ARIZONA FORM 120X

Arizona Amended Corporation Income Tax Return

2008

For the calendar year 2008 or fiscal year beginning [M,M,D,D,Y,Y,Y,Y] and ending [M,M,D,D,Y,Y,Y,Y].

Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079

CHECK ONE: Calendar year ☐ Fiscal year ☐

Business telephone number	**Please Type or Print**	Name	Employer identification number (EIN)
Business activity code number (from federal Form 1120)		Number and street or PO Box	AZ transaction privilege tax number
		City, or town, state, and ZIP code	

65 **Check box if:** ☐ **Name change** ☐ **Address change**

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

A Correction of failure to check correct box on Form 120, question B to: (See instructions)
   1 ☐ Separate company   **2** ☐ Combined (unitary group)   **3** ☐ Consolidated

B Reason for filing Form 120X: **1** ☐ Finalized federal audit (attach copy)
   2 ☐ Amended federal return (attach copy)   **3** ☐ Arizona adjustments only (See instructions)

C This amended return changes Arizona filing method to: (See instructions)
   ☐ Separate company   ☐ Combined (unitary group)

D Arizona apportionment: (check only one) Multistate corporations only.
   ☐ AIR Carrier   ☐ STANDARD Sales Factor   ☐ ENHANCED Sales Factor

81 **66**

DO NOT USE THE 2008 FORM 120X TO AMEND A PRIOR TAXABLE YEAR. USE THE FORM 120X FOR THE TAXABLE YEAR BEING AMENDED.

	(a) As originally reported or adjusted	(b) Net change increase or (decrease)	(c) Correct amount
1 Taxable income	00	00	1 00
2 Additions to taxable income	00	00	2 00
3 Total taxable income - *add lines 1 and 2*	00	00	3 00
4 Subtractions from taxable income	00	00	4 00
5 Arizona adjusted income - *subtract line 4 from line 3.* WHOLLY ARIZONA CORPORATIONS GO TO LINE 13	00	00	5 00
6 Arizona adjusted income - *from line 5.* MULTISTATE CORPORATIONS ONLY	00	00	6 00
7 Nonapportionable or allocable amounts. Multistate corporations only	00	00	7 00
8 Adjusted business income - *subtract line 7 from line 6.* Multistate corporations only	00	00	8 00
9 Arizona apportionment ratio - *from Schedule C or Schedule ACA*	●		9 ●
10 Income apportioned to Arizona - *multiply line 8 by line 9.* Multistate corporations only	00	00	10 00
11 Other income allocated to Arizona. Multistate corporations only	00	00	11 00
12 Income attributable to Arizona - *add lines 10 and 11.* Multistate corporations only	00	00	12 00
13 Arizona income before NOL - *from line 5 or line 12*	00	00	13 00
14 Arizona basis net operating loss carryforward - **attach computation schedule**	00	00	14 00
15 Arizona taxable income - *subtract line 14 from line 13*	00	00	15 00
16 Enter tax. *Tax is 6.968 percent of line 15 or $50, whichever is greater*	00	00	16 00
17 Tax from recapture of tax credits - *from Form 300, Part II, line 22*	00	00	17 00
18 Subtotal - *add lines 16 and 17*	00	00	18 00
19 Clean Elections Fund Tax Reduction claimed on original return	00	00	19 00
20 Nonrefundable tax credits - *from Form 300, Part II, line 43*	00	00	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*	00	00	22 00
23 Clean Elections Fund Tax Credit. *See instructions before completing this line*	00	00	23 00
24 Tax liability after Clean Elections Fund tax credit - *subtract line 23 from line 22*	00	00	24 00
25 Payments (extension, estimated)	25 00		
26 Payment with original return **plus** all payments after it was filed - *from page 2, Schedule D*	26 00		
27 Total payments - *see instructions*			27 00
28 Overpayment, if any, as shown on original return or as later adjusted - *see instructions*			28 00
29 Total payments applied to amended tax liability - *subtract line 28 from line 27*			29 00
30 **TOTAL DUE -** *if line 24(c) is larger than line 29, enter the total due*			30 00
31 Penalty and Interest			31 00
32 Payment enclosed			32 00
33 **OVERPAYMENT -** *if line 29 is larger than line 24(c), enter the overpayment*			33 00
34 Amount of line 33 to be applied to 2009 estimated tax	34 00		
35 Amount to be refunded - *subtract line 34 from line 33*			35 00

Schedule C - Apportionment Formula (Multistate Corporations Only)   See instructions, pages 5 and 6.

NOTE: Qualifying air carriers must use Schedule ACA

	Column A Total Within Arizona	Column B Total Within and Without Arizona	Column C Ratio Within Arizona A ÷ B
C1 Property Factor			
Value of real and tangible personal property (by averaging the value of owned property used at the beginning and end of the tax period; rented property at capitalized value)			
a. Owned property (at original cost):			
Inventories			
Depreciable assets - (do not include Construction in Progress)..............			
Land..			
Other assets - (describe) _____			
Less: Nonbusiness property (if included in above totals)	( )	( )	
Total of section a..			
b. Rented property (capitalize at 8 times net rental paid)			
c. Total owned and rented property (section a total plus section b)............			
d. Weight Arizona property - *(STANDARD uses X 1; ENHANCED uses X 1.5)*...	X 1 OR X 1.5		
e. Property factor (for column A - multiply item c by item d; for column B - enter amount from item c)..			●
C2 Payroll Factor			
a. Total wages, salaries, commissions and other compensation to employees (per federal Form 1120 or payroll reports)...........................			
b. Weight Arizona payroll - *(STANDARD uses X 1; ENHANCED uses X 1.5)*	X 1 OR X 1.5		
c. Payroll factor (for column A - multiply item a by item b; for column B - enter amount from item a)			●
C3 Sales Factor			
a. Sales delivered or shipped to Arizona purchasers...................................			
b. Other gross receipts			
c. Total sales and other gross receipts			
d. Weight Arizona sales - *(STANDARD uses X 2; ENHANCED uses X 7)*..........	X 2 OR X 7		
e. Sales factor (for column A - multiply item c by item d; for column B - enter amount from item c)..			●
C4 Total ratio - add C1(e), C2(c) and C3(e) in column C...			●
C5 Average apportionment ratio - divide C4, column C, by the denominator (*STANDARD divides by four (4); ENHANCED divides by ten (10)*). Enter the result in column C, and on page 1, line 9(c)..			●

Schedule D - Schedule of Payments (List payment date and amount).

1   Payment with original return _____   2   Payment after original return filed _____

3   Payment after original return filed _____   4   Total - *add lines 1, 2 and 3* _____

Schedule E - Explanation of Changes (See instructions, page 6).

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