

**ARIZONA FORM**  
**120X**

**Arizona Amended Corporation Income Tax Return**

**2000**

For taxable year beginning MM / DD / YYYY, and ending MM / DD / YYYY.

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

CHECK ONE  
 Calendar year  Fiscal year   
 Federal employer ID number (FEIN)  
 AZ withholding tax number  
 AZ transaction privilege tax number

Business telephone number ( )	Please print or type.	Name
		Number and street
		City or town, state and ZIP code

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

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 method of filing to: (See instructions)  
 Separate company  Combined (unitary group)

For DOR use only

**81** **66**

**DO NOT USE THE 2000 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. Multistate corporations only	.		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 Tax - Tax is 7.968 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 24	00	00	17 00
18 Subtotal - add lines 16 and 17	00	00	18 00
19 Clean Elections Fund Tax Reduction	00	00	19 00
20 Nonrefundable tax credits - from Form 300, Part II, line 47	00	00	20 00
21 Credit type - enter form number for each credit claimed	<b>21</b>   3	<b>3</b>	<b>3</b>
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 Election Fund tax credit - subtract line 23 from line 22	00	00	24 00

25 Refundable tax credits - see instructions	<b>25</b>	00
26 Credit type - enter form number for each refundable credit claimed	<b>26</b>   3	<b>3</b>
27 Retroactive consolidation tax payment credit - see instructions	<b>27</b>	00
28 Payments (extension, estimated)	<b>28</b>	00
29 Payment with original return plus all payments after it was filed - from page 2, Schedule D	<b>29</b>	00
30 Total payments - see instructions	<b>30</b>	00
31 Overpayment, if any, as shown on original return or as later adjusted - see instructions	<b>31</b>	00
32 Total payments applied to amended tax liability - subtract line 31 from line 30	<b>32</b>	00
33 TOTAL DUE - If line 24(c) is larger than line 32, enter the total due	<b>33</b>	00
34 OVERPAYMENT - If line 32 is larger than line 24(c), enter the overpayment	<b>34</b>	00
35 Amount of line 34 to be applied to 2001 estimated tax	<b>35</b>	00
36 Amount to be refunded - subtract line 35 from line 34	<b>36</b>	00

**Schedule C - Apportionment Formula (Multistate Corporations Only)**

The following information must be submitted by all corporations having income from sources both within and without Arizona. Average lines C1(a) through C1(f). Arizona requires a double-weighted sales factor. **See instructions on page 5 before completing this section.**

	(a) Total within Arizona	(b) Total everywhere	(c) Ratio within Arizona (a) / (b)
<b>C1</b> Average yearly value of real and tangible personal property:			
(a) Inventory .....			
(b) Depreciable assets - at original cost .....			
(c) Land .....			
(d) Other - <i>describe</i> .....			
(e) Less construction in progress .....			
(f) Less nonbusiness property .....			
(g) Net annual rent paid for leased property, multiplied by 8 .....			
(h) Total real and tangible personal property used .....			
<b>C2</b> Wages, salaries, commissions and other compensation of employees as shown per federal Form 1120 or payroll reports .....			
<b>C3</b> (a) Gross sales, less returns and allowances .....			
(b) Sales delivered or shipped to Arizona purchasers .....			
(c) Other gross receipts (rents, royalties, interest, etc.) .....			
(d) Total sales within Arizona .....			
(e) Double weight sales factor .....	X 2		
(f) Sales factor ratio. For column (a), multiply line C3(d) by line C3(e); for column (b), add lines C3(a) and C3(c) .....			
<b>C4</b> Total ratio - <i>add lines C1(h), C2 and C3(f), in column (c)</i> .....			
<b>C5</b> Average ratio - <i>divide line C4 by four (4). Enter the result in column (c) and on page 1, line 9(c)</i> .....			

**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 instruction page 1)**

**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