

For the ☐ calendar year 2025 or ☐ fiscal year beginning MM/DD/2025 and ending MM/DD/20YY.☐ Check this box if this fiscal year return is based on a 52/53 week taxable year.

Business Telephone Number (with area code)	Name	CHECK ONE: ☐ Original ☐ Amended Employer Identification Number (EIN)
	Address – number and street or PO Box	
Business Activity Code (from federal Form 1120-S)	City, Town or Post Office	State ZIP Code

68 Check if: A ☐ First return B ☐ Name change C ☐ Address changeA Did the S Corporation make the Pass-Through Entity (PTE) election to pay tax on its flow-through income at the entity level? (See Instructions) ☐ Yes ☐ NoB Does the S corporation conduct business within and without Arizona? ☐ Yes ☐ No

C ARIZONA apportionment for Multistate S Corporations only (check one box):

1 ☐ AIR CARRIER 2 ☐ STANDARD 3 ☐ SALES FACTOR ONLYD ☐ 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 5E Is this the S corporation's final Arizona return under this EIN? ☐ Yes ☐ NoIf "Yes", check one: 1 ☐ Dissolved 2 ☐ Withdrawn 3 ☐ Merged/Reorganized

List EIN of the successor corporation, if any _____

F Will a composite return be filed on Form 140NR? See Instructions ☐ Yes ☐ NoG Marijuana Establishments only: 1 ☐ Adult Use only 2 ☐ Dual Lic. elected for-profit 3 ☐ Dual Lic. did not elect for-profit 4 ☐ NMMD only

H ADHS Registry Identification Number: _____

Check box if return is filed under extension:

82 82F ☐

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88**81** PM**66** RCVD**Part 1 Calculation of S Corporation Tax Due/Overpayment:**

1 TOTAL DISTRIBUTIVE INCOME (LOSS) from federal Form 1120-S, Schedule K	1		00
If the S Corporation has income subject to tax at the federal level (e.g. excess net passive income or capital gains/built-in gains), complete lines 2-36. If the S Corporation only has a tax liability from the recapture of Arizona tax credits, complete lines 13-36.			
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 total	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 <u>13</u> 162 <u>13</u> 163 <u>13</u> 164 <u>13</u>			
17 Tax liability: Subtract line 15 from line 14. Enter the difference.	17		00
18 PTE Tax Liability: Enter the amount from Part 2, line 52.	18		00
19 Total Tax Liability: Add line 17 and 18. Enter the total. This is the total amount of tax owed by the S Corporation	19		00
20 Refundable tax credits: Check box(es); enter amount: 201 ☐ 308 202 ☐ 334 203 ☐ 349	20		00
21 Extension payment made with Form 120/165EXT or online: See instructions	21		00
22 Estimated tax payments: See instructions	22		00
23 Amended Returns: Payments made with original return plus all payments made after it was filed.	23		00
24 Subtotal of tax payments: Add lines 20 through 23. Enter the total	24		00
25 Overpayments of tax from original return or later adjustments	25		00
26 Total tax payments. Subtract line 25 from line 24. Enter the difference	26		00

Continued on page 2 ➔

Name (as shown on page 1)	EIN
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Part 1: Continued from page 1.

27 Total tax payments from line 26	27		00
28 Balance of tax due: If line 19 is larger than line 27, subtract line 27 from line 19. Enter the difference. Skip line 29	28		00
29 Overpayment of tax: If line 27 is larger than line 19, subtract line 19 from line 27. Enter the difference	29		00
30 Penalty and interest	30		00
31 Estimated tax underpayment penalty. If Form 220/PTE is included, check box 31A ☐	31		00
32 Information return penalty: See instructions	32		00
33 TOTAL DUE: See instructions	33		00
34 OVERPAYMENT: See instructions	34		00
35 Amount of line 34 to be applied to 2026 estimated tax	35		00
36 Amount to be refunded: Subtract line 35 from line 34. Enter the difference	36		00

Part 2 - Calculation of S Corporation Tax to be Paid at the Entity Level - Complete only if the S Corporation answered "Yes" to Question A on page 1, or if estimated payments were made and the S Corporation is not claiming the PTE election. If estimated payments were made and the S Corporation is not claiming the PTE election, see the instructions before completing Part 2.

Calculation of the income attributable to shareholders:

37 Enter the amount from line 1.	37		00
38 Add lines C1 and C4 in column (c) of Schedule C. Enter the total. This is the total of the ownership shares for all resident individual shareholders and all resident estate and trust shareholders that did not opt out of the S Corporation's election to pay tax at the entity level on its pass-through income. (See Instructions) ..	38		
39 Multiply line 37 by line 38. Enter the result. This is the S Corporation income attributable to resident individual shareholders and resident trust and estate shareholders that did not opt out of the S Corporation's election to pay tax at the entity level on its pass through income.	39		00
40 Add lines C2 and C5 in column (c) of Schedule C. Enter the total. This is the total of the ownership shares for all nonresident shareholders and all nonresident estate and trust shareholders that did not opt out of the S Corporation's election to pay tax at the entity level on its pass-through income.. (See Instructions)	40		
41 Multiply line 37 by line 40. Enter the result. This is the S Corporation income attributable to nonresident shareholders and nonresident trust and estate shareholders that did not opt out of the S Corporation's election to pay tax at the entity level on its pass-through income	41		00
42 Enter the ownership share from line C3, column (c) of Schedule C. This is the total of the ownership shares for all part-year resident shareholders that did not opt out of the S Corporation's election to pay tax at the entity level on its pass-through income.. (See Instructions)	42		
43 Multiply line 37 by line 42. Enter the result. This is the S Corporation income attributable to part-year resident shareholders that did not opt out of the S Corporation's election to pay tax on its pass-through income at the entity level.	43		00
43A Enter the portion of line 43 that all part-year residents earned while residents of Arizona.	43A		00
43B Enter the portion of line 43 that all part-year residents earned while nonresidents of Arizona	43B		00
<i>NOTE: the total of lines 43A and 43B must equal the amount reported on line 43</i>			
44 Enter the ownership share from line C7, column (c) of Schedule C. This is the total of the ownership shares for all shareholders that opted out of the S Corporation's election to pay tax at the entity level on its pass-through income and all shareholders that are not eligible to make the election. (See Instructions)	44		
45 Multiply line 37 by line 44. Enter the result. This is the S Corporation income attributable to shareholders that opted out of the S Corporation's election to pay tax at the entity level on its pass-through income and to shareholders that are not eligible to make the election.	45		00

NOTE: The total of lines 39, 41, 43, and 45 must equal the amount on line 37.

Name (as shown on page 1)	EIN
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SCHEDULE B Shareholder Information

Complete Schedule B for all shareholders of the S corporation. If the shareholder is a grantor trust or an SMLLC disregarded to an individual taxpayer, see the instructions. If the S corporation has more than 10 shareholders, include additional schedules as necessary.

	(a) PTE?	(b) Shareholder Name (Beneficial Owner)	(c) Street Address	(e) Shareholder Tax Identification Number	(f) Resident (R) Nonresident (N) Part-Yr Res (P) Estate/Trust (E) Other Entity (O)	(g) Shareholder's Distributive Share (Entered as a decimal.)	(h) Distributive Share of Income Page 1, Line 1
			(d) City, State ZIP				
B1	☐						
	☐						
B2	☐						
	☐						
B3	☐						
	☐						
B4	☐						
	☐						
B5	☐						
	☐						
B6	☐						
	☐						
B7	☐						
	☐						
B8	☐						
	☐						
B9	☐						
	☐						
B10	☐						
	☐						
Include additional sheets as necessary							

SCHEDULE C Summary of Shareholder Information -- See Instructions

	(a) Shareholder Consent to PTE Election	(b) Shareholder Count	(c) Shareholders' Ownership Share
C1	Individual resident shareholders who did not opt out of the election.....		
C2	Individual nonresident shareholders who did not opt out of the election.....		
C3	Individual part-year resident shareholders who did not opt out of the election.....		
C4	Resident estate and trust shareholders who did not opt out of the election.....		
C5	Nonresident estate and trust shareholders who did not opt out of the election.....		
C6	Add lines C1 to C5. Enter the total. These are the totals for the shareholders who did not opt out of the election.		
C7	Shareholders that opted out of the election or are excluded from making the election.....		
C8	Total shareholder count and total shareholder ownership share. Add lines C6 and C7 in columns (b) and (c). Enter the totals. (Column (c) should equal 1.000000)		

Name (as shown on page 1)	EIN
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SCHEDULE D Schedule of Tax Payments Applied to S Corporation Tax Liability.

	(a) Payment Date	(b) Extension Payment	(c) S Corp Estimated Payment	(d) PTE Estimated Payments
D1	MM DD YY	00	00	00
D2	MM DD YY	00	00	00
D3	MM DD YY	00	00	00
D4	MM DD YY	00	00	00
D5	MM DD YY	00	00	00
D6	MM DD YY	00	00	00
D7	Total Tax Payments	00	00	00

SCHEDULE E Other Information

- E1** Date business began in Arizona or date income was first derived from Arizona sources: MM/DD/YYYY
- E2** Address at which tax records are located for audit purposes:
 Number/Street: _____
 City: _____ State: _____ ZIP Code: _____
- E3** 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 19.)
 Name: _____ Phone Number: _____
 Title: _____ (Area Code)
- E4** 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 5.)
- E5** Indicate tax accounting method: ☐ Cash ☐ Accrual ☐ Other (Specify method.)

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, 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.		
Paid Preparer's Use Only	OFFICER'S SIGNATURE _____		DATE _____
	OFFICER'S PRINTED NAME _____		TITLE _____
	PAID PREPARER'S SIGNATURE _____		DATE _____
	PAID PREPARER'S PRINTED NAME _____		PAID PREPARER'S PTIN _____
	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 _____

This form must be e-filed unless the S Corporation has a waiver or is exempt from e-filing.
See instructions for details.

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