## Arizona S Corporation Income Tax Return

2017

		ar year 2017 or 🔲 fiscal year beginning M.M.D.D.2.0.1.	7 and ending	-		
	with area code)			CHECK O		
		Original Amended				
		Address – number and street or PO Box	En		lentification Number (EIN)	
	ness Activity Code					
(from federal Form 1120-S)		City, Town or Post Office	State ZIP Code			
	•					
68	Check box if:	IIS IS A ITST FEIUM I INAME CHANGE I TAQUIESS CHANGE		eturn filed	under extension:	
		ment for multistate S corporations only (check one box):	82 82F			
	AIR CARRIER	STANDARD SALES FACTOR ONLY	REVENUE USE C	ONLY. DO N	OT MARK IN THIS AREA.	
в		e Service Provider Election and Computation (Arizona Schedule MSP) is	00			
	included. Indicate	e the year of the election cycle .				
С	•	tion's final Arizona return under this EIN? ☐Yes ☐No				
	If "Yes", check one:	Dissolved Withdrawn Merged/Reorganized				
		essor corporation, if any	DM		66 RCVD	
D			81 PM		66 100	
Е	•	urn be filed on Form 140NR?				
F		resident individual shareholders				
G		dent and part-year resident individual shareholders				
н		y shareholders (See instructions, page 5)				
No		juana Dispensary (NMMD) only (see instructions, page 5):				
I	NMMD Registry	Identification Number:				
					00	
		VE INCOME (LOSS) from federal Form 1120-S, Schedule K only if the S corporation has excess net passive income or capital g			00	
		ete lines 2-12 must complete lines 13-25 if the S corporation has a t				
		ncome		00		
-		gains		00		
3		subject to corporate income tax: Add lines 2 and 3. WHOLLY ARIZONA S CORPOR		1	00	
5		allocable income: Include schedule. MULTISTATE S CORPORATIONS ONLY			00	
6		e: Subtract line 5 from line 4. MULTISTATE S CORPORATIONS ONLY			00	
7		ent ratio from Schedule A or Schedule ACA			100	
8		to Arizona: Line 6 multiplied by line 7. MULTISTATE S CORPORATIONS ONLY		8	00	
9		ted to Arizona: Include schedule. MULTISTATE S CORPORATIONS ONLY.			00	
10		able to Arizona: Add lines 8 and 9. Enter the total			00	
11		o Arizona corporate income tax: Wholly Arizona S Corporations: ENTER THE				
	-	TIONS: ENTER THE AMOUNT FROM LINE 10			00	
12		0% of line 11 or fifty dollars (\$50), whichever is greater. See instructions befor			00	
13		of tax credits from Arizona Form 300, Part 2, line 31			00	
14	•	2 and 13. Enter the total			00	
15	Nonrefundable tax c	redits from Arizona Form 300, Part 2, line 56			00	
16	Credit type:					
	Enter form number f	or each nonrefundable credit used: 16 3				
17	,	line 15 from line 14. Enter the difference.			00	
18	Refundable tax cred	its: Check box(es) and enter amount 18 308 342 349.		00		
19	Extension payment	made with Form 120EXT or online: See instructions 19		00		
20	Estimated tax payme	ents: See instructions		00		
21	Total payments: Add	l lines 18 through 20. Enter the total. For amended returns, see instructions			00	
22	Balance of tax due:	If line 17 is larger than line 21, subtract line 21 from line 17. Enter the difference. Skip	line 23		00	
23	23 Overpayment of tax: If line 21 is larger than line 17, subtract line 17 from line 21. Enter the difference				00	
24	•				00	
25		payment penalty. If Form 220 is included, check box			00	
26		enalty: See instructions			00	
27		structions Non-EFT payment mu			00	
28		ee instructions			00	
29		be applied to 2018 estimated tax		00		
30	Amount to be refund	ed: Subtract line 29 from line 28. Enter the difference		30	00	

## **SCHEDULE A** Apportionment Formula (Multistate Corporations Only)

<b>IMPORTANT:</b> Qualifying air carriers must use Arizona Schedule ACA. Qualifying multistate service providers must include Arizona Schedule MSP. If the <i>"SALES FACTOR ONLY"</i> box on page 1, line A, is checked, <i>complete only Section A3, Sales Factor, lines a through f.</i> See instructions.	COLUMN A Total Within Arizona Round to nearest dollar	COLUMN B Total Everywhere Round to nearest dollar.	COLUMN C Ratio Within Arizona A ÷ B	
A1 Property Factor - STANDARD APPORTIONMENT ONLY 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):				
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):				
<b>b</b> Rented property (capitalize at 8 times net rent paid)				
c Total owned and rented property (Total of section a plus section b)				
A2 Payroll Factor - STANDARD APPORTIONMENT ONLY				
Total wages, salaries, commissions and other compensation to				
employees (per federal Form 1120S, or payroll reports)				
a Sales delivered or shipped to Arizona purchasers				
b Sales of services for qualifying multistate service providers				
only (include Schedule MSP)				
c Other gross receipts				
d Total sales and other gross receipts	×2 OR ×1			
e Weight AZ sales: (STANDARD x 2; SALES FACTOR ONLY x 1) f Sales Factor (for Column A, multiply line d by line e; for	<u>^2 UR ^1</u>			
Column B, enter the amount from line d; for Column C, divide				
Column A by Column B.)				
STANDARD Apportionment, continue to A4.				
SALES FACTOR ONLY Apportionment, enter the amount from				
Column C on page 1, line 7.				
A4 STANDARD Apportionment Total Ratio: Add Column C of lines A1c,		otal		
A5 Average Apportionment Ratio for STANDARD Apportionment: Divide line A4, Column C, by four (4). Enter the result on page 1, line 7. (If one of the factors is "0" in both Column A and Column B, see instructions.)				

## SCHEDULE B Other Information

	Date business began in Arizona or date income was first derived from Arizona sources: [M,M,D,D,Y,Y,Y,Y] Address at which tax records are located for audit purposes: Number/Street:				
	City: State: ZIP Code:				
В3	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 12.)				
	Name: Phone Number: Title:				
	Title: (Area Code)				
<b>B</b> 4	List prior taxable years for which a federal examination has been finalized:				
	L				
	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, page 2.)				
В5	Indicate tax accounting method: Cash Accrual Other (Specify method.)				

Name (as shown on page 1)	EIN

## SCHEDULE C Shareholder Information

Prepare a schedule that lists each shareholder's name, address, taxpayer identification number, and pro rata share of the amount shown on line 1. Label the listing as "Schedule C: Shareholder Information" and include the schedule immediately after page 3 of Form 120S.

	The following declaration must be signed by one or more of the following officers: president, treasurer, or any other principal officer.				
Declaration	claration Under penalties of perjury, I(we), the undersigned officer(s) authorized to sign this return, declare that I(we) have examined thi including the accompanying schedules and statements, and to the best of my(our) knowledge and belief, it is a true, concomplete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.				
Please					
Sign	OFFICER'S SIGNATURE	DATE		TITLE	
Here					
	OFFICER'S SIGNATURE	DATE		TITLE	
Paid	PAID PREPARER'S SIGNATURE		DATE		PAID PREPARER'S PTIN
Preparer's	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)		FIRM'S EIN OR SSN		
Use					
Only	FIRM'S STREET ADDRESS				FIRM'S TELEPHONE NUMBER
	CITY		STATE	E	ZIP CODE

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