizona basis NOL carryover: Include computation schedule. | . 14 | 00 | |
| 15 | Arizona taxable income: Subtract line 14 from line 13 | | 00 | |
| 16 | Enter tax: Tax is 4.9 percent of line 15 or fifty dollars (\$50), whichever is greater | | 00 | |
| 17 | Tax from recapture of tax credits from Arizona Form 300, Part 2, line 24 | | 00 | |
| 18 | Subtotal: Add lines 16 and 17. Enter the total | | 00 | |
| 19 20 | Enter form number for each nonrefundable credit used: 20113 20213 20313 20413 20413 20513 20513 20513 20513 20513 20513 20513 20513 20513 20513 | | 100 | |
| 21 | Tax liability: Subtract line 19 from line 18. Enter the difference | | 00 | |
| 22 | Refundable tax credits: Check box(es) and enter amount: 221 308 222 349 | | 00 | |
| 23 | Extension payment made with Form 120/165EXT or online: See instructions | | 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 | | 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 | | 00 | |
| 28 | Penalty and interest | | 00 | |
| 29 | Estimated tax underpayment penalty. If Form 220/PTE is included, check this box | | 00 | |
| 30 | TOTAL DUE: See instructions | | 00 | |
| 31 | OVERPAYMENT: See instructions | 00 | 00 | |
| 32 | Amount to be refunded: Subtract line 32 from line 31 | 33 | 00 | |

| Nam | e (as snown on page 1) | iiN | | |
|------------|--|-------------|-----------|---------|
| sc | HEDULE 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 g | governments | A2 | 00 |
| А3 | Interest on obligations of other states, foreign countries, or political subdivisions | | А3 | 00 |
| A4 | Special deductions claimed on federal return | | A4 | 00 |
| Α5 | Federal net operating loss deduction claimed on federal return | | A5 | 00 |
| Α6 | Additions related to Arizona tax credits: See instructions | | A6 | 00 |
| Α7 | Capital loss from exchange of legal tender | | A7 | 00 |
| Α8 | Other additions to federal taxable income: See instructions | | A8 | 00 |
| A9 | Total: Add lines A1 through A8. Enter the total here and on page 1, line 2 | | A9 | 00 |
| SC | HEDULE B Subtractions from Taxable Income | | T 1 | |
| В1 | Recalculated Arizona depreciation: See instructions | | B1 | 00 |
| B2 | Basis adjustment for property sold or otherwise disposed of during the taxable year: See instruction | าร | B2 | 00 |
| В3 | Dividends received from 50% or more controlled domestic corporations | | B3 | 00 |
| B 4 | Foreign dividend gross-up | | B4 | 00 |
| В5 | Dividends received from foreign corporations | | B5 | 00 |
| В6 | Interest on U.S. obligations | | B6 | 00 |
| В7 | Agricultural crops charitable contribution | | B7 | 00 |
| B8 | Expenses related to certain federal tax credits: See instructions | | B8 | 00 |
| B9 | Capital gain from exchange of legal tender | | B9 | 00 |
| B10 | Other subtractions from federal taxable income: See instructions | | B10 | 00 |
| B11 | | | B11 | 00 |
| | HEDULE C Nonapportionable Income and Expenses (Multistate Corpora | tions Only) | | |
| C1 | Nonbusiness dividends and interest income: | | | |
| | a Total nonbusiness dividends not deducted in Schedule B | 00 | | |
| | b Interest from nonbusiness sources | 00 | | |
| | c Total nonbusiness dividends and interest: Add lines C1a and C1b | | C1c | 00 |
| C2 | Net royalties from nonbusiness assets: Include schedule. | 00 | | |
| | a Net royalties from nonbusiness real and tangible personal property C2a b Net royalties from nonbusiness patents and copyrights | 00 | | |
| | , | 1 | | 00 |
| Ca | 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 schedule. | | C3 | |
| C4 | Net capital gain or (loss) from sale or exchange of nonbusiness assets utilized for production of no | | C4 | 00 |
| C5 | Income: Include schedule Other income or (loss): Include schedule | | C4 C5 | 00 |
| C6 | Subtotal: Add lines C1c, C2c, and C3 through C5 | | C6 | 00 |
| | Expenses attributable to income derived from a foreign corporation which is not itself subject to Ar | | | " |
| | income tax: Include schedule. | | C7 | 00 |
| C8 | Total: Subtract line C7 from line C6. Enter the total here and on page 1, line 7 | | C8 | 00 |
| SC | HEDULE D Other Income Allocated to Arizona (Multistate Corporations 0 | Only) | | |
| | Nonbusiness dividends and interest income: | | | |
| | a Total nonbusiness dividends | 00 | | |
| | b Interest from nonbusiness sources | 00 | | |
| | c Total nonbusiness dividends and interest: Add lines D1a and D1b | | D1c | 00 |
| D2 | Net royalties from nonbusiness assets: Include schedule. | | | |
| | a Net royalties from nonbusiness real and tangible personal property D2a | 00 | | |
| | b Net royalties from nonbusiness patents and copyrights | 00 | | |
| | 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 schedule. | | D3 | 00 |
| D4 | Net capital gain or (loss) from sale or exchange of nonbusiness assets utilized for production of | | _ | |
| | nonbusiness income: Include schedule | | D4 | 00 |
| D5 | Other income or (loss) directly allocable to Arizona: Include schedule | | D5 | 00 |
| 1110 | TOTAL BOOLINES LUC LUC BOOLLS INFOLION US. ENTER THE TOTAL NETE AND ON NOME I TIME 11 | | I I I I I | 11.11.1 |

