

For the  calendar year 2019 or  fiscal year beginning   M  /  M  /  D   2, 0, 1, 9 and ending   M  /  M  /  D   Y, Y, Y, Y.

<b>CHECK ONE:</b> <input type="checkbox"/> Original <input type="checkbox"/> Amended	Name	Employer Identification Number (EIN)
Business Telephone Number (with area code)	Address – number and street or PO Box	
	City, Town or Post Office	State      ZIP Code

Check box if return filed under extension:  
 82 82F

**68** Check box if: A  This is a first return B  Name change C  Address change

**NONPROFIT MEDICAL MARIJUANA DISPENSARY (NMMD) ONLY –**

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

<input checked="" type="checkbox"/> <b>88</b>	<input type="checkbox"/> <b>81</b> PM
<input type="checkbox"/> <b>88</b>	<input type="checkbox"/> <b>66</b> RCVD

- A** Date Arizona operations began:   M  /  M  /  D   Y, Y, Y, Y
- B**  NMMD Registry Identification Number: \_\_\_\_\_
- C** What type of entity is the dispensary?  
 1  Corporation 2  Limited Liability Company (LLC) 3  Partnership 4  S corporation  
 5  Sole Proprietorship
- D** If the dispensary is an LLC, what is the federal tax classification?  
 1  Corporation 2  Disregarded Entity 3  Partnership 4  S corporation  
 If the dispensary is an LLC, a partnership or an S corporation, **include a schedule** that lists the following ownership information: name, address, TIN, and ownership percentage at the end of the tax year.
- E** Federal form filed: 1  1040 2  1041 3  1065 4  1120 5  1120-S 6  Other (specify) \_\_\_\_\_

**Sources of Income**

1 Gross sales from business activities.....	1		00	
2 Less cost of goods sold or of operations: Include itemized statement .....	2		00	
3 Gross profit from business activities: Subtract line 2 from line 1 .....	3		00	
4 Interest.....	4		00	
5 Rents .....	5		00	
6 Gain or (loss) from sales of assets, excluding inventory items.....	6		00	
7 Other income: Include itemized statement .....	7		00	
8 Total income: Add lines 3 through 7.....		<b>8</b>		00

**Expenses**

9 Compensation of officers, directors, trustees, etc.....	9		00	
10 Salaries and wages other than amounts included on line 2 .....	10		00	
11 Interest.....	11		00	
12 Taxes .....	12		00	
13 Rent expense.....	13		00	
14 Depreciation: Include schedule.....	14		00	
15 Other expenses: Include itemized statement.....	15		00	
16 Total expenses: Add lines 9 through 15.....		<b>16</b>		00

**Net Revenue (Loss)**

17 Revenue less expenses. Subtract line 16 from line 8.....	<b>17</b>		00	
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**Penalty**

18 Penalty for late filing or incomplete filing. See instructions.....	<b>18</b>		00	
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THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. A.R.S. § 42-1125(K).

Continued on page 2 →

Name (as shown on page 1)	EIN
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**Balance Sheet**

	Beginning of Year		End of Year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
19 Cash .....		00		00
20 Accounts Receivable.....	00		00	
21 Less Allowance for doubtful accounts .....	00	00	00	00
22 Other Current Assets .....		00		00
23 Inventories.....		00		00
24 Buildings and other depreciable assets.....	00		00	
25 Less Accumulated Depreciation .....	00	00	00	00
26 Land (net of amortization).....		00		00
27 Other Long-Term Assets.....		00		00
28 Total Assets: Add lines 19 through 27 of columns (b) and (d)		00		00
<b>Liabilities</b>				
29 Accounts Payable.....		00		00
30 Mortgages and Other Notes Payable .....		00		00
31 Other Liabilities.....		00		00
32 Total Liabilities: Add lines 29 through 31.....		00		00
<b>Equity</b>				
33 Capital Stock or Trust Principal .....		00		00
34 Paid-in Capital or Capital Surplus.....		00		00
35 Retained Earnings or Accumulated Income .....		00		00
36 Total Net Assets: Add lines 33 through 35.....		00		00
37 <b>Total Liabilities and Equity:</b> Add line 32 and line 36.....		00		00

<b>Declaration</b>	Under penalties of perjury, I 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.		
<b>Please Sign Here</b>	_____	_____	_____
	OFFICER'S SIGNATURE	DATE	TITLE
<b>Paid Preparer's Use Only</b>	_____	_____	_____
	PAID PREPARER'S SIGNATURE	DATE	PAID PREPARER'S TIN
	_____	_____	_____
	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

**PLEASE BE SURE TO SIGN THE RETURN.**

**Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix, AZ 85072-2153**