

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

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

- 68** Check box if: **A**  This is a first return **B**  Name change **C**  Address change
- NONPROFIT MEDICAL MARIJUANA DISPENSARY (NMMD) ONLY –**
- A** Date Arizona operations began: MM, M, D, D, Y, Y, Y, Y
- B**  NMMD Registry Identification Number: \_\_\_\_\_
- C** What type of entity is the NMMD?  
**1**  Corporation **2**  Limited Liability Company (LLC) **3**  Partnership **4**  S corporation  
**5**  Sole Proprietorship
- D** If the NMMD is an LLC, what is the federal tax classification?  
**1**  Corporation **2**  Disregarded Entity **3**  Partnership **4**  S corporation  
 If the NMMD is an LLC, a partnership or an S corporation, **include a schedule** that lists the following ownership information: name, address, TIN, and ownership percentage at the end of the tax year.
- E** Federal form filed: **1**  1040 **2**  1041 **3**  1065 **4**  1120 **5**  1120-S **6**  Other (specify) \_\_\_\_\_
- F** TPT License Number(s): **1** \_\_\_\_\_; **2** \_\_\_\_\_; **3** \_\_\_\_\_.

<b>Check box if return filed under extension:</b>	
<b>82</b> 82F <input type="checkbox"/>	
<b>REVENUE USE ONLY. DO NOT MARK IN THIS AREA.</b>	
<b>88</b>	
<b>81</b> PM	<b>66</b> RCVD

**Sources of Income**

1 Gross sales from business activities.....	<b>1</b>		00
2 Less cost of goods sold: Include itemized statement .....	<b>2</b>		00
3 Gross profit from business activities: Subtract line 2 from line 1 .....	<b>3</b>		00
4 Interest.....	<b>4</b>		00
5 Rents .....	<b>5</b>		00
6 Gain or (loss) from sales of assets, excluding inventory items.....	<b>6</b>		00
7 Other income: Include itemized statement .....	<b>7</b>		00
<b>8</b> Total income: Add lines 3 through 7.....		<b>8</b>	00

**Expenses**

9 Compensation of officers, directors, trustees, etc.....	<b>9</b>		00
10 Salaries and wages other than amounts included on line 2 .....	<b>10</b>		00
11 Interest.....	<b>11</b>		00
12 Taxes .....	<b>12</b>		00
13 Rent expense.....	<b>13</b>		00
14 Depreciation: Include schedule.....	<b>14</b>		00
15 Other expenses: Include itemized statement.....	<b>15</b>		00
<b>16</b> Total expenses: Add lines 9 through 15.....		<b>16</b>	00

**Net Revenue (Loss)**

17 Revenue less expenses. Subtract line 16 from line 8.....	<b>17</b>		00
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**Penalty**

18 Penalty for late filing or incomplete filing. See instructions.....	<b>18</b>		00
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THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. A.R.S. § 42-1125(K).

Name (as shown on page 1)	EIN
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**Balance Sheet**

	Beginning of Year		End of Year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
19 Cash .....		00		00
20 Accounts Receivable .....	00		00	
21 Less Allowance for doubtful accounts .....	00	00	00	00
22 Inventories .....		00		00
23 Other Current Assets .....		00		00
24 Buildings and other depreciable assets .....	00		00	
25 Less Accumulated Depreciation .....	00	00	00	00
26 Land (net of amortization) .....		00		00
27 Other Long-Term Assets .....		00		00
28 Total Assets: Add lines 19 through 27 of columns (b) and (d)		00		00
<b>Liabilities</b>				
29 Accounts Payable .....		00		00
30 Mortgages and Other Notes Payable .....		00		00
31 Other Liabilities .....		00		00
32 Total Liabilities: Add lines 29 through 31 .....		00		00
<b>Equity</b>				
33 Capital Stock or Trust Principal .....		00		00
34 Paid-in Capital or Capital Surplus .....		00		00
35 Retained Earnings or Accumulated Income .....		00		00
36 Total Net Assets: Add lines 33 through 35 .....		00		00
37 Total Liabilities and Equity: Add line 32 and line 36 .....		00		00

<b>Declaration</b>	Under penalties of perjury, I 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.		
<b>Please Sign Here</b>	_____ OFFICER'S SIGNATURE	_____ DATE	_____ TITLE
	_____ OFFICER'S PRINTED NAME		
<b>Paid Preparer's Use Only</b>	_____ PAID PREPARER'S SIGNATURE	_____ DATE	_____ PAID PREPARER'S TIN
	_____ PAID PREPARER'S PRINTED NAME		
	_____ FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)		_____ FIRM'S EIN
	_____ FIRM'S STREET ADDRESS		_____ FIRM'S TELEPHONE NUMBER
	_____ CITY	_____ STATE	_____ ZIP CODE

PLEASE BE SURE TO SIGN THE RETURN.

**Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix, AZ 85072-2153**