| SCHEDULE E Apportionment Formula (Multistat | te Corporation | s Only) | | | | |
|--|--------------------|--|--|---|--|--|
| IMPORTANT: Qualifying air carriers must use Arizona Schedul Qualifying multistate service providers must include Arizona Schedul If the "SALES FACTOR ONLY" box on page 1, line E, is checked, conly Section E3, Sales Factor, lines a through f. See instructions. | le MSP. | JMN A nin Arizona earest dollar. | COLUMN B Total Everywhere Round to nearest dollar. | COLUMN C Ratio Within Arizona A ÷ B | | |
| E1 Property Factor - STANDARD APPORTIONMENT ONLY | | | | | | |
| Value of real and tangible personal property (by averaging the v | alue | | | | | |
| of owned property at the beginning and end of the tax period; re | | | | | | |
| 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) | | | | | | |
| E3 Sales Factor | | | | | | |
| a Sales delivered or shipped to Arizona purchasers | | | | | | |
| b Sales from services or from designated intangibles for qualify | ying | | | | | |
| multistate service providers only (see instructions; include | | | | | | |
| Schedule MSP) | | | | | | |
| c Other gross receipts | | | | | | |
| d Total sales and other gross receipts. (The sum of lines a through | ´ _ | / | | - | | |
| e Weight AZ sales: (STANDARD x 2; SALES FACTOR ONLYf Sales Factor Only (for Column A, multiply line d by line e; for | x 1) ×2 | OR ×1 | | | | |
| Column B, enter the amount from line d; for Column C, divide | | | | | | |
| Column A by Column B.) Skip line E4 and line E5 | | | | | | |
| 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 line | es E1c, E2, and E3 | f. Enter the to | otal | | | |
| E5 Average Apportionment Ratio for STANDARD Apportionment on page 1, line 9. (If one of the factors is "0" in both Column A a | | | | | | |
| SCHEDULE F Schedule of Tax Payments (Include additional sheets if more space is needed.) | | | | | | |
| (a) | (b) | (c) | (d) | (e) | | |
| Name of Corporation | EIN | Payment Date | Estimated Payment | Extension Payment | | |
| | | | | | | |
| F1 | | MM DD Y | (Y (| 00 | | |
| | | | 0.4 | | | |
| F2 | | MM DD Y | (Y | 00 | | |
| F3 | | MM DD Y | Y (| 00 00 | | |

EIN

Name (as shown on page 1)

F4

F5

F6

F7 Total Tax Payments

00

00

00

00

00

00

00

00

| Nam | e (as shown o | n page 1) | | | EIN | |
|------|---|--|-------------------------------------|---------------------------|----------------------|---|
| SC | HEDULE | G Other Information | | | | |
| G1 | Date busin | ess began in Arizona or date i | ncome was first derived from A | Arizona sources: M. | Mid.diy.y.` | Y, Y1 |
| G2 | | t which tax records are located | | | | |
| | | nd Street: | | ZIP Code | <u>.</u> | |
| C2 | • | | | | | and authorizes the disclosure of |
| GS | | l information to this individual. | · | illact to scriedule all a | audit of this return | and authorizes the disclosure of |
| | | | | | ☐ Office Phone: | (Area Code) |
| | Title: _ Email: _ | | | | _ 」 Cell Phone: | . , |
| G4 | List prior ta | axable years ending in MM/DD | YYYY format for which a fede | eral examination has b | een finalized: | (Area Code) |
| | | R.S. § 43-327 requires the taxpepartment of Revenue or to file | | | | nges under separate cover to the |
| G5 | | ist the taxable years ending in MM/DD/YYYY format for which federal examinations are now in progress and final determination of past xaminations is still pending: | | | | final determination of past |
| G6 | List the taxable years ending in MM/DD/YYYY format for which federal waivers of the statute of limitations are in effect and dates on which waive expire: | | | | | |
| | Taxable Year I | Ending: | | Waiver Expiration D | rate: | |
| G7 | Indicate ta | x accounting method: Cas | h 🔲 Accrual 🔲 Other (Sp | ecify method.) | | |
| Mult | istate taxpa | ayers: | | | | |
| G8 | Column B | nbusiness items reported on S treated consistently on all state No If "No", the taxpayer mu | e tax returns filed under the Ur | niform Division of Inco | me for Tax Purpo | |
| G9 | ☐ Yes ☐ | | ne is apportioned or allocated | to Arizona from prior t | axable year returr | is? |
| _ | If "Yes", ind | clude explanation. | -4 b | | | Alexander de la Mina |
| | | - | st be signed by one of the follows: | | | |
| D | eclaration | the accompanying schedules | | pest of my knowledge | and belief, it is a | ave examined this return, including true, correct and complete return, ona. |
| Р | lease | OFFICER'S SIGNATURE | | DATE | TITLE | |
| s | ign | | | | | |
| Н | lere | OFFICER'S PRINTED NAME | | | | |
| | | | | | | |
| | | PAID PREPARER'S SIGNATU | RE | | ATE | PAID PREPARER'S TIN |
| | aid | | | | | |
| | reparer's Ise | PAID PREPARER'S PRINTED | NAME | | | |
| | only | FIRM'S NAME (OR PAID PREI | PARER'S NAME, IF SELF-EMPL | OYED) | | FIRM'S EIN |
| | | FIRM'S STREET ADDRESS | | | | FIRM'S TELEPHONE NUMBER |
| | | CITY | | ST | ATE | ZIP CODE |
| | | | | | | |

