Ś			140NR-SBI	for A	<u>rizo</u> r	na Nonre	sidents			2022
Ę.	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEGINNIN	IG IM	1.MiD.D	12,0,2,2	I AND FNDING	G IM.MID.	
<u>.</u>			First Name and Middle Initial	555.12.11.0EO.1411		Name	, - , - , - ,			Social Security Number
Ξ	1							Ente		,
2	_	Spou	se's First Name and Middle Initi	al (if box 95a or 95b checked)	Last	Name		you	Spous	se's Social Security No.
2	1			,,				SSN	l(s).	,
F	_	Current Home Address - number and street, rural route Apt. No.							ytime Phone	(with area code)
	2						-	94		•
ANA	<u> </u>	City,	Town or Post Office	State ZIP Code	If you a	are claiming In	jured Spouse			as Form 140, 140NR or 140PY 95c Head of Household
	3				Protect	tion (Form 203	i) check 3a	95a Married filing		
DO NOI SIAPLE		4	Federal Schedule B (from Arizo	na sources only)	4		00	REVENUE USE	ONLY. DO NO	OT MARK IN THIS AREA.
	o.		Federal Schedule C (from Arizo				00	88		
	Ĕ	5b	5b Enter your NAICS code shown on Schedule C:							
	n n	6	6 Portion of Federal Schedule D. See instructions for amount							
	ess	7a	7a Federal Schedule E. Enter the Arizona source amount from each part							
	usir		7b Rental, Real Estate, Royalties	00 7e REMICS	00					
	≣ B		7c Partnerships/S Corporations	00 7f Farm Rental	00					
	Small Business Income		7d Estates/Trusts00				T	81 PM		80 RCVD
			Federal Schedule F (from Arizo				00			
		9	Federal Form 4797. Amounts from	AZ sources not included on line 6	9		00	_[
		10	Total Small Business income						Г	00
		11	, , , ,,							00
	me		Partnership Income Adjustmer							00
	luc		Total federal depreciation inclu	_						00
	ess		Net capital loss from the excha	-			-			00
2	Business Income	15 Claim of Right adjustment for amounts repaid in 2022.							00	
2	Ē	16 Claim of Right adjustment for amounts repaid in prior taxable years						00		
₹	Small							00		
₹ 2	to (5		Addition to S Corporation income for expenses due to claiming pass-through credit on Arizona Form 312						00	
Ξ.	Related to		20 Basis adjustment for property claimed as a credit on AZ Forms 315 and 325 that was sold or disposed of during the tax year						00	
ments after Form 140NK-5BI	Reli	21						r 21	00	
	Suc	22	22 Adjustment for Net Operating Loss due to Claim of Right						00	
Ĕ	Additions			Americans with Disabilities Act - Access Expenditures						00
S	Ad	24 Entity-Level Income Tax payment. See instructions					24	00		
e e		25	25 Sole Proprietorship loss of an AZ Nonprofit Medical Marijuana Dispensary included in Schedule C. See instructions					25	00	
		26	Subtotal: Add lines 10 throug	h 25. Enter the total					26	00
docr		27	Total net capital gain or (loss).	See instructions				27	00	
or otner d	2	28	Total net short-term capital gai	n or (loss). See instructions				28	00	
	on page	29	0 , 0						00	
	on	30	Net long-term capital gain fron						00	
S	cont.	31	, , ,							00
red tederal and Az scnedu			Fiduciary Adjustment (negative							00
	ome	33 Net capital gain derived from investment in qualified small business34 Net capital gain from the exchange of one kind of legal tender for another kind of legal tender						00		
	luc									00
	ess	35 Recalculated Arizona depreciation							00	
	usin	37 Interest on U.S. obligations such as U.S. savings bonds and								00
	= B		38 Net operating loss adjustment from tax years 2008 and 2009. See instructions						00	
	Small	39 Agricultural Crops given to Arizona Charitable Organizations						00		
	to	40						40	00	
	Related to	41	Claim of Right Adjustment for	Adjustment for amounts repaid in prior years				41	00	
		42	Sole Proprietorship income of an AZ Nonprofit Medical Marijuana Dispensary included in Schedule C					42	00	
		43	Sole Proprietorship - AZ Mariju							
	acti			ess expenses related to the sal						
	Subtractions	11	See instructionsS Corporation shareholders of	an Δ7 Marijuana Establishmer						00
	Ś			ata share of expenses related t		-				
ace			· · · · · · · · · · · · · · · · · · ·				•			00

Small Business Income Tax Return

Arizona Form

FOR CALENDAR YEAR

	Your I	Name (as shown on page 1) Your Soc	cial Security Num	ber	
Subtractions	45	Amount of wages or salaries paid or incurred during the tax year and used to claim certain federal tax or	redits	45	00
	46	Exploration expenses deferred before January 1, 1990		46	00
gng	47	Americans with Disabilities Act - Expenditure expenses		47	00
	48	Arizona Small Business Taxable Income: Subtract lines 31 through 47 from line 26. If less than zero, e	nter "0"	48	00
ce of Tax	49	Small Business Income Tax: Multiply line 48 by 3.0% (.030) and enter the result		49	00
	50	Tax from recapture of credits from Arizona Form 301-SBI, Part 2, line 25		50	00
	51	Subtotal of tax: Add lines 49 and 50 and enter the total		51	00
Balance	52	Nonrefundable Credits from Form 301-SBI, Part 2, line 46		52	00
ш	53	Balance of Tax: Subtract line 52 from line 51. If line 52 is greater than line 51, enter zero "0"		53	00
dits			Add 54a and 54b 5		00
Payments and Refundable Credits	55	2022 AZ extension payment (Form 204-SBI)		55	00
	56	Refundable credits: Check the box(es) and enter the total amount		56	00
	57	Total payments and refundable credits: Add lines 54c, 55 and 56. Enter the total		57	00
Tax Due or Overpayment	58	TAX DUE: If line 53 is larger than line 57, subtract line 57 from line 53. Enter amount of tax due. Skip lines 59, 60 a	nd 61	58	00
	59	OVERPAYMENT: If line 57 is larger than line 53, subtract line 53 from line 57. Enter amount of overpayment		59	00
	60	Amount of line 59 to be applied to 2023 estimated tax		60	00
řð	61	Balance of overpayment: Subtract line 60 from line 59. Enter the difference		61	00
Penalty	62	Estimated payment penalty from Form 221-SBI. See instructions		62	00
	63	631 Annualized/Other 632 Farmer or Fisherman 633 Form 221-SBI included			
Refund or Amount Owed	64	REFUND: Subtract line 62 from line 61. If less than zero, enter amount owed on line 65		64	00
		P8 S Savings Savings Savings Savings Savings Savings Savings Savings ACCOUNT NUMBER ACCOUNT NUMBER Savings			
	65			65	00

			•	th it, and to the best of my knowledge and belief, they are information of which preparer has any knowledge.
HERE.	YOUR SIGNATURE		DATE	OCCUPATION
SIGN	SPOUSE'S SIGNATURE		DATE	SPOUSE'S OCCUPATION
EASE	PAID PREPARER'S SIGNATURE DATE		FIRM'S NAME (PRE	EPARER'S IF SELF-EMPLOYED)
П	PAID PREPARER'S STREET ADDRESS			PAID PREPARER'S TIN
	PAID PREPARER'S CITY	STATE	ZIP CODE	PAID PREPARÉR'S PHONE NUMBER

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140NR-SBI. If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.