Arizona Form 120X Arizona Amended Corporation Income Tax Return 2017 DO NOT USE THE 2017 FORM 120X TO AMEND A PRIOR TAXABLE YEAR. USE THE FORM 120X FOR THE TAXABLE YEAR BEING AMENDED.

		lar year 2017 or 🗌 fiscal year beginning 🛄	<u>//D.D.2.0.1</u>	<u>/</u> а				
	ness Telephone Number area code)	Name			Employe	er Ide	ntification Number (EIN)	
		Address – number and street or PO Box			I			
	ness Activity Code							
(from	federal Form 1120)	City, Town or Post Office		State	e ZIP Cod	le		
65	Check box if:	ame change Address change			ENUE USE ONLY. DO	о и с	T MARK IN THIS AREA.	
		to check correct box on Form 120, question B to (see in	structions):	88				
		pany A2 Combined (unitary group) A3 Consolida	,					
в	Reason for filing For							
	B1 Finalized feder	ral audit (include copy)						
	B2 Amended federal return (include copy)							
	B3 Arizona adjust	ments only (see instructions)						
С	Check this box if	this amended return includes a capital loss carryback, a	nd	81	PM	66 RCVD		
	enter the last day	of the tax year the capital loss originated: $[M,M]D,D$	Y, Y, Y, Y					
D	This amended return	n changes Arizona filing method to: Separate compa	iny					
	Combined (unitar	y group) Consolidated (generally, election cannot be	e made on amende	d retu	Irn (see instructions	;))		
Е		ment for multistate corporations only (check one box)):					
		STANDARD SALES FACTOR ONLY	(2)		(b)		(C)	
F		the election to be treated as a	(a) As Originally		Amount			
		provider was made on the original return.	Reported or Adjus		to Add or Subtract		Corrected Amount	
1		federal return		00	00		00	
2		income from Schedule D, line D8		00	00		00	
3		2: Add lines 1 and 2		00	00		00	
4		xable income from Schedule E, line E10			00	4		
5	•	come: Subtract line 4 from line 3. WHOLLY ARIZONA		00	00	5	00	
6				00	00		00	
6 7	•	come from line 5. MULTISTATE CORPORATIONS ONLY.		00	00	1	00	
8		come: Subtract line 7 from line 6. Multistate corporations only		00	00	1	00	
9	•	ent ratio from Schedule A or Schedule ACA		Ĭ	00	9		
10		Arizona: Multiply line 8 by line 9. Multistate corporations only		00	00	10	00	
11		ted to Arizona. Multistate corporations only		00	1	11	00	
12		Arizona: Add lines 10 and 11. Multistate corporations only		00	1	12	00	
13		ore NOL from line 5 or line 12		00	1	13	00	
14		erating loss carryover: Include computation schedule		00	00	14	00	
15	Arizona taxable inco	me: Subtract line 14 from line 13		00	00	15	00	
16	Enter tax: Tax is 4.9	9 percent of line 15 or \$50, whichever is greater		00	00	16	00	
17	Tax from recapture of	of tax credits from Arizona Form 300, Part 2, line 31		00	00	17	00	
18		l6 and 17		00		18	00	
19		redits from Arizona Form 300, Part 2, line 56		00		19	00	
20		rm number for each nonrefundable credit used				<u>3 .</u>		
21	-	t line 19 from line 18		00		21	00	
22		its: Check box(es) and enter amount		1308	3 342 349	22	00	
23	Payments: Ext	_			Add 23a and 23b	23c		
24		al return plus all payments after it was filed: from page 2,				24	00	
25		d lines 22, 23c, and 24. Enter total				25	00	
26 27							00	
27 28							00	
20 29							00	
30		29. Enter the total payment due.				30	00	
31		line 27 is larger than line 21(c), subtract line 21(c) from line				31	00	
32		be applied to 2018 estimated tax		32	00	1		
33	Amount to be refund	led: Subtract line 32 from line 31				33	00	
ADO	R 10341 (17)					_		

SCHEDULE A Apportionment Formula (Multistate Corporations Only)

