## Arizona S Corporation Income Tax Return

2018

	For the 🔲 calend	lar year 2018 or ☐ fiscal year beginning (M,M)D,D)2,0,1,8) and endin	-			
				CHECK ONE:		
(with area code)				Original Amended		
		Address – number and street or PO Box	Employer Identification Nu		entification Number (EIN)	
	ness Activity Code					
(11011)	federal Form 1120-S)	City, Town or Post Office State	ZIP Co	ode		
			_			
68	Check box if: A		eturn f	iled u	under extension:	
		ment for multistate S corporations only (check one box):				
	1 AIR CARRIER		ONLY. [		OT MARK IN THIS AREA.	
в	Check if Multistat	te Service Provider Election and Computation (Arizona Schedule MSP) is				
	included. Indicate	e the year of the election cycle .				
С	Is this the S corpora	tion's final Arizona return under this EIN? Yes No				
	If "Yes", check one:	1 Dissolved 2 Withdrawn 3 Merged/Reorganized				
		essor corporation, if any			66 RCVD	
D						
Е		urn be filed on Form 140NR?				
F		resident individual shareholders				
G		dent and part-year resident individual shareholders				
Н		ty shareholders: See instructions				
NO	•	ijuana Dispensary (NMMD) only: See instructions.				
1		Identification Number:				
1		VE INCOME (LOSS) from federal Form 1120-S, Schedule K		1	00	
		only if the S corporation has excess net passive income or capital gains/built-in g				
		ete lines 2-12 must complete lines 13-25 if the S corporation has a tax liability fror				
	· · · · · · · · · · · · · · · · · · ·	income	00			
3	•	a gains	00			
4		subject to corporate income tax: Add lines 2 and 3. WHOLLY ARIZONA'S CORPORATIONS GO TO LINE	. 11	4	00	
5		r allocable income: Include schedule. MULTISTATE S CORPORATIONS ONLY		5	00	
6		ne: Subtract line 5 from line 4. MULTISTATE S CORPORATIONS ONLY		6	00	
7		ent ratio from Schedule A or Schedule ACA				
8	Income apportioned	to Arizona: Line 6 multiplied by line 7. MULTISTATE S CORPORATIONS ONLY		8	00	
9	Other income alloca	ted to Arizona: Include schedule. MULTISTATE S CORPORATIONS ONLY		9	00	
10	Total income attribut	table to Arizona: Add lines 8 and 9. Enter the total		10	00	
11	Net income subject	to Arizona corporate income tax: WHOLLY ARIZONA'S CORPORATIONS: ENTER THE AMOUNT FROM LIN	E4.			
	MULTISTATE S CORPOR	ATIONS: ENTER THE AMOUNT FROM LINE 10		11	00	
12	Enter tax: See instr	uctions before completing this line.		12	00	
13	Tax from recapture	of tax credits from Arizona Form 300, Part 2, line 27		13	00	
14		2 and 13. Enter the total	Ī	14	00	
15		credits from Arizona Form 300, Part 2, line 49		15	00	
16	Credit type:		.			
47		for each nonrefundable credit used: 1613, 1623, 1623, 1633, 1643, 1643,		47	00	
17		t line 15 from line 14. Enter the difference.	00	17	00	
18 10		lits: Check box(es) and enter amount 181 308 182 349       18         made with Form 120EXT or online: See instructions       19	00			
19 20	•••	ents: See instructions	00			
20 21		d lines 18 through 20. Enter the total. For amended returns, see instructions		21	00	
22		If line 17 is larger than line 21, subtract line 21 from line 17. Enter the difference. Skip line 23		22	00	
23		: If line 21 is larger than line 27, subtract line 27 from line 27. Enter the difference.	ſ	23	00	
24			[	24	00	
25		payment penalty. If Form 220 is included, check box 28		25	00	
26		enalty: See instructions		26	00	
27		structions		27	00	
28	OVERPAYMENT: S	See instructions		28	00	
29	Amount of line 28 to	be applied to 2019 estimated tax 29	00			
30		led: Subtract line 29 from line 28. Enter the difference		30	00	

ADOR 10337 (18)

Name (as shown on page 1)	EIN	
rame (ab blown on page 1)		
1		

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

<b>IMPORTANT:</b> Qualifying air carriers must use Arizona Schedule ACA. Qualifying multistate service providers must include Arizona Schedule MSP. If the <b>"SALES FACTOR ONLY"</b> 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).			
<ul> <li>a Owned Property (at original cost):</li> <li>1 Inventories</li> <li>2 Depreciable assets (do not include construction in progress)</li> <li>3 Land</li> </ul>			
<ul> <li>4 Other assets (describe):</li></ul>			
<ul> <li>A2 Payroll Factor - STANDARD APPORTIONMENT ONLY Total wages, salaries, commissions and other compensation to employees (per federal Form 1120S, or payroll reports).</li> <li>A3 Sales Factor</li> </ul>			
<ul> <li>a Sales delivered or shipped to Arizona purchasers</li> <li>b Sales of services for qualifying multistate service providers only (include Schedule MSP)</li></ul>			
<ul> <li>c Other gross receipts</li> <li>d Total sales and other gross receipts</li> <li>e Weight AZ sales: (STANDARD x 2; SALES FACTOR ONLY x 1)</li> </ul>	×2 OR ×1		
<ul> <li>f Sales Factor (for Column A, multiply line d by line e; for Column B, enter the amount from line d; for Column C, divide Column A by Column B.)</li> <li>STANDARD Apportionment, continue to A4.</li> </ul>			
SALES FACTOR ONLY Apportionment, enter the amount from Column C on page 1, line 7.			<b>•</b>
A4 STANDARD Apportionment Total Ratio: Add Column C of lines A1c	A2, and A3f. Enter the t	otal	• • • • • • • • • • • • • • • • • • • •
A5 Average Apportionment Ratio for STANDARD Apportionment: Division page 1, line 7. (If one of the factors is "0" in both Column A and Col			

## SCHEDULE B Other Information

	<ul> <li>1 Date business began in Arizona or date income was first derived from Arizona sources: LM, M1</li> <li>2 Address at which tax records are located for audit purposes:</li> </ul>	D,D1Y,Y,Y,Y,Y		
	Number/Street:			
	City: State: ZIP Code: _		1	
В3	3 The taxpayer designates the individual listed below as the person to contact to schedule an audi confidential information to this individual. (See instructions, page 12.)	it of this return and a	authorizes the disclosure of	
	Name:	Phone Number:	(Area Code)	
	Title:		(Area Code)	
<b>B</b> 4	4 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	ort these changes u	nder separate cover to the	
	Arizona Department of Revenue or to file amended returns reporting these changes. (See instructions, page 2.)			
В5	5 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	s: president, trea	surer, or any other principal officer.	
Declaration	Under penalties of perjury, I(we), the undersigned officer(s) authorized to sign this return, declare that I(we) have examined this re including the accompanying schedules and statements, and to the best of my(our) knowledge and belief, it is a true, correct 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	DA	ATE	PAID PREPARER'S TIN	
Preparer's	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)		FIRM'S EIN		
Use					
Only	FIRM'S STREET ADDRESS			FIRM'S TELEPHONE NUMBER	
	CITY	ST	ATE	ZIP CODE	

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