			140PY-SBI	Small Business Income Tax Return for Arizona Part-Year Residents					FOR CALENDAR YEAR 2023	
E	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEGINNIN	IG IM.MID.D	12.0.2.3	I AND FNDI	ING IM.MID	D   2   0   Y   Y   66F	
뿚	1	Your First Name and Middle Initial Last Name							Social Security Number	
<b>11S TO</b>	_	Spouse's First Name and Middle Initial (if box 95a or 95b checked)			Last Name SSN(s)			Spou	se's Social Security No.	
<b>ANY ITEMS</b>	_	Current Home Address - number and street, rural route			Apt. No.			Daytime Phone	(with area code)	
	_	City, T						filing joint return	as Form 140, 140NR or 140PY 95c Head of Household 95d Single	
P		4 Federal Schedule B. See instructions						SE ONLY. DO N	OT MARK IN THIS AREA.	
STAPLE	a	5a l	5a Federal Schedule C. See instructions							
	ĕ	5b i	Enter your NAICS code shown on Schedule C:							
DO NOT	Business Income	6 F	Portion of Federal Schedule D.	See instructions for amount	6	00				
8	ess	7a l	a Federal Schedule E. See instructions							
	risi	7	7b Rental, Real Estate, Royalties00 7e REMICS00							
	Ē	7	7c Partnerships/S Corporations	00 7f Farm Rental	00					
	Small	7	7d Estates/Trusts00				81 PM		80 RCVD	
	0,	8 F	Federal Schedule F. See instru	uctions	8	00				
		9 F	Federal Form 4797. Amounts not	included on line 6. See instructions	9	00				
		10	Total Small Business incom	e: Add lines 4, 5a, 6, 7a, 8 and	9. Enter the tot	al		10	00	
		11		e) from Arizona Form 141AZ Scl					00	
		12		st. See instructions			, ,		00	
	me	13	Partnership Income Adjustme	nt. See instructions				13	00	
	ü	14	Total federal depreciation inclu	uded in Arizona gross income				14	00	
_:	SS	15							00	
nts after Form 140PY-SBI.	sine	16							00	
	Small Business Income	17							00	
		18							00	
14	S O	19							00	
E	ed t	20	Depreciation or amortization r	ns <b>20</b>	00					
뎐	Additions Related to Small E	21	21 Basis adjustment for property claimed as a credit on AZ Forms 315 and 325 that was sold or disposed of during the tax year						00	
ē		22	, , , , , , , , , , , , , , , , , , , ,						00	
aft	tion			Loss due to Claim of Right					00	
ts	\ddi			t - Access Expenditures					00	
	4			ent. See instructions				25	00	
Ξ		20	26 Sole Proprietorship loss of an AZ Nonprofit Medical Marijuana Dispensary included in Schedule C. See instructions						00	
<u> </u>		27	27 Motion Picture Production Costs (Form 334). See instructions						00	
Š		28		gh 27. Enter the total					00	
Ę		29		See instructions				00		
0		30		in or (loss). See instructions			<b>I</b>	00		
S O	ō	31		n or (loss). See instructions				00		
schedules or other docume	EO II	32		m assets acquired <i>after</i> Decemb				00	00	
ed	<u>u</u>	33		and enter the result. See instructi					00	
ਨ	nes	34	, , ,	e) from Arizona Form 141AZ So			, ,		00	
ΖS	susi	32 Net long-term capital gain from assets acquired <i>after</i> December 3 33 Multiply line 32 by 25% (.25) and enter the result. See instructions. 34 Fiduciary Adjustment (negative) from Arizona Form 141AZ Sched 35 Net capital gain derived from investment in qualified small busine 36 Net capital gain from the exchange of one kind of legal tender for 37 Recalculated Arizona depreciation				siness for another kind of legal tender			00	
d AZ	= E	36		ation		-			00	
au	Sm	37 38	•					Г	00	
a	9 10	39							00	
der	Related to	40							00	
fec	Re	41	-	amounts repaid in prior years	-				00	
eq	ons	42 Sole Proprietorship income of an AZ Nonprofit Medical Marijuana Dispensary included in Schedule C							00	
any required federal and	acti									
	Subtractions	-	ordinary and necessary business expenses related to the sales of recreational use products from Schedule DF							
	Ñ		See instructions.						00	
ar		44	44 S Corporation shareholders of an AZ Marijuana Establishment, Testing Facilities and for-profit dual licensees:							
lace			, ,	rata share of expenses related t		•				
10			1200 ochequie K-1, line /					44	00	

