

For taxable year beginning MM / DD / YYYY, and ending MM / DD / YYYY
Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079

CHECK ONE:	
Calendar year <input type="checkbox"/>	Fiscal year <input type="checkbox"/>
Federal employer ID number (FEIN)	
AZ withholding tax number	
AZ transaction privilege tax number	

Business telephone number ()	Please Type or Print	Name
Business activity code number (from federal Form 1120)		Number and street
		City, or town, state, and ZIP code

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 FEIN of common parent from consolidated return _____

B ARIZONA filing method: (Check only one) See instruction pages 2-3
1 Separate company 2 Combined (unitary group) 3 Consolidated

C If ARIZONA filing method is combined or consolidated, see Form 51 instructions
Are there any additions or deletions on Form 51? Yes No

D Is this the corporation's final ARIZONA return? Yes No
If yes, check one: Dissolved Withdrawn Merged/Reorganized
List FEIN of the successor corporation, if any _____

FOR DOR USE ONLY

81 _____ **66** _____

82 CHECK BOX IF:
Federal extension used to file return. 82 F

1	Taxable income - per attached federal return	1	00
2	Additions to taxable income - from page 2, Schedule A, line A11	2	00
3	Total taxable income - add lines 1 and 2	3	00
4	Subtractions from taxable income - from page 2, Schedule B, line B11	4	00
5	Adjusted income - subtract line 4 from line 3. WHOLLY ARIZONA CORPORATIONS GO TO LINE 13	5	00
6	Arizona adjusted income - from line 5. MULTISTATE CORPORATIONS ONLY	6	00
7	Nonapportionable or allocable amounts - from page 3, Schedule D, line D8. Multistate corporations only	7	00
8	Adjusted business income - subtract line 7 from line 6. Multistate corporations only	8	00
9	Arizona apportionment ratio - from Schedule C or Schedule ACA	9	.
10	Adjusted business income apportioned to Arizona - line 8 multiplied by line 9. Multistate corporations only	10	00
11	Other income allocated to Arizona - from page 3, Schedule E, line E7. Multistate corporations only	11	00
12	Adjusted income attributable to Arizona - add lines 10 and 11. Multistate corporations only	12	00
13	Arizona income before NOL - from line 5 or line 12	13	00
14	Arizona basis net operating loss carryover - attach computation schedule	14	00
15	Arizona taxable income - subtract line 14 from line 13	15	00
16	Enter tax. Tax is 6.968 percent of line 15 or fifty dollars (\$50), whichever is greater	16	00
17	Tax from recapture of tax credits - from Form 300, Part II, line 26	17	00
18	Subtotal - add lines 16 and 17	18	00
19	Clean Elections Fund Tax Reduction. Check this box to send \$5 to the fund and reduce the tax (line 18) by \$5. Enter the amount of the tax reduction	19A <input type="checkbox"/>	00
20	Nonrefundable tax credits - from Arizona Form 300, Part II, line 50	20	00
21	Credit type - enter form number for each nonrefundable credit claimed ..	21	3 3 3 3
22	Tax liability - subtract the sum of lines 19 and 20 from line 18	22	00
23	Clean Elections Fund Tax Credit. SEE INSTRUCTIONS BEFORE COMPLETING THIS LINE	23	00
24	Tax liability after Clean Elections Fund tax credit - subtract line 23 from line 22	24	00
25	Refundable tax credits - see instructions	25	00
26	Credit type - enter form number for each refundable credit claimed	26	3 3 3 3
27	Retroactive consolidation tax payment credit - see instructions	27	00
28	Extension payment made with Form 120EXT - see instructions	28	00
29	Estimated tax payments - see instructions	29	00
30	Total payments - see instructions	30	00
31	Balance of tax due - If line 24 is larger than line 30, enter balance of tax due. Skip line 32	31	00
32	Overpayment of tax - If line 30 is larger than line 24, enter overpayment of tax	32	00
33	Penalty and interest	33	00
34	Estimated tax underpayment penalty. If Form 220 is attached, check box	34A <input type="checkbox"/>	00
35	Donation to Citizens Clean Elections Fund - see instructions	35	00
36	TOTAL DUE - payment must accompany return. See instructions	36	00
37	OVERPAYMENT - see instructions	37	00
38	Amount of line 37 to be applied to 2002 estimated tax	38	00
39	Amount to be refunded - subtract line 38 from line 37	39	00