This form must be e-filed unless the corporation has a waiver or is exempt from e-filing. See instructions for details.

| Name (as shown on page 1) | EIN |
|---------------------------|-----|

SCHEDULE A Additions to Taxable Income Continued

| Α6 | Additions related to Arizona tax credits: | | |
|----|--|----|----|
| | A Pollution Control Credit: | | |
| | 1 Excess Federal Depreciation or Amortization | A1 | 00 |
| | 2 Excess in Federal Adjusted Basis | A2 | 00 |
| | B Credit for Taxes Paid for Coal Consumed in Generating Electrical Power | | 00 |
| | C Credit for Employment of TANF Recipients | С | 00 |
| | D Credit for Donation of School Site | D | 00 |
| | E Credit for Corporate Contributions to School Tuition Organizations | | 00 |
| | F Credit for Corporate Contributions to School Tuition Organizations for Displaced | | |
| | Students or Students with Disabilities | F | 00 |
| | G Total Additions Related to Arizona Tax Credits. | | |
| | Enter this amount on page 2, Schedule A, line A6 | G | 00 |
| Α8 | Other additions to federal taxable income: | | |
| | A Positive Partnership Income Adjustment | A | 00 |
| | B Federal Exploration Expenses | _ | 00 |
| | C Federal Amortization or Depreciation for Facilities and Equipment Amortized | | |
| | Under Arizona Law: | | |
| | 1 Pollution Control Devices | C1 | 00 |
| | 2 Child Care Facilities | C2 | 00 |
| | D Expenses and Interest Relating to Income Not Taxed by Arizona | D | 00 |
| | E Tax-Exempt Insurance Company Loss | | 00 |
| | F Amounts Repaid in Current Taxable Year | | 00 |
| | G Excess Federal Capital Loss Carryover Under a Claim of Right Restoration | | 00 |
| | H Domestic International Sales Corporations | | 00 |
| | I Expenditures for the Americans With Disabilities Act | | 00 |
| | J Treatment of Installment Obligations When Corporate Activities Cease in Arizona | J | 00 |
| | K Total Other Additions to Federal Taxable Income. | | |
| | Enter this amount on page 2, Schedule A, line A8 | K | 00 |

SCHEDULE B Subtractions from Taxable Income Continued

| B8 Expenses related to certain federal tax credits: | | |
|---|-------|----|
| A Work Opportunity Credit | Α | 00 |
| B Empowerment Zone Employment Credit | | 00 |
| C Credit for Employer-Paid Social Security Taxes on Employee Cash Tips | | 00 |
| D Indian Employment Credit | l _ l | 00 |
| E Total Expenses Related to Certain Federal Tax Credits. | | |
| Enter this amount on page 2, Schedule B, line B8 | E | 00 |
| B10 Other subtractions from federal taxable income: | | |
| A Refunds of Taxes Based on Income | A | 00 |
| B Negative Partnership Income Adjustment | В В | 00 |
| C Expense Recapture, Mine Explorations | С | 00 |
| D Deferred Exploration Expenses | D | 00 |
| E Exploration Expenses: Oil, Gas or Geothermal Resources | E | 00 |
| F Arizona Amortization of Facilities and Equipment: | | |
| 1 Pollution Control Devices | F1 | 00 |
| 2 Cost of Child Care Facilities | F2 | 00 |
| G Interest on Federal Taxable Arizona Obligations Evidenced by Bonds | G | 00 |
| H Expenses and Interest Relating to Tax-Exempt Income | Н | 00 |
| I Tax-Exempt Insurance Company Income | 1 | 00 |
| J Claim of Right Adjustment | _ | 00 |
| K Dividends from Domestic International Sales Corporation (DISC) | K | 00 |
| L Income from Disaster Relief Efforts | L | 00 |
| M Expenditures for the Americans with Disabilities Act | M | 00 |
| N Contributions in Aid of Construction (see instructions) | N | 00 |
| O Marijuana Establishments <i>only</i> (see instructions) | | |
| 1 Federal Disallowed Expenses, or | 01 | 00 |
| 2 Federal Taxable Income Attributable to NMMD Operations | | 00 |
| P Total Other Subtractions from Federal Taxable Income. | | |
| Enter this amount on page 2. Schedule B. line B10 | P | 00 |