

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	Employer Identification Number (EIN)
Address – number and street or PO Box		
Business Activity Code (from federal Form 1120)	City, Town or Post Office	State ZIP Code

IMPORTANT: Do not use Form 120A to file an Arizona combined or consolidated return. Use Form 120.

Check box if return filed under FEDERAL extension:

82F Do not check if using Arizona Extension

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88	
81 PM	66 RCVD

68 Check box if:

This is a first return Name change Address change

A Is FEDERAL return filed on a consolidated basis? Yes No
If "Yes", list EIN of common parent from consolidated return

B Is this the 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 Dissolved Withdrawn Merged/Reorganized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

Arizona Taxable Income Computation

1 Taxable income per federal return	1		00
2 Additions to taxable income from page 2, Schedule A, line A8.....	2		00
3 Total taxable income: Add lines 1 and 2	3		00
4 Subtractions from taxable income from page 2, Schedule B, line B10.....	4		00
5 Adjusted income: Subtract line 4 from line 3	5		00
6 Arizona basis net operating loss carryover: Include computation schedule	6		00
7 Arizona taxable income: Subtract line 6 from line 5.....	7		00

Arizona Tax Liability Computation

8 Enter tax: Tax is 4.9 percent of line 7 or fifty dollars (\$50), whichever is greater	8		00
9 Tax from recapture of tax credits from Arizona Form 300, Part 2, line 31.....	9		00
10 Subtotal: Add lines 8 and 9.....	10		00
11 Nonrefundable tax credits from Arizona Form 300, Part 2, line 56.....	11		00
12 Credit type: Enter form number for each nonrefundable credit used: 12 <u>3, , ,</u> <u>3, , ,</u> <u>3, , ,</u> <u>3, , ,</u>	12		
13 Tax liability: Subtract line 11 from line 10.....	13		00

Tax Payments

14 Refundable tax credits: Check box(es) and enter amount: 14 <input type="checkbox"/> 308 <input type="checkbox"/> 342 <input type="checkbox"/> 349.....	14		00
15 Extension payment made with Form 120EXT or online: See instructions.....	15		00
16 Estimated tax payments: 16a <u> </u> 00 Claim of Right: 16b <u> </u> 00 Add 16a and 16b ...	16c		00
17 Total payments: Add lines 14, 15, and 16c. Enter the total.....	17		00

Computation of Total Due or Overpayment

18 Balance of tax due: If line 13 is larger than line 17, subtract line 17 from line 13. Enter the difference. Skip line 19..	18		00
19 Overpayment of tax: If line 17 is larger than line 13, subtract line 13 from line 17. Enter the difference.....	19		00
20 Penalty and interest.....	20		00
21 Estimated tax underpayment penalty: If Form 220 is included, check box..... 21A <input type="checkbox"/>	21		00
22 TOTAL DUE: See instructions Non-EFT payment must accompany return	22		00
23 OVERPAYMENT: See instructions	23		00
24 Amount of line 23 to be applied to 2018 estimated tax..... 24 <u> </u> 00			
25 Amount to be refunded: Subtract line 24 from line 23	25		00

Continued on page 2 →

Name (as shown on page 1)	EIN
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SCHEDULE A Additions to Taxable Income

A1 Total federal depreciation.....	A1		00
A2 Taxes based on income paid to any state (INCLUDING ARIZONA), local governments or foreign governments	A2		00
A3 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
A8 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
B2 Basis adjustment for property sold or otherwise disposed of during the taxable year: See instructions	B2		00
B3 Dividends received from 50% or more controlled domestic corporations.....	B3		00
B4 Foreign dividend gross-up	B4		00
B5 Dividends received from foreign corporations	B5		00
B6 Interest on U.S. obligations.....	B6		00
B7 Agricultural crops charitable contribution.....	B7		00
B8 Expenses related to certain federal tax credits listed in the instructions: Include detailed schedule.....	B8		00
B9 Other subtractions from federal taxable income: Include detailed schedule	B9		00
B10 Total: Add lines B1 through B9. Enter the total here and on page 1, line 4	B10		00

SCHEDULE C Additional Information

C1 Date business began in Arizona: MM,DD,YY,YY

C2 Address at which tax records are located for audit purposes: Number/Street: _____
 City: _____ State: _____ ZIP Code: _____

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.)
 Name: _____ Phone Number: _____
 Title: _____ (Area Code)

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.)

C5 Indicate tax accounting method: Cash Accrual Other (Specify method.) _____

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

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