IMPORTANT: Qualifying air carriers must use Arizona Schedule ACA. Qualifying multistate service providers must include Arizona Schedule MSP. If the <i>"SALES FACTOR ONLY"</i> box on page 1, line E, is checked, <i>complete only Section A3, Sales Factor, lines a through f.</i> See instructions.	COLUMN A Total Within Arizona Round to nearest dollar	COLUMN B Total Everywhere Round to nearest dollar.	COLUMN C Ratio Within Arizona A ÷ B
A1 Property Factor - STANDARD APPORTIONMENT ONLY Value of real and tangible personal property (by averaging the value of owned property at the beginning and end of the tax period; rented property at capitalized value).			
 a Owned Property (at original cost): 1 Inventories 			
 2 Depreciable assets (do not include construction in progress):			
b Rented property (capitalize at 8 times net rent paid)			
c Total owned and rented property (Total of section a plus section b)			
 A2 Payroll Factor - STANDARD APPORTIONMENT ONLY Total wages, salaries, commissions and other compensation to employees (per federal Form 1120, or payroll reports)			
a Sales delivered or shipped to Arizona purchasers			
 b Sales of services for qualifying multistate service providers only (include Schedule MSP) c Other gross receipts d Total sales and other gross receipts e Weight AZ sales: (STANDARD x 2; SALES FACTOR ONLY x 1) 			
 f Sales Factor (for Column A, multiply line d by line e; for Column B, enter the amount from line d; for Column C, divide Column A by Column B.) STANDARD Apportionment, continue to A4. SALES FACTOR ONLY Apportionment, enter the amount from Column C on page 1, line 9, column (c). 			
A4 STANDARD Apportionment Total Ratio: Add Column C of lines A1c	, A2, and A3f. Enter the t	otal	
A5 Average Apportionment Ratio for STANDARD Apportionment: Divious on page 1, line 9, column (c). (If one of the factors is "0" in both Column			

SCHEDULE B Schedule of Payments (List payment date and amount.)

B1 Payment with original return	B1	00
B2 Payment after original return filed	B 2	00
B3 Payment after original return filed	B 3	00
B4 Total: Add lines B1, B2 and B3	B4	00

SCHEDULE C Explanation of Changes (See instructions, page 9.)

	· · · · · · · · · · · · · · · · · · ·	
Name (as shown on page 1)	EIN	
	2.14	

SCHEDULE D Adjustments to Additions to Taxable Income

		(a) As Originally Reported or Adjusted	(b) Amount to Add or Subtract	(c) Corrected Amount		
D1	Total federal depreciation	00	00	D1		00
D2	Taxes based on income paid to any state (INCLUDING ARIZONA), local governments or foreign governments	00	00	D2		00
D3	Interest on obligations of other states, foreign countries, or political subdivisions	00	00	D3		00
D4	Special deductions claimed on federal return	00	00	D4		00
D5	Federal net operating loss deduction claimed on federal return	00	00	D5		00
D6	Additions related to Arizona tax credits: Include detailed schedule	00	00	D6		00
D7 D8	Other additions to federal taxable income: Include detailed schedule TOTALS: Add lines D1 through D7 in each column. Enter the amounts	00	00	D7		00
00	here and in the corresponding column on page 1, line 2	00	00	D8		00

SCHEDULE E Adjustments to Subtractions from Taxable Income

		(a) As Originally Reported or Adjusted		(c) Corrected Amount		
E1	Recalculated Arizona depreciation	00	00	E1		00
E2	Basis adjustment for property sold or otherwise disposed of during the	00	00	50		00
E3	taxable year Dividends received from 50% or more controlled domestic corporations	00	00	E2 E3		00 00
E4	Foreign dividend gross-up	00	00	E4		00
E5	Dividends received from foreign corporation	00	00	E5		00
E6	Interest on U.S. obligations	00	00	E6		00
E7	Agricultural crops charitable contribution	00	00	E7		00
E8	Expenses related to certain federal tax credits listed on the instructions: Include detailed schedule	00	00	E8		00
E9	Other subtractions from federal taxable income: Include detailed schedule	00	00	E9		00
E10	TOTALS: Add lines E1 through E9 in each column. Enter the amounts here and in the corresponding column on page 1, line 4	00	00	E10		00

	The following declaration must be signed by one or more of	the following of	ficers: pr	esident, treas	surer, or any other principal officer.			
Declaration	Declaration Under penalties of perjury, I(we), the undersigned officer(s) authorized to sign this return, declare that I(we) have examine including the accompanying schedules and statements, and to the best of my(our) knowledge and belief, it is a true, complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.							
Please								
Sign	OFFICER'S SIGNATURE	DATE		TITLE				
Here	OFFICER'S SIGNATURE	DATE		TITLE				
	OF HOLKS SIGNATORE	DAIL						
	PAID PREPARER'S SIGNATURE		DATE		PAID PREPARER'S PTIN			
Paid								
Preparer's	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYE	D)			FIRM'S EIN OR SSN			
Use								
Only	FIRM'S STREET ADDRESS				FIRM'S TELEPHONE NUMBER			
	CITY		STATE		ZIP CODE			

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