

For the ☐ calendar year 2025 or ☐ fiscal year beginning MM/DD/2025 and ending MM/DD/20YY.☐ Check this box if this fiscal year return is based on a 52/53 week taxable year.

| | | |
|--|---------------------------|--------------------------------------|
| Business Telephone Number (with area code) | Name | Employer Identification Number (EIN) |
| Address – number and street or PO Box | | |
| Business Activity Code (from federal Form 1120) | City, Town or Post Office | State ZIP Code |

68 Check box if: **A** ☐ This is a first return **B** ☐ Name change **C** ☐ Address change**A** Is FEDERAL return filed on a consolidated basis? ☐ Yes ☐ No
If "Yes", list EIN of common parent from consolidated return**B ARIZONA filing method:** See instructions (check only one):**1** ☐ Separate company **2** ☐ Combined (unitary group) **3** ☐ Consolidated**C** If ARIZONA filing method is consolidated, enter the last day of
the tax year Forms 122 were filed to make the election MM/DD/YYYY**D** If ARIZONA filing method is combined or consolidated, see Form 51 instructions.
Is Form 51 included? ☐ Yes ☐ No**E** 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 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? ☐ Yes ☐ No If "Yes", check one: **1** ☐ Dissolved **2** ☐ Withdrawn
3 ☐ Merged/Reorganized List EIN of the successor corporation, if any**H Marijuana Establishments only:** **1** ☐ Adult Use only **2** ☐ Dual Lic. elected for-profit **3** ☐ Dual Lic. did not elect for-profit.

| | | | | |
|---|--|-----|--|----|
| 1 | Taxable income per included federal return..... | 1 | | 00 |
| 2 | Additions to taxable income from page 2, Schedule A, line A9..... | 2 | | 00 |
| 3 | Total taxable income: Add lines 1 and 2. Enter the total..... | 3 | | 00 |
| 4 | Subtractions from taxable income from page 2, Schedule B, line B11..... | 4 | | 00 |
| 5 | Adjusted income: Subtract Line 4 from line 3. Enter the difference | 5 | | 00 |
| Multistate corporations, go to line 6. 100% Arizona corporations, check box 5a <input type="checkbox"/> Go to line 13..... | | | | |
| 6 | Arizona adjusted income from line 5. Multistate corporations only | 6 | | 00 |
| 7 | Nonapportionable or allocable amounts from page 2, Schedule C, line C8. Multistate corporations only | 7 | | 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..... | 9 | | |
| 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 100% Arizona, 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..... | 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 22..... | 17 | | 00 |
| 18 | Subtotal: Add lines 16 and 17. Enter the total..... | 18 | | 00 |
| 19 | Nonrefundable tax credits claimed on line 20 from Arizona Form 300, Part 2, line 40..... | 19 | | 00 |
| 20 | Enter form number for each nonrefundable credit used: 201 <u>13</u> 202 <u>13</u> 203 <u>13</u> 204 <u>13</u> | | | |
| 21 | Tax liability: Subtract line 19 from line 18. Enter the difference | 21 | | 00 |
| 22 | Refundable tax credits: Check box(es) and enter amount: 221 <input type="checkbox"/> 308 222 <input type="checkbox"/> 334 223 <input type="checkbox"/> 349 | 22 | | 00 |
| 23 | Extension payment made with Form 120/165EXT or online: See instructions | 23 | | 00 |
| 24 | Estimated tax payments: <u>24a</u> <u>00</u> Claim of Right: <u>24b</u> <u>00</u> Add 24a and 24b ... | 24c | | 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/PTE is included, check this box 29A <input type="checkbox"/> | 29 | | 00 |
| 30 | TOTAL DUE: See instructions | 30 | | 00 |
| 31 | OVERPAYMENT: See instructions..... | 31 | | 00 |
| 32 | Amount of line 31 to be applied to 2026 estimated tax..... | 32 | | 00 |
| 33 | Amount to be refunded: Subtract line 32 from line 31 | 33 | | 00 |

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

SCHEDULE A Additions to Taxable Income If entering amounts on Line A6 or A8, complete the Worksheet for Schedule A on page 5 of this return. For additional information, see the instructions

| | | | | |
|-----------|---|-----------|--|----|
| 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 |
| A4 | 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: See instructions | A6 | | 00 |
| A7 | Capital loss from exchange of legal tender..... | A7 | | 00 |
| A8 | 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 |