Schedule D - Non-apportionable Income and Expenses (Multistate Corporations Only)

D1 Nonbusiness dividends and interest income:		
a. Total nonbusiness dividends not deducted on page 2, Schedule B.....	D1a	00
b. Interest from nonbusiness sources.....	D1b	00
c. Total nonbusiness dividends and interest - <i>add lines D1a and D1b</i>	D1c	00
D2 Net royalties from nonbusiness patents and copyrights - <i>attach schedule</i>	D2	00
D3 Net income from rental of nonbusiness assets - <i>attach schedule</i>	D3	00
D4 Net gain or (loss) from sale or exchange of nonbusiness assets utilized for production of nonbusiness income - <i>attach schedule</i>	D4	00
D5 Other income or (loss) - <i>attach schedule</i>	D5	00
D6 Subtotal - <i>add lines D1c through D5</i>	D6	00
D7 Expenses attributable to income derived from a foreign corporation which is not itself subject to Arizona income tax - <i>attach schedule</i>	D7	00
D8 Total - subtract line D7 from line D6. Enter total here and on page 1, line 7	D8	00

Schedule E - Other Income Allocated to Arizona (Multistate Corporations Only)

E1 Gain or (loss) from sale or exchange of real estate and other tangible assets utilized for the production of nonbusiness income - <i>attach schedule</i>	E1	00
E2 Net income or (loss) from rental of nonbusiness assets - <i>attach schedule</i>	E2	00
E3 Net royalties from nonbusiness patents and copyrights - <i>attach schedule</i>	E3	00
E4 Net income or (loss) from intangible property specifically allocable to Arizona - <i>attach schedule</i>	E4	00
E5 Federal income tax refund received in taxable year - <i>see instructions</i>	E5	00
E6 Other income or (loss) directly allocable to Arizona - <i>attach schedule</i>	E6	00
E7 Total - <i>add lines E1 through E6. Enter total here and on page 1, line 11</i>	E7	00

Schedule F - Schedule of Tax Payments

Name of corporation	FEIN	Date of payment	Type of payment	Amount of payment
Total				

Schedule G - Other Information

G1 Date business began in Arizona or date income was first derived from Arizona sources MM / DD / YYYY

G2 Address at which tax records are located for audit purposes: _____

G3 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 instruction page 17)

Name and title _____ Phone # () _____

G4 List prior taxable years for which a federal examination has been finalized _____

NOTE: ARS § 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 instruction page 5)

G5 List taxable years for which federal examinations are now in progress, or final determination of past examinations is still pending _____

G6 List the taxable years for which federal waivers of the statute of limitations are in effect and dates on which waivers expire _____

G7 Amount of Arizona taxable income for prior taxable year (2000 Form 120, line 15) _____

G8 Indicate tax accounting method: Cash Accrual Other (Specify method) _____

Multistate taxpayers:

G9 Are the nonbusiness items reported on Schedule D, lines 1 through 5, and the apportionment factor items reported on Schedule C, column B, treated consistently on all state tax returns filed under the Uniform Division of Income for Tax Purposes Act?

Yes No If no, attach explanation.

G10 Has the taxpayer changed the way income is apportioned or allocated to Arizona from prior taxable year returns?

Yes No If yes, attach explanation.

Certification The following certification must be signed by one or more of the following officers (president, treasurer, or any other principal officer).

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	Title	Date
	_____	_____	_____
	Officer's signature	Title	Date

Paid Preparer's Use Only	_____	_____
	Preparer's signature	Date
	_____	_____
	Firm's name (or preparer's, if self-employed)	Preparer's TIN
	_____	_____
	Firm's address	Zip code