Arizona Form **120S**

Arizona S Corporation Income Tax Return

2020

For the ☐ calendar year 2020 or ☐ fiscal year beginning M M D D 2 0 2 0 and ending M M D D 2 0 Y Y.

Business Telephone Number (with area code)	Name	CHECK ONE: ☐ Original ☐ 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If "Yes", check one: 1 ☐ Dissolved 2 ☐ Withdrawn 3 ☐ Merged/Reorganized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. Enter the difference.			4	00
	100% AZ S corporations check box 4a ☐. Go to line 11. **Multistate S corporations**, continue to line 5.				
5	Nonapportionable or allocable income: Include schedule. **Multistate S corporations only**			5	00
6	Apportionable income: Subtract line 5 from line 4. Enter the difference. **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: ***100% Arizona S corporations*:** Enter 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 22			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 40			15	00
16	Enter form number for each nonrefundable credit claimed: 161 3 162 3 163 3 164 3				
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 ☐ 308 182 ☐ 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 ☐			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 2021 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

SCHEDULE A Apportionment Formula (Multistate S Corporations Only)

IMPORTANT: Qualifying air carriers must use Arizona Schedule ACA. Qualifying multistate service providers must include Arizona Schedule MSP. If the ***"SALES FACTOR ONLY"*** box on page 1, line A, is checked, *complete only Section A3, Sales Factor, lines a through f.* See instructions.

Be certain to enter amounts in Column C carried to six decimal places. You must type the decimal.

	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).			
a Owned Property (at original cost):			
1 Inventories			
2 Depreciable assets (do not include construction in progress)			
3 Land			
4 Other assets (describe):			
5 Less: Nonbusiness property (if included in above totals)			
6 Total of section a (the sum of lines 1 through 4 less line 5)			
b Rented property (capitalize at 8 times net rent paid)			
c Total owned and rented property (Total of section a plus section b).			
A2 Payroll Factor - STANDARD APPORTIONMENT ONLY Total wages, salaries, commissions and other compensation to employees (per federal Form 1120S, or payroll reports).			
A3 Sales Factor			
a Sales delivered or shipped to Arizona purchasers			
b Sales from services or from designated intangibles **for qualifying multistate service providers only** (see instructions; include Schedule MSP)			
c Other gross receipts			
d Total sales and other gross receipts			
e Weight AZ sales: (STANDARD x 2; SALES FACTOR ONLY x 1)	×2 OR ×1		
f Sales Factor Only (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.) Skip line A4 and line A5. **STANDARD Apportionment,** continue to A4. **SALES FACTOR ONLY Apportionment,** enter the amount from Column C on page 1, line 7.			
A4 STANDARD Apportionment Total Ratio: Add Column C of lines A1c, A2, and A3f. Enter the total.			
A5 Average Apportionment Ratio for STANDARD Apportionment: Divide line A4, Column C, by four (4). Enter the result on page 1, line 7. (If one of the factors is "0" in both Column A and Column B, see instructions.)			

SCHEDULE B Other Information

B1 Date business began in Arizona or date income was first derived from Arizona sources: M M D D Y Y Y Y

B2 Address at which tax records are located for audit purposes:

Number/Street: _____

City: _____ State: _____ ZIP Code: _____

B3 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, page 12.)

Name: _____ Phone Number: _____ (Area Code)

Title: _____

B4 List prior taxable years ending in MM/DD/YYYY format 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, page 2.)

B5 Indicate tax accounting method: ☐ Cash ☐ Accrual ☐ Other (Specify method.) _____

Name (as shown on page 1)	EIN

SCHEDULE C Shareholder Information

Complete Schedule C for all shareholders of the S corporation. If the S corporation has more than 8 shareholders, include additional schedules as necessary.

	(a) Shareholder Name	(b) Street Address / (c) City, State ZIP	(d) Shareholder Tax Identification Number	(e) Shareholder's Ownership Percentage	(f) Distributive Share of Income Page 1, Line 1	(g) Resident (R) Nonresident (N) Other Entity (O)
1						
2						
3						
4						
5						
6						
7						
8						
Include additional sheets as necessary						

Declaration

The following declaration must be signed by one or more of the following officers: president, treasurer, or any other principal officer.

Under penalties of perjury, I, the undersigned officer authorized to sign this return, declare that I have examined this return, including the accompanying schedules and statements, and to the best of my 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

OFFICER'S PRINTED NAME

Paid Preparer's Use Only

PAID PREPARER'S SIGNATURE | DATE | PAID PREPARER'S PTIN

PAID PREPARER'S PRINTED NAME

FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)

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

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