## Arizona Corporation Income Tax Return (Short Form)

	For the 🗌 calend	Jar year 2016 or 🔲 fis	scal year beginning 🔟	.MID.DI <b>2.0.1</b>	<u>6</u> and ending	M,MIE	D <b>12.0</b> ,Y,Y <b>1</b> .
Busi	ness Telephone Number		<u> </u>				dentification Number (EIN)
(with	area code)						
		Address – number and street	or PO Box				
	ness Activity Code n federal Form 1120)	01. T					
City, Town or Post Office State ZIF		P Code					
1841		Luca Form 400A to file	an Animona a amhinad		Check box if return	filed un	der FEDERAL extension
	URIANI: Do no urn. Use Form 12		e an Arizona combined	or consolidated			using Arizona Extension
100		0.				Y. DO N	OT MARK IN THIS AREA
68	Check box if:				88		
<u> </u>		ırn □Name change □A	Address change				
Δ		filed on a consolidated bas	-	□Yes □No			
~			lidated return				
в	Is this the corporation	on's final ARIZONA return u	under this EIN?	∐Yes □No	81 PM		66 RCVD
	If "Yes", check one:						
	Dissolved	<b>W</b> ithdrawn	Merged/Reorganized				
	List EIN of the succ	essor corporation, if any	 				
A!		• • • • • • • • • • • • • • • • • • •					
Ari	zona Taxable Ind	come Computation					
						1	00
			edule A, line A8				00
3						3	00
4			, Schedule B, line B11				00
5							00
6 7		• •	Include computation sched ine 5			6 7	00
'			THE 5				
Ari	zona Tax Liabili	y Computation					
8	Enter tax: Tax is 5.	5 percent of line 7 or fifty	dollars (\$50), whichever i	is greater		8	00
9			Form 300, Part 2, line 31	-			00
10	•					10	00
11	Nonrefundable tax of	credits from Arizona Form 3	300, Part 2, line 56			11	00
12	Credit type:						
	Enter form number f	or each nonrefundable cred	lit used: 12 3	13 13.	13		
13	Tax liability: Subtra	ct line 11 from line 10				13	00
Tax	Deumente						
	Payments						
			ter amount: <b>14</b> 308			14	00
15			or online: See instructions			15	00
	Estimated tax paym		00 Claim of Right: 16b		Add 16a and 16b	16c 17	00
17	iotai payments: Se	๛ การแ นิติมิปารี				1/	
Co	mputation of To	tal Due or Overpaym	ient				
18	Balance of tax due:	If line 13 is larger than line	e 17, enter balance of tax du	Je. Skip line 19		18	00
19		-	ne 13, enter overpayment of			19	00
20		-				20	00
21	Estimated tax under	payment penalty: If Form	220 is included, check box.		21 <b>A</b> 🗌	21	00
22	TOTAL DUE: See i	nstructions	No	on-EFT payment mu	st accompany return	22	00
23						23	00
24	Amount of line 23 to	be applied to 2017 estima	ted tax		00	ב	
25	Amount to be refund	Jed: Subtract line 24 from	line 23			25	00

Continued on page 2 →

EIN

## SCHEDULE A Additions to Taxable Income

A1	Total federal depreciation	A1	00
	Taxes based on income paid to any state (INCLUDING ARIZONA), local governments or foreign governments	A2	00
	Interest on obligations of other states, foreign countries, or political subdivisions	A3	00
A4	Special deductions claimed on federal return	A4	00
A5	Federal net operating loss deduction claimed on federal return	A5	00
A6	Additions related to Arizona tax credits: Include detailed schedule	A6	00
A7	Other additions to federal taxable income: Include detailed schedule	A7	00
<b>A</b> 8	Total: Add lines A1 through A7. Enter the total here and on page 1, line 2	A8	00

## SCHEDULE B Subtractions From Taxable Income

B1	Recalculated Arizona depreciation: See instructions	B1	00
	Basis adjustment for property sold or otherwise disposed of during the taxable year: See instructions	B2	00
<b>B</b> 3	Adjustment for IRC § 179 expense not allowed	B3	00
	Dividends received from 50% or more controlled domestic corporations	B4	00
	Foreign dividend gross-up	B5	00
	Dividends received from foreign corporations	B6	00
	Interest on U.S. obligations.	B7	00
<b>B</b> 8	Agricultural crops charitable contribution	B8	00
	Expenses related to certain federal tax credits listed on the instructions: Include detailed schedule	В9	00
B10	Other subtractions from federal taxable income: Include detailed schedule	B10	00
B11	Total: Add lines B1 through B10. Enter the total here and on page 1, line 4	B11	00

## SCHEDULE C Additional Information

Title:

L

C1	Date business began in Arizona:	]
<b>C</b> 2	Address at which tay reserves are leasted for sudit purposes:	Numbe

	5		
C2	Address at which tax records are located for audit purposes:	Number/Street:	L

State: \_\_\_\_\_ ZIP Code: \_\_\_\_ City: \_\_\_\_

C3 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.) \_ Phone Number: (Area Code) Name:

**C4** List prior taxable years for which a federal examination has been finalized:

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.) + L 1

C5	Amount of Arizona taxable income for prior taxable year (2015 Form 120A, line 7)	\$_	00
C6	Indicate tax accounting method: 🗌 Cash 🔲 Accrual 🔲 Other (Specify method.)		

	The following declaration must be signed by one or more of t	the following officers:	president, trea	surer, or any other principal officer.				
Declaration	tion Under penalties of perjury, I(we), the undersigned officer(s) authorized to sign this return, declare that I(we) have examined this including the accompanying schedules and statements, and to the best of my(our) knowledge and belief, it is a true, correctly complete 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	1	PAID PREPARER'S PTIN				
Preparer's Use	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYE	D)						
Only	FIRM'S STREET ADDRESS			FIRM'S TELEPHONE NUMBER				
N	CITY STATE ZIP CODE   Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix, AZ 85038-9079							