	Your Name (as shown on page 1)  Your S	Social Security Number	
s cont.	45 Agricultural Crops given to Arizona Charitable Organizations		00
Subtractions	46 Americans with Disabilities Act - Expenditure expenses		
	47 Amount of wages or salaries paid or incurred during the tax year and used to claim certain federal tax		00
	48 Exploration expenses deferred before January 1, 1990		
	49 Installment sale income from another state taxed by the other state in a prior year		00
Balance of Tax	50 Interest on U.S. obligations such as U.S. savings bonds and treasury bills		00
	51 Virtual Currency and Non-Fungible Tokens. See instructions		00
	52 Gas Fees or Non-Fungible Token Basis. See instructions		00
	<b>53</b> Arizona Small Business Taxable Income: Subtract lines 33 through 52 from line 28. If less than zero,		00
æ	54 Small Business Income Tax: Multiply line 53 by 2.5% (.025) and enter the result	54	00
T its	55 Tax from recapture of credits from Arizona Form 301-SBI, Part 2, line 24	55	00
s and Crec	56 Subtotal of tax: Add lines 54 and 55 and enter the total	56	00
ment	57 Nonrefundable Credits from Form 301-SBI, Part 2, line 44	57	00
Payments and Refundable Credits	58 Balance of Tax: Subtract line 57 from line 56. If line 57 is greater than line 56, enter zero "0"	58	00
	59 2023 AZ estimated tax payments 59a 00 Claim of Right 59b 00	Add 59a and 59b <b>59c</b>	00
ne ut	60 2023 AZ extension payment (Form 204-SBI)	60	00
one c	61 Refundable credits: Check the box(es) and enter the total amount	34 <b>613</b> 349 <b>61</b>	00
Tax Due or Overpayment	62 Total payments and refundable credits: Add lines 59c, 60 and 61. Enter the total	62	00
		and 66 <b>63</b>	00
Penalty	64 OVERPAYMENT: If line 62 is larger than line 58, subtract line 62 from line 58. Enter amount of overpayment	64	00
	65 Amount of line 64 to be applied to 2024 estimated tax	65	00
Refund or Amount Owed	66 Balance of overpayment: Subtract line 65 from line 64. Enter the difference	66	00
ρģ	67 Estimated payment penalty from Form 221-SBI. See instructions		00
Sefui	68 681 ☐Annualized/Other 682 ☐Farmer or Fisherman 683 ☐Form 221-SBI included		
Ā	Direct Deposit of Refund Check box 69A if your deposit will be ultimately placed in a foreign account; see instruc		00
	98 S Savings		
	70 AMOUNT OWED: Add lines 63 and 67. Enter the total Make check payable to Arizona Department of Revenu SSN and "140PY-SBI" on payment; and include it with your return		00

ш			•	th it, and to the best of my knowledge and belief, they are information of which preparer has any knowledge.		
I HERE	YOUR SIGNATURE		DATE	OCCUPATION		
SIGN	SPOUSE'S SIGNATURE		DATE	SPOUSE'S OCCUPATION		
EASE	PAID PREPARER'S SIGNATURE DATE		FIRM'S NAME (PR	EPARER'S IF SELF-EMPLOYED)		
7	PAID PREPARER'S STREET ADDRESS			PAID PREPARER'S TIN		
	PAID PREPARER'S CITY	STATE	ZIP CODE	PAID PREPARER'S PHONE NUMBER		

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140PY-SBI. If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.