

For taxable year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079

CHECK ONE:	
Original <input type="checkbox"/>	Amended <input type="checkbox"/>
CHECK ONE:	
Calendar year <input type="checkbox"/>	Fiscal year <input type="checkbox"/>
Federal employer ID number (FEIN)	
AZ withholding tax number	
AZ transaction privilege tax number	

Business telephone number	Please Type or Print	Name
		Number and street or PO Box
		City, or town, state, and ZIP code
Business activity code number (from federal Form 1120S)		

**69** Check box if:  This is a first return  Name change  Address change

**A** Is this the corporation's final Arizona return?  Yes  No  
If yes, check one: Dissolved  Withdrawn  Merged/Reorganized   
List FEIN of the successor corporation, if any \_\_\_\_\_

**B** Does the S corporation conduct business within and without Arizona?  Yes  No

**C** Will a composite return be filed on Form 140NR?  Yes  No

**D** Total number of nonresident individual shareholders \_\_\_\_\_

**E** Total number of resident individual shareholders \_\_\_\_\_

**F** Total number of entity shareholders (See instruction page 3) \_\_\_\_\_

FOR DOR USE ONLY

**81** \_\_\_\_\_ **66** \_\_\_\_\_

**82** CHECK BOX IF: Federal extension used to file return. 82 F

<b>1</b> Total distributive income (loss) - from federal Form 1120S, Schedule K	<b>1</b>	<b>00</b>
<b>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 12-34 if the S corporation has a tax liability from the recapture of tax credits or has elected to claim refundable tax credits.</b>		
<b>2</b> Excess net passive income	<b>2</b>	<b>00</b>
<b>3</b> Capital gains/built-in gains	<b>3</b>	<b>00</b>
<b>4</b> Total federal income subject to corporate income tax - add lines 2 and 3. WHOLLY ARIZONA S CORPORATION GO TO LINE 11	<b>4</b>	<b>00</b>
<b>5</b> Nonapportionable or allocable income - attach schedule. MULTISTATE S CORPORATIONS ONLY	<b>5</b>	<b>00</b>
<b>6</b> Apportionable income - subtract line 5 from line 4. Multistate S corporations only	<b>6</b>	<b>00</b>
<b>7</b> Arizona apportionment ratio - from Schedule B or Schedule ACA	<b>7</b>	
<b>8</b> Income apportioned to Arizona - line 6 multiplied by line 7. Multistate S corporations only	<b>8</b>	<b>00</b>
<b>9</b> Other income allocated to Arizona - attach schedule. Multistate S corporations only	<b>9</b>	<b>00</b>
<b>10</b> Total income attributable to Arizona - add lines 8 and 9	<b>10</b>	<b>00</b>
<b>11</b> 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	<b>11</b>	<b>00</b>
<b>12</b> Enter tax - see instructions before completing this line	<b>12</b>	<b>00</b>
<b>13</b> Tax from recapture of tax credits - from Form 300, Part II, line 25	<b>13</b>	<b>00</b>
<b>14</b> Subtotal - add lines 12 and 13	<b>14</b>	<b>00</b>
<b>15</b> 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	<b>15A</b> <input type="checkbox"/>	<b>00</b>
<b>16</b> Nonrefundable tax credits - from Arizona Form 300, Part II, line 48	<b>16</b>	<b>00</b>
<b>17</b> Credit type - enter form number for each credit claimed	<b>17</b> 3   3   3   3	
<b>18</b> Tax liability - subtract the sum of lines 15 and 16 from line 14	<b>18</b>	<b>00</b>
<b>19</b> Clean Elections Fund Tax Credit. SEE INSTRUCTIONS BEFORE COMPLETING THIS LINE	<b>19</b>	<b>00</b>
<b>20</b> Tax liability after Clean Elections Fund tax credit - subtract line 19 from line 18	<b>20</b>	<b>00</b>
<b>21</b> Refundable tax credits - see instructions	<b>21</b>	<b>00</b>
<b>22</b> Credit type - enter form number for each refundable credit claimed	<b>22</b> 3   3   3   3	
<b>23</b> Extension payment made with Form 120EXT - see instructions	<b>23</b>	<b>00</b>
<b>24</b> Estimated tax payments - see instructions	<b>24</b>	<b>00</b>
<b>25</b> Total payments - add lines 21, 23 and 24. Amended returns - see instructions	<b>25</b>	<b>00</b>
<b>26</b> Balance of tax due - If line 20 is larger than line 25, enter balance of tax due. Skip line 27	<b>26</b>	<b>00</b>
<b>27</b> Overpayment of tax - If line 25 is larger than line 20, enter overpayment of tax	<b>27</b>	<b>00</b>
<b>28</b> Penalty and interest	<b>28</b>	<b>00</b>
<b>29</b> Estimated tax underpayment penalty. If Form 220 is attached, check box	<b>29A</b> <input type="checkbox"/>	<b>00</b>
<b>30</b> Donation to Citizens Clean Elections Fund - see instructions	<b>30</b>	<b>00</b>
<b>31</b> TOTAL DUE - payment must accompany return	<b>31</b>	<b>00</b>
<b>32</b> OVERPAYMENT - see instructions	<b>32</b>	<b>00</b>
<b>33</b> Amount of line 32 to be applied to 2004 estimated tax	<b>33</b>	<b>00</b>
<b>34</b> Amount to be refunded - subtract line 33 from line 32	<b>34</b>	<b>00</b>

Schedule A - Other Information

- A1 Date business began in Arizona or date income was first derived from Arizona sources
A2 Address at which tax records are located for audit purposes:
A3 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.
A4 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.
A5 Amount of net income subject to Arizona corporate income tax for prior taxable year (2002 Form 120S, line 11)
A6 Indicate tax accounting method: Cash Accrual Other (Specify method)

Schedule B - Apportionment Formula (Multistate S Corporations Only) See instruction pages 8, 9 and 10

NOTE: Qualifying air carriers must use Schedule ACA

B1 Property Factor

Value of real and tangible personal property (by averaging the value of owned property used at the beginning and end of the tax period; rented property at capitalized value)

- a. Owned property (at original cost):
Inventories
Depreciable assets
Land
Other assets - (describe)
Minus: Construction in progress (if included in above totals)
Minus: 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)

Table with 3 columns: Column A Total Within Arizona, Column B Total Within and Without Arizona, Column C Ratio Within Arizona A ÷ B. Includes rows for property factor, payroll factor, sales factor, and total ratio.

B2 Payroll Factor

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

B3 Sales Factor

- a. Sales delivered or shipped to Arizona purchasers
b. Other gross receipts
c. Total sales and other gross receipts
d. Double weight Arizona sales and gross receipts
e. Sales factor (for column A - multiply item c by item d; for column B - enter amount from item c)

B4 Total ratio - add B1(c), B2 and B3(e) in column C

B5 Average apportionment ratio - divide B4 by four (4). Enter the result in column C and on page 1, line 7

Schedule C - Shareholder Information Prepare a schedule that lists each shareholder's name, address, TIN, and pro rata share of income or loss.

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.

Signature lines for Officer's signature, Title, and Date. Includes labels 'Please Sign Here'.

Signature lines for Preparer's signature, Date, Firm's name, Preparer's TIN, Firm's address, and Zip code.