## ARIZONA FORM 120X

## **Arizona Amended Corporation Income Tax Return**

	For the □ ca	lendar ye	ear 2012 or □ fiscal year beginning । M	$M_1D_1D_1Y_1Y_1Y_1Y_1$	and e	nding (M,M(D,D)	Y,Y	,Y,Yj.	
Business telephone number		Please					Employer identification number (EIN)		
		Type	Number and street or PO Box						
В	usiness activity code number	or				AZ trans	actio	n privilege tax number	
(fi	(from federal Form 1120)		City or town, state, and ZIP code						
65	Check box if: Name	change	☐ Address change			NOT USE THE :		PORM 120X TO	
Α			ct box on Form 120, question B to (see instr	ructions):				E TAXABLE YEAR	
			combined (unitary group) A3 Consolidat	· ·	BEIN	G AMENDED.			
В	Reason for filing Form 120				REVE	NUE USE ONLY. DO	NOT	MARK IN THIS AREA.	
	B1☐ Finalized federal au		h copy)						
	B2 Amended federal re								
	B3 Arizona adjustment								
С			return includes a capital loss carryback, and	d					
			e capital loss originated: [M,M,D,D,Y,						
D			ona filing method to (see instructions):						
	☐ Separate company ☐	-			_		_	•	
Е	Multistate corporations		( ) 5 1/		81		66		
	Arizona apportionment (cl	-	one):	(a)		(b)		(c)	
			ales Factor	As Originally Reported or Adjus	ed To	Amount Add or Subtract		Corrected Amount	
1	Taxable income				00	00	1	00	
2	Additions to taxable incom	e			00	00	2	00	
3	Total taxable income - ada	l lines 1 a	nd 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						
					00	00	5	00	
6	Arizona adjusted income -	from line	5. MULTISTATE CORPORATIONS ONLY		00	00	6	00	
			ınts. Multistate corporations only		00	00	7	00	
	• •		ne 7 from line 6. Multistate corporations only.		00	00	8	00	
	-		Schedule C or Schedule ACA				9		
10	Income apportioned to Arizor	na - <i>multipi</i>	ly 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 Arizo	na - <i>add li</i>	nes 10 and 11. Multistate corporations only.		00	00	12	00	
13	Arizona income before NO	L - from I	ine 5 or line 12		00	00	13	00	
14	Arizona basis net operating	loss carr	yforward - attach computation schedule.		00	00	14	00	
			ne 14 from line 13		00	00	15	00	
16	Enter tax. Tax is 6.968 pe	rcent of li	ne 15 or \$50, whichever is greater		00	00	16	00	
17	Tax from recapture of tax of	credits - fr	om Form 300, Part II, line 28		00	00	17	00	
18	Subtotal - add lines 16 and	d 17			00	00	18	00	
			rm 300, Part II, line 52		00	00		00	
20	Credit type - enter form num	ber for ea	ch nonrefundable credit claimed 20	3 3 .		3	П		
	•		ne 18		00	00		00	
			ee instructions before completing this line.		00	00	22	00	
			d tax credit - subtract line 22 from line 21		00	00	23	00	
24	Refundable tax credits. Cl	heck box(	es) and enter amount(s) 24	I	24	00	-		
	•	,			25	00	-		
26	Payment with original return	rn plus all	payments after it was filed - from page 2, S	Schedule D	26	00	27	1	
	27 Total payments - see instructions							00	
	28 Overpayment, if any, as shown on original return or as later adjusted - see instructions							00	
			tax liability - subtract line 28 from line 27				29	00	
		_	han line 29, enter the total due				30	00	
							31	00	
	•						32	00	
			r than line 23(c), enter the overpayment				33	00	
			013 estimated tax		34	00	6-	100	
35 AE	<u>i Amount to be refunded - s</u> DOR 10341 (12)	ubtract lin	e 34 from line 33				35	00	

Name (as show	vn on page 1)	EIN						
	- Apportionment Formula (Multistate Corpo							
C1 Property		Column A	Ilifying air carriers must u	Column C				
	real and tangible personal property (by averaging the	Total Within Arizona	Total Everywhere	Ratio Within				
	owned property at the beginning and end of the tax	Round to the	Round to the	Arizona				
	ented property at capitalized value)	Nearest Dollar	Nearest Dollar	A ÷ B				
	l property (at original cost): pries	1100100. 2 2	-					
	ones ciable assets - (do not include Construction in Progress)		1	_				
	assets - (describe)		┦ ├────					
Total of	Nonbusiness property (if included in above totals)f section a			-				
<b>b</b> Rented	I property (capitalize at 8 times net rental paid)							
<b>c</b> Total ov	wned and rented property (section a total plus section b)							
C2 Payroll F	actor							
Total wa	ages, salaries, commissions and other compensation							
paid to	employees (per federal Form 1120 or payroll reports)							
C3 Sales Fac	ctor							
a Sales d	delivered or shipped to Arizona purchasers							
<b>b</b> Other g	gross receipts							
	ales and other gross receipts							
_	AZ sales - (STANDARD uses X 2; ENHANCED uses X 8).	X 2 OR X 8						
	actor (for column A - multiply item c by item d;							
	ımn B - enter the amount from item c)							
	io - add C1(c), C2, and C3(e), in column C							
_	$\mbox{\bf apportionment ratio}$ - divide line C4, column C, by the der							
ENHANC	CED divides by ten (10)). Enter the result in column C, and	on page 1, line 9(c)						
O-Fodulo D	Och calula of Boumanta (Liet noumant data	d -marint)						
	- Schedule of Payments (List payment date with original return	-		D1 00				
•	after original return filed							
-								
•	after original return filed							
<b>D4</b> Total - add	Id lines D1, D2 and D3	IVI	<u> </u>	D4 00				
Certification	The following certification must be signed by one or more Under penalties of perjury, I(we), the undersigned officer(including the accompanying schedules and statements, complete return, made in good faith, for the taxable year	re of the following officers (s) authorized to sign this, and to the best of my	is return, declare that I(we) y(our) knowledge and belie	) have examined this return, ief, it is a true, correct and				
Please Sign Here	Officer's Signature	Date	Title					
	Officer's Signature	Date	Title					
Paid								
Preparer's	Preparer's Signature		Date Prepa	arer's PTIN				

ZIP Code

Firm's EIN or SSN

Firm's Telephone Number

**Use Only** 

Firm's Address

Firm's Name (or Preparer's Name, if self-employed)