

For the  calendar year 2017 or  fiscal year beginning M, M, D, D, 2, 0, 1, 7 and ending M, M, D, D, 2, 0, Y, Y.

Business Telephone Number (with area code)	Name	<b>CHECK ONE:</b> <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:  This is a first return  Name change  Address change
- A** ARIZONA apportionment for multistate S corporations only (check one box):  
 AIR CARRIER  STANDARD  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 If "Yes", check one:  Dissolved  Withdrawn  Merged/Reorganized  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, 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

<b>1</b> TOTAL DISTRIBUTIVE INCOME (LOSS) from federal Form 1120-S, Schedule K.....	<b>1</b>		<b>00</b>
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.			
<b>2</b> Excess net passive income .....	<b>2</b>		<b>00</b>
<b>3</b> Capital gains/built-in gains.....	<b>3</b>		<b>00</b>
<b>4</b> Total federal income subject to corporate income tax: Add lines 2 and 3. WHOLLY ARIZONA S CORPORATIONS GO TO LINE 11....	<b>4</b>		<b>00</b>
<b>5</b> Nonapportionable or allocable income: Include schedule. MULTISTATE S CORPORATIONS ONLY .....	<b>5</b>		<b>00</b>
<b>6</b> Apportionable income: Subtract line 5 from line 4. MULTISTATE S CORPORATIONS ONLY .....	<b>6</b>		<b>00</b>
<b>7</b> Arizona apportionment ratio from Schedule A or Schedule ACA.....	<b>7</b>		
<b>8</b> Income apportioned to Arizona: Line 6 multiplied by line 7. MULTISTATE S CORPORATIONS ONLY .....	<b>8</b>		<b>00</b>
<b>9</b> Other income allocated to Arizona: Include schedule. MULTISTATE S CORPORATIONS ONLY.....	<b>9</b>		<b>00</b>
<b>10</b> Total income attributable to Arizona: Add lines 8 and 9. Enter the total .....	<b>10</b>		<b>00</b>
<b>11</b> 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.....	<b>11</b>		<b>00</b>
<b>12</b> Enter tax: <b>Tax is 4.9% of line 11 or fifty dollars (\$50), whichever is greater.</b> See instructions before completing this line.....	<b>12</b>		<b>00</b>
<b>13</b> Tax from recapture of tax credits from Arizona Form 300, Part 2, line 31.....	<b>13</b>		<b>00</b>
<b>14</b> Subtotal: Add lines 12 and 13. Enter the total.....	<b>14</b>		<b>00</b>
<b>15</b> Nonrefundable tax credits from Arizona Form 300, Part 2, line 56.....	<b>15</b>		<b>00</b>
<b>16</b> Credit type: Enter form number for each nonrefundable credit used: <b>16</b> <u>13</u> <u>13</u> <u>13</u> <u>13</u>			
<b>17</b> Tax liability: Subtract line 15 from line 14. Enter the difference .....	<b>17</b>		<b>00</b>
<b>18</b> Refundable tax credits: Check box(es) and enter amount <b>18</b> <input type="checkbox"/> 308 <input type="checkbox"/> 342 <input type="checkbox"/> 349.	<b>18</b>		<b>00</b>
<b>19</b> Extension payment made with Form 120EXT or online: See instructions .....	<b>19</b>		<b>00</b>
<b>20</b> Estimated tax payments: See instructions .....	<b>20</b>		<b>00</b>
<b>21</b> Total payments: Add lines 18 through 20. Enter the total. For amended returns, see instructions .....	<b>21</b>		<b>00</b>
<b>22</b> Balance of tax due: If line 17 is larger than line 21, subtract line 21 from line 17. Enter the difference. Skip line 23 .....	<b>22</b>		<b>00</b>
<b>23</b> Overpayment of tax: If line 21 is larger than line 17, subtract line 17 from line 21. Enter the difference.....	<b>23</b>		<b>00</b>
<b>24</b> Penalty and interest.....	<b>24</b>		<b>00</b>
<b>25</b> Estimated tax underpayment penalty. <b>If Form 220 is included, check box</b> ..... <b>25A</b> <input type="checkbox"/>	<b>25</b>		<b>00</b>
<b>26</b> Information return penalty: See instructions .....	<b>26</b>		<b>00</b>
<b>27</b> <b>TOTAL DUE:</b> See instructions .....	<b>27</b>		<b>00</b>
<b>28</b> <b>OVERPAYMENT:</b> See instructions .....	<b>28</b>		<b>00</b>
<b>29</b> Amount of line 28 to be applied to 2018 estimated tax.....	<b>29</b>		<b>00</b>
<b>30</b> Amount to be refunded: Subtract line 29 from line 28. Enter the difference.....	<b>30</b>		<b>00</b>



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.

<b>Declaration</b>	The following declaration must be signed by one or more of the following officers: president, treasurer, or any other principal officer.		
<b>Please Sign Here</b>	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.		
<b>Paid Preparer's Use Only</b>	OFFICER'S SIGNATURE _____	DATE _____	TITLE _____
<b>Paid Preparer's Use Only</b>	OFFICER'S SIGNATURE _____	DATE _____	TITLE _____
<b>Paid Preparer's Use Only</b>	PAID PREPARER'S SIGNATURE _____	DATE _____	PAID PREPARER'S PTIN _____
<b>Paid Preparer's Use Only</b>	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) _____		FIRM'S <input type="checkbox"/> EIN OR <input type="checkbox"/> SSN
<b>Paid Preparer's Use Only</b>	FIRM'S STREET ADDRESS _____		FIRM'S TELEPHONE NUMBER _____
<b>Paid Preparer's Use Only</b>	CITY _____	STATE _____	ZIP CODE _____

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