

For the calendar year 2018 or fiscal year beginning MM, M, D, D, 2, 0, 1, 8 and ending MM, M, D, D, Y, Y, Y, Y.

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

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

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 dispensary?
 1 Corporation 2 Limited Liability Company (LLC) 3 Partnership 4 S corporation
 5 Sole Proprietorship
- D If the dispensary is an LLC, what is the federal tax classification?
 1 Corporation 2 Disregarded Entity 3 Partnership 4 S corporation
 If the dispensary 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) _____

Sources of Income

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

Expenses

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

Net Revenue (Loss)

17 Revenue less expenses. Subtract line 16 from line 8.....	17		00
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Penalty

18 Penalty for late filing or incomplete filing. See instructions.....	18		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).

Continued on page 2 →

Name (as shown on page 1)	EIN
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Balance Sheet

	Beginning of Year		End of Year	
	(a)	(b)	(c)	(d)
Assets				
19 Cash		00		00
20 Accounts Receivable.....	00		00	
21 Less Allowance for doubtful accounts	00	00	00	00
22 Other Current Assets		00		00
23 Inventories.....		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
Liabilities				
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
Equity				
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

Declaration	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.		
Please Sign Here	_____	_____	_____
	OFFICER'S SIGNATURE	DATE	TITLE
Paid Preparer's Use Only	_____	_____	_____
	PAID PREPARER'S SIGNATURE	DATE	PAID PREPARER'S TIN
	_____	_____	_____
	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