

DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING MM, DD, DD 2, 0, 2, 4 AND ENDING MM, DD, DD 2, 0, Y, Y. 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 3 columns: Line number, Description, Amount. Includes lines 4-9 for Small Business Income and 81 PM, 80 RCVD.

Table with 3 columns: Line number, Description, Amount. Includes lines 10-28 for Additions Related to Small Business Income.

Table with 3 columns: Line number, Description, Amount. Includes lines 29-44 for Subtractions Related to Small Business Income.

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

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

Subtractions cont.	45	Agricultural Crops given to Arizona Charitable Organizations.....	45		00
	46	Americans with Disabilities Act - Expenditure expenses.....	46		00
Balance of Tax	47	Amount of wages or salaries paid or incurred during the tax year and used to claim certain federal tax credits.....	47		00
	48	Exploration expenses deferred before January 1, 1990.....	48		00
Payments and Refundable Credits	49	Installment sale income from another state taxed by the other state in a prior year.....	49		00
	50	Interest on U.S. obligations such as U.S. savings bonds and treasury bills.....	50		00
Tax Due or Overpayment	51	Virtual Currency and Non-Fungible Tokens. See instructions.....	51		00
	52	Gas Fees or Non-Fungible Token Basis. See instructions.....	52		00
Penalty	53	Arizona Small Business Taxable Income: Subtract lines 33 through 52 from line 28. If less than zero, enter "0".....	53		00
	54	Small Business Income Tax: Multiply line 53 by 2.5% (.025) and enter the result.....	54		00
Refund or Amount Owed	55	Tax from recapture of credits from Arizona Form 301-SBI, Part 2, line 23.....	55		00
	56	Subtotal of tax: Add lines 54 and 55 and enter the total.....	56		00
	57	Nonrefundable Credits from Form 301-SBI, Part 2, line 42.....	57		00
	58	<b>Balance of Tax:</b> Subtract line 57 from line 56. If line 57 is greater than line 56, enter zero "0".....	58		00
	59	2024 AZ estimated tax payments <b>59a</b> <input type="text" value="00"/> Claim of Right <b>59b</b> <input type="text" value="00"/> Add <b>59a</b> and <b>59b</b> <b>59c</b>	59c		00
	60	2024 AZ extension payment (Form 204-SBI).....	60		00
	61	Refundable credits: Check the box(es) and enter the total amount..... <b>61</b> <input type="checkbox"/> 308-I <b>612</b> <input type="checkbox"/> 334 <b>613</b> <input type="checkbox"/> 349	61		00
	62	<b>Total payments and refundable credits:</b> Add lines 59c, 60 and 61. Enter the total.....	62		00
	63	<b>TAX DUE:</b> If line 58 is larger than line 62, subtract line 62 from line 58. Enter amount of tax due. Skip lines 64, 65 and 66.....	63		00
	64	<b>OVERPAYMENT:</b> If line 62 is larger than line 58, subtract line 58 from line 62. Enter amount of overpayment.....	64		00
	65	Amount of line 64 to be applied to 2025 estimated tax.....	65		00
	66	<b>Balance of overpayment:</b> Subtract line 65 from line 64. Enter the difference.....	66		00
	67	Estimated payment penalty from Form 221-SBI. See instructions.....	67		00
	68	<b>681</b> <input type="checkbox"/> Annualized/Other <b>682</b> <input type="checkbox"/> Farmer or Fisherman <b>683</b> <input type="checkbox"/> Form 221-SBI included.....			
	69	<b>REFUND:</b> Subtract line 67 from line 66. If less than zero, enter amount owed on line 70.....	69		00
		<b>Direct Deposit of Refund</b> <b>Check box 69A</b> if your deposit will be ultimately placed in a <b>foreign account</b> ; see instructions. <b>69A</b> <input type="checkbox"/>			
		<input type="checkbox"/> <b>C</b> <input type="checkbox"/> Checking or <input type="checkbox"/> <b>S</b> <input type="checkbox"/> Savings			
		ROUTING NUMBER <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>			
		ACCOUNT NUMBER <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>			
	70	<b>AMOUNT OWED:</b> Add lines 63 and 67. Enter the total. Make check payable to Arizona Department of Revenue; <b>write your SSN and "140PY-SBI" on payment</b> ; and include it with your return.....	70		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 \_\_\_\_\_