SCHEDULE B Subtractions from Taxable Income If entering amounts on Line B8 or B10, complete the Worksheet for Schedule B on page 5 of this return. For additional information, see the instructions

| | | | | |
|------------|---|------------|--|----|
| B1 | Recalculated Arizona depreciation: See instructions | B1 | | 00 |
| B2 | Basis adjustment for property sold or otherwise disposed of during the taxable year: See instructions | B2 | | 00 |
| B3 | Dividends received from 50% or more controlled domestic corporations..... | B3 | | 00 |
| B4 | Foreign dividend gross-up | B4 | | 00 |
| B5 | Dividends received from foreign corporations | B5 | | 00 |
| B6 | Interest on U.S. obligations..... | B6 | | 00 |
| B7 | 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 | Total: Add lines B1 through B10. Enter the total here and on page 1, line 4 | B11 | | 00 |

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 from nonbusiness assets: Include 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 schedule. | C3 | | | 00 |
| C4 | Net capital gain or (loss) from sale or exchange of nonbusiness assets utilized for production of nonbusiness income: Include schedule..... | C4 | | | 00 |
| C5 | Other income or (loss): Include schedule..... | C5 | | | 00 |
| C6 | Subtotal: Add lines C1c, C2c, and C3 through C5..... | C6 | | | 00 |
| C7 | Expenses attributable to income derived from a foreign corporation which is not itself subject to Arizona 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 |

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

| | | | | | |
|-----------|---|------------|--|----|----|
| D1 | Nonbusiness dividends and interest income: | | | | |
| a | Total nonbusiness dividends | D1a | | 00 | |
| b | Interest from nonbusiness sources | D1b | | 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 | D2b | | 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 |
| D6 | Total: Add lines D1c, D2c, and D3 through D5. Enter the total here and on page 1, line 11 | D6 | | | 00 |

IMPORTANT: Qualifying air carriers must use Arizona Schedule ACA. Qualifying multistate service providers must include Arizona Schedule MSP. If the **"SALES FACTOR ONLY"** box on page 1, line E, is checked, *complete only Section E3, Sales Factor, lines a through f.* See instructions.

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).

- 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)

c Total owned and rented property (Total of section a plus section b).

Total wages, salaries, commissions and other compensation to employees (per federal Form 1120, or payroll reports).

b Sales from services or from designated intangibles for qualifying multistate service providers only (see instructions; include Schedule MSP).....

d Total sales and other gross receipts. (The sum of lines a through c).....

f Sales Factor Only (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.) Skip line E4 and line E5

SALES FACTOR ONLY Apportionment, enter the amount from
Column C on page 1, line 9.....

COLUMN C
Ratio Within Arizona
 $A \div B$

x2 OR x1

E5 Average Apportionment Ratio for STANDARD Apportionment: Divide line E4, Column C, by four (4). Enter the result on page 1, line 9. (If one of the factors is "0" in both Column A and Column B, see instructions.)

| | (a) Name of Corporation | (b) EIN | (c) Payment Date | (d) Estimated Payment | | (e) Extension Payment | |
|----|----------------------------|------------|------------------------|-----------------------------|----|-----------------------------|----|
| F1 | | | MM DD YY | | 00 | | 00 |
| F2 | | | MM DD YY | | 00 | | 00 |
| F3 | | | MM DD YY | | 00 | | 00 |
| F4 | | | MM DD YY | | 00 | | 00 |
| F5 | | | MM DD YY | | 00 | | 00 |
| F6 | | | MM DD YY | | 00 | | 00 |
| F7 | Total Tax Payments | | | | 00 | | 00 |

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

SCHEDULE G Other Information

G1 Date business began in Arizona or date income was first derived from Arizona sources: MM/DD/YYYY

G2 Address at which tax records are located for audit purposes:

Number and Street:

City: State: ZIP Code:

G3 The taxpayer designates the individual listed below as the person to contact to schedule an audit of this return and authorizes the disclosure of confidential information to this individual. (See instructions.)

Name: Office Phone:

Title: (Area Code)

Email: Cell Phone:

(Area Code)

G4 List prior taxable years ending in MM/DD/YYYY format for which a federal examination has been finalized:

NOTE: A.R.S. § 43-327 requires the taxpayer, within ninety days after final determination, to report these changes under separate cover to the Arizona Department of Revenue or to file amended returns reporting these changes. (See instructions.)

G5 List the taxable years ending in MM/DD/YYYY format for which federal examinations are now in progress and final determination of past examinations is still pending:

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 waivers expire:

| | |
|----------------------|-------------------------|
| Taxable Year Ending: | Waiver Expiration Date: |
|----------------------|-------------------------|

G7 Indicate tax accounting method: ☐ Cash ☐ Accrual ☐ Other (Specify method.)

Multistate taxpayers:

G8 Are the nonbusiness items reported on Schedule C, lines C1 through C5, and/or are the apportionment factor amounts reported on Schedule E, Column B treated consistently on all state tax returns filed under the Uniform Division of Income for Tax Purposes Act?

