

For the [] calendar year 2014 or [] fiscal year beginning [M, M, D, D] 2, 0, 1, 4 and ending [M, M, D, D] 2, 0, Y, Y.

Business Telephone Number (with area code) Name Address - number and street or PO Box Business Activity Code (from federal Form 1120-S) 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 this box to elect to be treated as a multistate service provider... C Is this the S corporation's final Arizona return... D Does the S corporation conduct business within and without Arizona... E Will a composite return be filed on Form 140NR... F Total number of nonresident individual shareholders... G Total number of resident and part-year resident individual shareholders... H Total number of entity shareholders... Nonprofit Medical Marijuana Dispensary (NMMD) only (see instructions, page 4): 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 for tax calculations. Line 1: TOTAL DISTRIBUTIVE INCOME (LOSS) from federal Form 1120-S, Schedule K. Line 2: Excess net passive income. Line 3: Capital gains/built-in gains. Line 4: Total federal income subject to corporate income tax. Line 5: Nonapportionable or allocable income. Line 6: Apportionable income. Line 7: Arizona apportionment ratio. Line 8: Income apportioned to Arizona. Line 9: Other income allocated to Arizona. Line 10: Total income attributable to Arizona. Line 11: Net income subject to Arizona corporate income tax. Line 12: Enter tax. Line 13: Tax from recapture of tax credits. Line 14: Subtotal. Line 15: Nonrefundable tax credits. Line 16: Credit type. Line 17: Tax liability. Line 18: Refundable tax credits. Line 19: Extension payment. Line 20: Estimated tax payments. Line 21: Total payments. Line 22: Balance of tax due. Line 23: Overpayment of tax. Line 24: Penalty and interest. Line 25: Estimated tax underpayment penalty. Line 26: Information return penalty. Line 27: TOTAL DUE. Line 28: OVERPAYMENT. Line 29: Amount of line 28 to be applied to 2015 estimated tax. Line 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.		
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 PTIN _____
Paid Preparer's Use Only	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) _____		FIRM'S <input type="checkbox"/> EIN OR <input type="checkbox"/> SSN _____
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