

DO NOT STAPLE ANY ITEMS TO THE RETURN.

Arizona Form 140-SBI

Small Business Income Tax Return

FOR CALENDAR YEAR 2021

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING MM/DD/2021 AND ENDING MM/DD/20YY 66F

1 Your First Name and Middle Initial Last Name Your Social Security Number

1 Spouse's First Name and Middle Initial (if box 95a or 95b checked) Last Name Spouse's Social Security No.

2 Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) 94

3 City, Town or Post Office State ZIP Code If you are claiming Injured Spouse Protection (Form 203) check 3a 95. Filing Status. Must be the same as Form 140, 140NR or 140PY 95a Married filing joint return 95c Head of Household 95b Married filing separate return 95d Single

Table with columns for Small Business Income (lines 4-9) and Revenue Use Only (lines 81-88). Includes sub-sections for Federal Schedules B, C, D, E, F and Form 4797.

Table for Additions Related to Small Business Income (lines 10-26). Includes Total Small Business income, Fiduciary Adjustments, Non-Arizona municipal interest, Partnership Income Adjustment, Total federal depreciation, Net capital loss, Claim of Right adjustments, Agricultural Water Conservation expenses, Depreciation/amortization, Addition to S Corporation Income, Basis adjustments, and Adjustments for Net Operating Loss and Americans with Disabilities Act.

Table for Subtractions Related to Small Business Income (lines 27-46). Includes Total net capital gain/loss, Total net short-term/long-term capital gain/loss, Net long-term capital gain from assets acquired after Dec 31, 2011, Multiply line 30 by 25%, Fiduciary Adjustment (negative), Net capital gain from investment/exchange, Recalculated Arizona depreciation, Partnership Income adjustment, Interest on U.S. obligations, Net operating loss adjustment, Agricultural Crops given, Exploration expenses, Installment sale income, Basis adjustment, Americans with Disabilities Act, Claim of Right Adjustment, Sole Proprietorship income, and Sole Proprietorship - AZ Marijuana Establishment.

Place any required federal and AZ schedules or other documents after Form 140-SBI.

Your Name (as shown on page 1) \_\_\_\_\_ Your Social Security Number \_\_\_\_\_

Subtractions continued	47	S Corporation shareholders of an AZ Marijuana Establishment, Testing Facilities and for-profit dual licensees: Enter the amount of your pro-rata share of expenses related to the sales of recreational products from Schedule K-1, line 7.....	47	00
	48	Amount of wages or salaries paid or incurred during the tax year and used to claim certain federal tax credits.....	48	00
Balance of Tax	49	Arizona Small Business Taxable Income. Subtract lines 31 through 48 from line 26. If less than zero, enter "0".....	49	00
	50	Small Business Income Tax: Multiply line 49 by 3.5% (.035) and enter the result.....	50	00
	51	Tax from recapture of credits from Arizona Form 301-SBI, Part 2, line 23.....	51	00
	52	Subtotal of tax: Add lines 50 and 51. Enter the total.....	52	00
	53	Nonrefundable Credits from Arizona Form 301-SBI, Part 2, line 43.....	53	00
Payments and Refundable Credits	54	<b>Balance of Tax:</b> Subtract line 53 from line 52. If line 53 is greater than line 52, enter "0".....	54	00
	55	2021 AZ estimated tax payments 55a _____ Claim of Right 55b _____ 00 Add 55a and 55b 55c		00
	56	2021 AZ extension payment (Form 204-SBI).....	56	00
Tax Due or Overpayment	57	Refundable credits: Check the box(es) and enter the total amount ..... 571 <input type="checkbox"/> 308-l 572 <input type="checkbox"/> 349	57	00
	58	<b>Total payments and refundable credits:</b> Add lines 55c, 56 and 57. Enter the total.....	58	00
	59	<b>TAX DUE:</b> If line 54 is larger than line 58, subtract line 58 from line 54. Enter amount of tax due. Skip lines 60, 61 and 62.....	59	00
Penalty	60	<b>OVERPAYMENT:</b> If line 58 is larger than line 54, subtract line 54 from line 58. Enter amount of overpayment.....	60	00
	61	Amount of line 60 to be applied to 2022 estimated tax.....	61	00
	62	Balance of overpayment: Subtract line 61 from line 60. Enter the difference .....	62	00
Refund or Amount Owed	63	Estimated payment penalty from Form 221-SBI. See instructions.....	63	
	64	641 <input type="checkbox"/> Annualized/Other 642 <input type="checkbox"/> Farmer or Fisherman 643 <input type="checkbox"/> Form 221-SBI included		
	65	<b>REFUND:</b> Subtract line 63 from line 62. If less than zero, enter amount owed on line 66 ..... <b>Direct Deposit of Refund:</b> Check box 65A if your deposit will be ultimately placed in a foreign account; see instructions. 65A <input type="checkbox"/> <input checked="" type="checkbox"/> C <input type="checkbox"/> Checking or <input type="checkbox"/> S <input type="checkbox"/> Savings ROUTING NUMBER _____ ACCOUNT NUMBER _____	65	00
	66	<b>AMOUNT OWED:</b> Add lines 59 and 63. Enter the total Make check payable to Arizona Department of Revenue; write your SSN and "140-SBI" on payment; and include it with your return.....	66	00

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**PLEASE SIGN HERE**

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ OCCUPATION \_\_\_\_\_

SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SPOUSE'S OCCUPATION \_\_\_\_\_

PAID PREPARER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) \_\_\_\_\_

PAID PREPARER'S STREET ADDRESS \_\_\_\_\_ PAID PREPARER'S TIN \_\_\_\_\_

PAID PREPARER'S CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PAID PREPARER'S PHONE NUMBER \_\_\_\_\_