

For the calendar year 2018 or fiscal year beginning MM, M, D, D, 2, 0, 1, 8 and ending MM, M, D, D, 2, 0, Y, Y.

Business Telephone Number (with area code)	Name	CHECK ONE: <input type="checkbox"/> Original <input type="checkbox"/> Amended
	Address – number and street or PO Box	Employer Identification Number (EIN)
Business Activity Code (from federal Form 1120-S)	City, Town or Post Office	State ZIP Code

- 68** Check box if: **A** This is a first return **B** Name change **C** Address change
- A** ARIZONA apportionment for multistate S corporations only (check one box):
1 AIR CARRIER **2** STANDARD **3** SALES FACTOR ONLY
- 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 If "Yes", check one: **1** Dissolved **2** Withdrawn **3** Merged/Reorganized
 List EIN of the successor corporation, if any
- 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
- Nonprofit Medical Marijuana Dispensary (NMMD) only:** See instructions.
- 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

1 TOTAL DISTRIBUTIVE INCOME (LOSS) from federal Form 1120-S, Schedule K.....	1		00
Complete lines 2-12 only if the S corporation has excess net passive income or capital gains/built-in gains. An S corporation that is not required to complete lines 2-12 must complete lines 13-25 if the S corporation has a tax liability from the recapture of tax credits.			
2 Excess net passive income	2		00
3 Capital gains/built-in gains.....	3		00
4 Total federal income subject to corporate income tax: Add lines 2 and 3. WHOLLY ARIZONA S CORPORATIONS GO TO LINE 11....	4		00
5 Nonapportionable or allocable income: Include schedule. MULTISTATE S CORPORATIONS ONLY	5		00
6 Apportionable income: Subtract line 5 from line 4. MULTISTATE S CORPORATIONS ONLY	6		00
7 Arizona apportionment ratio from Schedule A or Schedule ACA.....	7	
8 Income apportioned to Arizona: Line 6 multiplied by line 7. MULTISTATE S CORPORATIONS ONLY	8		00
9 Other income allocated to Arizona: Include schedule. MULTISTATE S CORPORATIONS ONLY	9		00
10 Total income attributable 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 LINE 4. MULTISTATE S CORPORATIONS: ENTER THE AMOUNT FROM LINE 10.....	11		00
12 Enter tax: See instructions before completing this line.	12		00
13 Tax from recapture of tax credits from Arizona Form 300, Part 2, line 27.....	13		00
14 Subtotal: Add lines 12 and 13. Enter the total.....	14		00
15 Nonrefundable tax credits from Arizona Form 300, Part 2, line 49	15		00
16 Credit type: Enter form number for each nonrefundable credit used: 161 <u>3</u> 162 <u>3</u> 163 <u>3</u> 164 <u>3</u>			
17 Tax liability: Subtract line 15 from line 14. Enter the difference.	17		00
18 Refundable tax credits: Check box(es) and enter amount 181 <input type="checkbox"/> 308 182 <input type="checkbox"/> 349	18		00
19 Extension payment made with Form 120EXT or online: See instructions	19		00
20 Estimated tax payments: See instructions	20		00
21 Total payments: Add lines 18 through 20. Enter the total. For amended returns, see instructions	21		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	22		00
23 Overpayment of tax: If line 21 is larger than line 17, subtract line 17 from line 21. Enter the difference.....	23		00
24 Penalty and interest.....	24		00
25 Estimated tax underpayment penalty. If Form 220 is included, check box 25A <input type="checkbox"/>	25		00
26 Information return penalty: See instructions	26		00
27 TOTAL DUE: See instructions	27		00
28 OVERPAYMENT: See instructions	28		00
29 Amount of line 28 to be applied to 2019 estimated tax.....	29		00
30 Amount to be refunded: Subtract line 29 from line 28. Enter the difference.....	30		00

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.		
Please Sign Here	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.		
Paid Preparer's Use Only	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 TIN
Paid Preparer's Use Only	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)		FIRM'S EIN
Paid Preparer's Use Only	FIRM'S STREET ADDRESS		FIRM'S TELEPHONE NUMBER
Paid Preparer's Use Only	CITY	STATE	ZIP CODE

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