☐ Yes ☐ No If "No", the taxpayer must disclose the nature and extent of the variance upon request by the department.

G9 Has the taxpayer changed the way income is apportioned or allocated to Arizona from prior taxable year returns?

☐ Yes ☐ No

If "Yes", include explanation.

| | | | |
|---------------------------------|---|-------|-------------------------|
| Declaration | The following declaration must be signed by one of the following officers: president, treasurer, or any other principal officer. | | |
| Please Sign Here | Under penalties of perjury, I, the undersigned officer authorized to sign this return, declare that I have examined this return, including the accompanying schedules and statements, and to the best of my 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. | | |
| Paid Preparer's Use Only | OFFICER'S SIGNATURE | DATE | TITLE |
| | OFFICER'S PRINTED NAME | | |
| Paid Preparer's Use Only | PAID PREPARER'S SIGNATURE | DATE | PAID PREPARER'S TIN |
| | PAID PREPARER'S PRINTED NAME | | |
| | FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) | | FIRM'S EIN |
| | FIRM'S STREET ADDRESS | | FIRM'S TELEPHONE NUMBER |
| | CITY | STATE | ZIP CODE |

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

Worksheet for SCHEDULE A**Additions to Taxable Income- Detail for Lines A6 & A8**

Enter the detailed amounts for lines A6 or A8

here. For additional information, see the instructions.

A6 Additions related to Arizona tax credits:**A** Pollution Control Credit:

1 Excess Federal Depreciation or Amortization.....

2 Excess in Federal Adjusted Basis.....

B Credit for Taxes Paid for Coal Consumed in Generating Electrical Power.....**C** Credit for Employment of TANF Recipients.....**D** Credit for Donation of School Site.....**E** Credit for Motion Picture Production Costs.....**F** Credit for Corporate Contributions to School Tuition Organizations.....**G** Credit for Corporate Contributions to School Tuition Organizations for Displaced

Students or Students with Disabilities.....

H Total Additions Related to Arizona Tax Credits.

Enter this amount on page 2, Schedule A, line A6.....

A8 Other additions to federal taxable income:**A** Positive Partnership Income Adjustment.....**B** Federal Exploration Expenses.....**C** Federal Amortization or Depreciation for Facilities and Equipment Amortized

Under Arizona Law:

1 Pollution Control Devices.....

2 Child Care Facilities.....

D Expenses and Interest Relating to Income Not Taxed by Arizona.....**E** Tax-Exempt Insurance Company Loss.....**F** Amounts Repaid in Current Taxable Year.....**G** Excess Federal Capital Loss Carryover Under a Claim of Right Restoration.....**H** Domestic International Sales Corporations.....**I** Expenditures for the Americans With Disabilities Act.....**J** Treatment of Installment Obligations When Corporate Activities Cease in Arizona.....**K** Total Other Additions to Federal Taxable Income.

Enter this amount on page 2, Schedule A, line A8.....

Worksheet for SCHEDULE B**Subtractions from Taxable Income - Detail for Lines B8 & B10**

Enter the detailed amounts for lines

B8 or B10, here. For additional information, see the instructions.

B8 Expenses related to certain federal tax credits:**A** Work Opportunity Credit.....**B** Empowerment Zone Employment Credit.....**C** Credit for Employer-Paid Social Security Taxes on Employee Cash Tips.....**D** Indian Employment Credit.....**E** Total Expenses Related to Certain Federal Tax Credits.

Enter this amount on page 2, Schedule B, line B8.....

B10 Other subtractions from federal taxable income:**A** Refunds of Taxes Based on Income.....**B** Negative Partnership Income Adjustment.....**C** Expense Recapture, Mine Explorations.....**D** Deferred Exploration Expenses.....**E** Exploration Expenses: Oil, Gas or Geothermal Resources.....**F** Arizona Amortization of Facilities and Equipment:

1 Pollution Control Devices.....

2 Cost of Child Care Facilities.....

G Interest on Federal Taxable Arizona Obligations Evidenced by Bonds.....**H** Expenses and Interest Relating to Tax-Exempt Income.....**I** Tax-Exempt Insurance Company Income.....**J** Claim of Right Adjustment.....**K** Dividends from Domestic International Sales Corporation (DISC).....**L** Income from Disaster Relief Efforts.....**M** Expenditures for the Americans with Disabilities Act.....**N** Contributions in Aid of Construction (see instructions).....**O** Marijuana Establishments *only* (see instructions)1 Federal Disallowed Expenses, *or*.....

2 Federal Taxable Income Attributable to NMMD Operations.....

P Total Other Subtractions from Federal Taxable Income.

Enter this amount on page 2, Schedule B, line B10.....