Arizona S Corporation Income Tax Return

2021

	ness Telephone Number		scal year beginning 🛚		, _ , _	4.14 0		HEC			
(with area code)							I_	Or			ded
		Address – number and stree	t or PO Box							entification Numbe	
Business Activity Code		_									
(from	n federal Form 1120-S)	City, Town or Post Office				State	· Z	IP Co	de		
						_					
68	Check box if: A	This is a first return B	□Name change C □A	ddress chan	ge	_	_	ırn fi	led ι	ınder extensioı	n:
			rporations only (check or			82 _{82F}					
	1 AIR CARRIER	2 STANDARD 3	SALES FACTOR ONLY	•			USE ON	LY. D	O NO	OT MARK IN THIS	AREA.
В			n and Computation (Arizo			88					
			ycle. 🔲 Yr 1 🔲 Yr 2 🔲								
С			under this EIN?		□No						
			thdrawn 3 ⊡M erged/Re	-							
_						81 PM				66 RCVD	
D			in and without Arizona?			611				[66]	
E			R?								
F G			oiders nt individual shareholders							1	
Н			ictions								
ï			Use only 2 □Dual Lic. el			ual Lic did r	not elect	for-n	rofit	4 NMMD on	ılv
J	=	ntification Certification Nun	-			aai Eio.aia i	101 01001	101 P			,
			·								
1_	TOTAL DISTRIBUTI	IVE INCOME (LOSS) from	federal Form 1120-S, Sch	nedule K					1		00
			n has excess net passiv								
no	· · · · · · · · · · · · · · · · · · ·		nplete lines 13-25 if the	•		tax liabilit	y from t	he r	ecap	ture of tax cre	dits.
2	·							00			
3		=						00			1
4			ne tax: Add lines 2 and 3. E						4		00
_			to line 11. Multistate S						_		00
5			e schedule. Multistate S corp ne 4. Enter the difference.						6		00
6 7	• •		or Schedule ACA			ns only			0		100
_	• •								8		00
8 9			ied by line 7. Multistate S on edule. Multistate S corporat						9		00
10			8 and 9. Enter the total	•				Г	10		00
11		to Arizona corporate incon						···	-		
	•	•	om line 4. Multistate S cor	porations: E	nter the an	nount from I	ine 10		11		00
12	•		ng this line.	-					12		00
13		•	Form 300, Part 2, line 22						13		00
14									14		00
15	Nonrefundable tax of	redits from Arizona Form	300, Part 2, line 40						15		00
16	Enter form number fo	r each nonrefundable credit	claimed: 161 L316	2 [3	ا 163 ا	164	<u> 3</u>	┙╽			
17	•		e difference						17		00
18			nter amount 18 1					00			
19			or online: See instructions					00			
20			=					00	9 .1		100
21			e total. For amended returns,					- 1	21		00
22		=	1, subtract line 21 from line 17.			•			22		00
23		-	17, subtract line 17 from line 2						23 24		00
24	· ·		220 is included, check b					_	24 25		00
25 26			220 is included, check t						25 26		00
27	•	•							27		00
28									28		00
29			ated tax		1 1			00			
			e 28. Enter the difference						30		00

S	CHEDULE A Apportionment Formula (Multistate S C	orporations Only)						
IMF	PORTANT: Qualifying air carriers must use Arizona Schedule ACA.							
	alifying multistate service providers must include Arizona Schedule	COLUMN A Total Within Arizona	COLUMN B Total Everywhere	COLUMN C Ratio Within Arizona				
	P. If the "SALES FACTOR ONLY" box on page 1, line A, is checked,	Round to nearest dollar	Round to nearest dollar.	A ÷ B				
	pplete only Section A3, Sales Factor, lines a through f. See instructions.	rtodria to riodroot dollar	reduce to reduce deliar.	,, 5				
	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 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).							
А3	Sales Factor							
	a Sales delivered or shipped to Arizona purchasers							
	b Sales from services or from designated intangibles for							
	qualifying multistate service providers only (see instructions;							
	include Schedule MSP)							
	c Other gross receipts							
	d Total sales and other gross receipts							
	e Weight AZ sales: (STANDARD x 2; SALES FACTOR ONLY x 1)f Sales Factor Only (for Column A, multiply line d by line e; for	×2 OR ×1						
	Column B, enter the amount from line d; for Column C, divide							
	Column A by Column B.) Skip line A4 and line A5. STANDARD Apportionment, continue to A4.							
	SALES FACTOR ONLY Apportionment, enter the amount from Column C on page 1, line 7.							
Α4	STANDARD Apportionment Total Ratio: Add Column C of lines A1c	, A2, and A3f. Enter the to	otal					
Α5	5 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.)							
S	CHEDULE B Other Information							
	Date business began in Arizona or date income was first derived from Address at which tax records are located for audit purposes: Number/Street: City: State:							
ВЗ	The taxpayer designates the individual listed below as the person to co			es the disclosure of				
	onfidential information to this individual. (See instructions, page 12.) Jame:, Phone Number: (Area Code)							
	Title:			ue)				
B4	ist prior taxable years ending in MM/DD/YYYY format for which a federal examination has been finalized:							
	NOTE: A.R.S. § 43-327 requires the taxpayer, within ninety days after Arizona Department of Revenue or to file amended returns reporting the		-	parate cover to the				
В5	Indicate tax accounting method: Cash Accrual Other (Sp	ecify method.)						

EIN

Name (as shown on page 1)

Na	ame (as shown or	n page 1)			EIN				
		<u></u>							
		C Shareholde							
	mplete Sched cessary.	ule C for all shareho	olders of the S corporation. If the S	corporation has mor	e than 8 shareho	lders, include addit	onal schedules as		
		(a)	(b)	(d)	(e)	(f)	(g)		
Shareholder Name			Street Address	Shareholder Tax	Shareholder's Ownership	Distributive Share of Income	Resident (R) Nonresident (N)		
			(c) City, State ZIP	Number	Percentage	Page 1, Line 1	Other Entity (O)		
1									
2									
3									
4									
5									
6									
7									
8									
			Include additional s	sheets as necessar	y				
		The following decla	ration must be signed by one or more	of the following office	ers: president tre	asurer, or any other	principal officer.		
	Declaration	-	perjury, I, the undersigned officer autho			-			
	2001011000011	the accompanying	schedules and statements, and to the	best of my knowled	ge and belief, it is	a true, correct and			
i	made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.								
	Sign	OFFICER'S SIGNAT	URE	DATE	TITLE				
	Here	OFFICER'S PRINTE	D NAME						
j									
		PAID PREPARER'S	SIGNATURE		DATE	PAID PREPARE	PAID PREPARER'S PTIN		
	Paid	PAID PREPARER'S	PRINTED NAME						
	Preparer's		PAID PREPARER'S NAME, IF SELF-EMPLOYED)						
	Use Only	FIRM'S STREET AD		, 		FIRM'S TELEPH	IONE NUMBER		
	y	I INW G GINEET AD	D. C.			I II WI O ILLEFF	IOIAE IAOIAIDEIX		

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

STATE

ZIP CODE

CITY