

For the [] calendar year 2016 or [] fiscal year beginning [M, M, D, D] 2, 0, 1, 6 and ending [M, M, D, D] 2, 0, Y, Y.

Business Telephone Number (with area code) Name Business Activity Code (from federal Form 1120-S) Address - number and street or PO Box City, Town or Post Office State ZIP Code CHECK ONE: [] Original [] Amended Employer Identification Number (EIN)

- [68] Check box if: [] This is a first return [] Name change [] Address change A ARIZONA apportionment for multistate S corporations only (check one box): [] AIR CARRIER [] STANDARD [] ENHANCED B [] Check if Multistate Service Provider Election and Computation (Arizona Schedule MSP) is included. Indicate the year of the election cycle. [] Yr 1 [] Yr 2 [] Yr 3 [] Yr 4 [] Yr 5 C Is this the S corporation's final Arizona return under this EIN?..... [] Yes [] No If "Yes", check one: [] Dissolved [] Withdrawn [] Merged/Reorganized D Does the S corporation conduct business within and without Arizona?..... [] Yes [] No E Will a composite return be filed on Form 140NR?..... [] Yes [] No F Total number of nonresident individual shareholders G Total number of resident and part-year resident individual shareholders H Total number of entity shareholders (See instructions, page 5)..... Nonprofit Medical Marijuana Dispensary (NMMD) only (see instructions, page 5): I [] NMMD Registry Identification Number:

Check box if return filed under extension: [82] 82F [] REVENUE USE ONLY. DO NOT MARK IN THIS AREA. [88] [81] PM [66] RCVD

Table with 30 rows and 3 columns. Row 1: 1 TOTAL DISTRIBUTIVE INCOME (LOSS) from federal Form 1120-S, Schedule K. Row 2: 2 Excess net passive income. Row 3: 3 Capital gains/built-in gains. Row 4: 4 Total federal income subject to corporate income tax. Row 5: 5 Nonapportionable or allocable income. Row 6: 6 Apportionable income. Row 7: 7 Arizona apportionment ratio. Row 8: 8 Income apportioned to Arizona. Row 9: 9 Other income allocated to Arizona. Row 10: 10 Total income attributable to Arizona. Row 11: 11 Net income subject to Arizona corporate income tax. Row 12: 12 Enter tax. Row 13: 13 Tax from recapture of tax credits from Arizona Form 300, Part 2, line 31. Row 14: 14 Subtotal. Row 15: 15 Nonrefundable tax credits from Arizona Form 300, Part 2, line 56. Row 16: 16 Credit type. Row 17: 17 Tax liability. Row 18: 18 Refundable tax credits. Row 19: 19 Extension payment made with Form 120EXT or online. Row 20: 20 Estimated tax payments. Row 21: 21 Total payments. Row 22: 22 Balance of tax due. Row 23: 23 Overpayment of tax. Row 24: 24 Penalty and interest. Row 25: 25 Estimated tax underpayment penalty. Row 26: 26 Information return penalty. Row 27: 27 TOTAL DUE. Row 28: 28 OVERPAYMENT. Row 29: 29 Amount of line 28 to be applied to 2017 estimated tax. Row 30: 30 Amount to be refunded.

Name (as shown on page 1)	EIN
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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.

Declaration	The following declaration 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	DATE	TITLE
Paid Preparer's Use Only	_____	_____	_____
	OFFICER'S SIGNATURE	DATE	TITLE
Paid Preparer's Use Only	_____	_____	_____
	PAID PREPARER'S SIGNATURE	DATE	PAID PREPARER'S PTIN
	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)		FIRM'S <input type="checkbox"/> EIN OR <input type="checkbox"/> SSN
	FIRM'S STREET ADDRESS		FIRM'S TELEPHONE NUMBER
	_____	_____	_____
	CITY	STATE	ZIP CODE

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