

For the calendar year 2008 or fiscal year beginning [MM,DD,YYYY] and ending [MM,DD,YYYY].

CHECK ONE: Original <input type="checkbox"/> Amended <input type="checkbox"/>	Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079		CHECK ONE: Calendar year <input type="checkbox"/> Fiscal year <input type="checkbox"/>
Business telephone number	Please Type or Print	Name	Employer identification number (EIN)
Business activity code number (from federal Form 1120-S)		Number and street or PO Box	AZ transaction privilege tax number
		City, or town, state, and ZIP code	

69 Check box if: <input type="checkbox"/> This is a first return <input type="checkbox"/> Name change <input type="checkbox"/> Address change A Arizona apportionment: (check only one) Multistate S corporations only. <input type="checkbox"/> AIR Carrier <input type="checkbox"/> STANDARD Sales Factor <input type="checkbox"/> ENHANCED Sales Factor B Is this the corporation's final Arizona return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one: <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized List EIN of the successor corporation, if any: _____ C Does the S corporation conduct business within and without Arizona? <input type="checkbox"/> Yes <input type="checkbox"/> No D Will a composite return be filed on Form 140NR? <input type="checkbox"/> Yes <input type="checkbox"/> No E Total number of nonresident individual shareholders _____ F Total number of resident individual shareholders _____ G Total number of entity shareholders (See instructions, page 3) _____	CHECK BOX IF: Return filed under extension. 82 F <input type="checkbox"/> REVENUE USE ONLY. DO NOT MARK IN THIS AREA. <div style="display: flex; justify-content: space-between;"> 81 66 </div>
--	--

1 Total distributive income (loss) - from federal Form 1120-S, Schedule K **1** 00

Complete lines 2-11 only if the S corporation has excess net passive income or capital gains/built-in gains. An S corporation that is not required to complete lines 2-11 must complete lines 12-32 if the S corporation has a tax liability from the recapture of tax credits.

2 Excess net passive income	2		00
3 Capital gains/built-in gains	3		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 or allocable income - attach schedule. MULTISTATE S CORPORATIONS ONLY	5		00
6 Apportionable income - subtract line 5 from line 4. Multistate S corporations only.....	6		00
7 Arizona apportionment ratio - from Schedule A or Schedule ACA.....	7	.	
8 Income apportioned to Arizona - line 6 multiplied by line 7. Multistate S corporations only.....	8		00
9 Other income allocated to Arizona - attach schedule. Multistate S corporations only	9		00
10 Total income attributable to Arizona - add lines 8 and 9.....	10		00
11 Net income subject to Arizona corporate income tax. Wholly Arizona S corporations - enter amount from line 4. Multistate S corporations - enter amount from line 10.....	11		00
12 Enter tax - see instructions before completing this line	12		00
13 Tax from recapture of tax credits - from Form 300, Part II, line 22.....	13		00
14 Subtotal - add lines 12 and 13.....	14		00
15 Clean Elections Fund Tax Reduction. Check this box to send \$5 to the fund and reduce the tax (line 14) by \$5. Enter the amount of the tax reduction.....	15A	<input type="checkbox"/>	00
16 Nonrefundable tax credits - from Arizona Form 300, Part II, line 43.....	16		00
17 Credit type - enter form number for each credit claimed.....	17	3 3 3 3	
18 Tax liability - subtract the sum of lines 15 and 16 from line 14	18		00
19 Clean Elections Fund Tax Credit. SEE INSTRUCTIONS BEFORE COMPLETING THIS LINE.....	19		00
20 Tax liability after Clean Elections Fund tax credit - subtract line 19 from line 18.....	20		00
21 Extension payment made with Form 120EXT - see instructions	21		00
22 Estimated tax payments - see instructions	22		00
23 Total payments - add lines 21 and 22. Amended returns - see instructions.....	23		00
24 Balance of tax due - If line 20 is larger than line 23, enter balance of tax due. Skip line 25.....	24		00
25 Overpayment of tax - If line 23 is larger than line 20, enter overpayment of tax	25		00
26 Penalty and interest.....	26		00
27 Estimated tax underpayment penalty. If Form 220 is attached, check box.....	27A	<input type="checkbox"/>	00
28 Donation to Citizens Clean Elections Fund - see instructions	28		00
29 Information return penalty - see instructions.....	29		00
30 TOTAL DUE - see instructions	30	Payment must accompany return	00
31 OVERPAYMENT - see instructions	31		00
32 Amount of line 31 to be applied to 2009 estimated tax.....	32		00
33 Amount to be refunded - subtract line 32 from line 31.....	33		00

Schedule A - Apportionment Formula (Multistate S Corporations Only)

See instructions, pages 6 through 8.

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 Arizona property - (STANDARD uses X 1; ENHANCED uses X 1.5)
- e. Property factor (for column A - multiply item c by item d; for column B - enter amount from item c)

NOTE: Qualifying air carriers must use Schedule ACA

Column A Total Within Arizona	Column B Total Within and Without Arizona	Column C Ratio Within Arizona A ÷ B
()	()	
X 1 OR X 1.5		
		.
X 1 OR X 1.5		
		.
X 2 OR X 7		
		.
		.
		.

A2 Payroll Factor

- a. Total wages, salaries, commissions and other compensation to employees (per federal Form 1120-S or payroll reports)
- b. Weight Arizona payroll - (STANDARD uses X 1; ENHANCED uses X 1.5)
- c. Payroll factor (for column A - multiply item a by item b; for column B - enter amount from item a)

A3 Sales Factor

- a. Sales delivered or shipped to Arizona purchasers
- b. Other gross receipts
- c. Total sales and other gross receipts
- d. Weight Arizona sales - (STANDARD uses X 2; ENHANCED uses X 7)
- e. Sales factor (for column A - multiply item c by item d; for column B - enter amount from item c)

A4 Total ratio - add A1(e), A2(c) and A3(e) in column C

A5 Average apportionment ratio - divide line A4, column C, by the denominator (STANDARD divides by four (4); ENHANCED divides by ten (10)). Enter the result in column C, and on page 1, line 7

Schedule B - Other Information

- B1** Date business began in Arizona or date income was first derived from Arizona sources _____
- B2** Address at which tax records are located for audit purposes: _____
- B3** 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, page 8.)
Name and title _____ Phone number _____
- B4** List prior taxable years for which a federal examination has been finalized _____

NOTE: ARS § 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, page 1.)

- B5** Amount of net income subject to Arizona corporate income tax for prior taxable year (2007 Form 120S, line 11.) _____
- B6** Indicate tax accounting method: Cash Accrual Other (Specify method.) _____

Schedule C - Shareholder Information Prepare a schedule that lists each shareholder's name, address, TIN, and pro rata share of the amount shown on line 1. Label the listing as "Schedule C - Shareholder Information" and attach the schedule immediately after page 2 of the Form 120S.

Certification The following certification must be signed by one or more of the following officers (president, treasurer, or any other principal officer).

Under penalties of perjury, I (we), the undersigned officer(s) authorized to sign this return, declare that I (we) have examined this return, including the accompanying schedules and statements, and to the best of my (our) 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.

Please Sign Here

Officer's signature	Title	Date
Officer's signature	Title	Date

Paid Preparer's Use Only

Preparer's signature	Date	
Firm's name (or preparer's, if self-employed)	Preparer's TIN	
Firm's address	Zip code	