

For taxable year beginning MM / DD / YYYY, and ending MM / DD / YYYY

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

CHECK ONE:
Original Amended

CHECK ONE:
Calendar year Fiscal year

Business telephone number ()	Please Type or Print	Name	Federal employer ID number (FEIN)
Business activity code number (from federal Form 1120S)		Number and street	AZ withholding tax number
		City, or town, state, and ZIP code	AZ transaction privilege tax number

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If yes, check one: Dissolved Withdrawn Merged/Reorganized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}

1 Total distributive income (loss) - from federal Form 1120S, 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 12-34 if the S corporation has a tax liability from the recapture of tax credits or has elected to claim refundable 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 CORPORATION 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 B 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 26	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 50	16		00
17 Credit type - enter form number for each credit claimed	17	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 Refundable tax credits - see instructions	21		00
22 Credit type - enter form number for each refundable credit claimed	22	3	3
23 Extension payment made with Form 120EXT - see instructions	23		00
24 Estimated tax payments - see instructions	24		00
25 Total payments - add lines 21, 23 and 24. Amended returns - see instructions	25		00
26 Balance of tax due - If line 20 is larger than line 25, enter balance of tax due. Skip line 27	26		00
27 Overpayment of tax - If line 25 is larger than line 20, enter overpayment of tax	27		00
28 Penalty and interest	28		00
29 Estimated tax underpayment penalty. If Form 220 is attached, check box	29A	<input type="checkbox"/>	00
30 Donation to Citizens Clean Elections Fund - see instructions	30		00
31 TOTAL DUE - payment must accompany return	31		00
32 OVERPAYMENT - see instructions	32		00
33 Amount of line 32 to be applied to 2003 estimated tax	33		00
34 Amount to be refunded - subtract line 33 from line 32	34		00

Schedule A - Other Information

A1 Date business began in Arizona or date income was first derived from Arizona sources MM / DD / YYYY.

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. (See instruction page 8)

Name and title _____ Phone # _____ (_____) _____

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. (See instruction page 1)

A5 Amount of net income subject to Arizona corporate income tax for prior taxable year (2001 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 and 9

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)

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

	Column A Total Within Arizona	Column B Total Within and Without Arizona	Column C Ratio Within Arizona A ÷ B
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			
Rented property (capitalize at 8 times net rental paid)			
Total owned and rented property (section a total plus section b)			
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	X 2		
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.

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 _____