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

2013

	For the $\square$ calend	dar year 2013 or $\square$ fiscal year beginning ${}_{\square}$	D,D,2,0,1,	3 a	and ending M.M.	D	$D_1Y_1Y_1Y_1Y_2$		
Business Telephone Number							Employer Identification Number (EIN)		
(with area code)									
		Address – number and street or PO Box							
Business Activity Code									
(from federal Form 1120)		City, Town or Post Office	Stat	te ZIP Code	9				
65	Check box if:	Name change		DO	NOT USE THE 2013	FOF	RM 120X TO AMENI	DΑ	
		to check correct box on Form 120, question B to (see ins	tructions):		RIOR TAXABLE YEAR.			OR	
	A1☐ Separate con	,	TH	IE TAXABLE YEAR BEII	NG.	AMENDED.			
В	Reason for filing For	m 120X·			REVENUE USE ONLY. DO NOT MARK IN THIS AREA.				
	<b>B1</b> ☐ Finalized fede	88							
	<b>B2</b> ☐ Amended fed								
	B3 Arizona adjus								
С	_	f this amended return includes a capital loss carryback, ar	nd						
		the tax year the capital loss originated: [M,M,D,D,Y							
D	This amended return		81	PM		66 RCVD			
	☐ Separate company ☐ Combined (unitary group)								
Е		tions only – Arizona apportionment (check only one):		L					
		STANDARD Sales Factor	r						
			(a)		(b)		(c)		
			As Originally Reported or Adjust	ted	Amount to Add or Subtract		Corrected Amount		
1	Taxable income			00	00	1		00	
2	Additions to taxable	income		00	00	2		00	
3	Total taxable income	e – add lines 1 and 2		00	00	3		00	
4	Subtractions from ta	exable income		00	00	4		00	
5	Arizona adjusted inc	come – subtract line 4 from line 3. WHOLLY ARIZONA							
	CORPORATIONS GO	TO LINE 13		00	00	5		00	
6	Arizona adjusted inc	come – from line 5. MULTISTATE CORPORATIONS ONLY		00	00	6		00	
7	Nonapportionable o	r allocable amounts. Multistate corporations only		00	00	7		00	
8	Adjusted business inc	come – subtract line 7 from line 6. Multistate corporations only		00	00	8		00	
9	Arizona apportionme	ent ratio – from Schedule C or Schedule ACA	•	Щ		$\overline{}$	•	Щ	
10	Income apportioned to	Arizona – multiply line 8 by line 9. Multistate corporations only		00				00	
11	Other income alloca	ted to Arizona. Multistate corporations only		00		$\overline{}$		00	
12	Income attributable to	o Arizona – add lines 10 and 11. Multistate corporations only		00		$\overline{}$		00	
13	Arizona income befo	ore NOL – from line 5 or line 12		00		13		00	
14	Arizona basis net op	erating loss carryforward – attach computation schedule		00		$\overline{}$		00	
15	Arizona taxable inco	ome – subtract line 14 from line 13		00				00	
16	Enter tax - Tax is 6	.968 percent of line 15 or \$50, whichever is greater		00				00	
17	•	of tax credits – from Arizona Form 300, Part II, line 29		00				00	
18		16 and 17		00			i	00	
19		credits – from Arizona Form 300, Part II, line 53		00				00	
20		orm number for each nonrefundable credit claimed	3	-	3 3			T	
21		t line 19 from line 18		00		$\overline{}$		00	
22		lits – Check box(es) and enter amount		22		_			
23		n, estimated)		23		_			
24	-	al return plus all payments after it was filed – from page 2, 9		24			I	00	
25	Total payments – see instructions							00	
26	Overpayment, if any, as shown on original return or as later adjusted – see instructions							00	
27	, , , , , , , , , , , , , , , , , , , ,							00	
28	,							00	
29	•							00	
30	•							00	
31		if line 27 is larger than line 21(c), enter the overpayment					l	00	
32	Amount of line 31 to be applied to 2014 estimated tax						00		
33	Amount to be refund	ded – subtract line 32 from line 31				33		00	

Name (as shown or	n page 1)		EIN		
Schedule C -	- Apportionment Formula (Multistate Corpo	orations Only)			
• Qualifying air	carriers must use Arizona Schedule ACA. ns, pages 5 and 6.	COLUMN A Total Within Arizona Round to nearest dollar.	COLUMN B Total Everywhere Round to nearest do		COLUMN C Ratio Within Arizona A ÷ B
C1 Property Fac	ctor				
Value of real	and tangible personal property (by averaging the value				
of owned pro	perty at the beginning and end of the tax period; rented				
	apitalized value).				
	perty (at original cost):			-	
				$\dashv$	
•	e assets – (do not include construction in progress)			$\dashv$	
	to (describe)			$\dashv$	
	ts – (describe) business property (if included in above totals)	1	1		
	etion a			-4	
	perty (capitalize at 8 times net rental paid)			7	
	d and rented property (section a total plus section b)				
C2 Payroll Factor					
_	salaries, commissions and other compensation paid (per federal Form 1120 or payroll reports)				1•
C3 Sales Factor					
	ered or shipped to Arizona purchasers				
	s receipts				
<b>c</b> Total sales	and other gross receipts				
<b>d</b> Weight AZ :	d Weight AZ sales (STANDARD uses x2; ENHANCED uses x8)				
e Sales facto	r (For column A, multiply line c by line d;				
for column	B, enter the amount from line c.)				•
C5 Average App ENHANCED	add C1c, C2, and C3e, in column C	nominator (STANDARD divi n page 1, line 9, column (c)	des by four (4);		
	- Schedule of Payments (List payment date a			<b>D4</b>	00
	original return			D1	00
	r original return filedr or original return filed			D2 D3	00
•	nes D1, D2 and D3			D3	00
	- Explanation of Changes (See instructions, I			<b>D</b> 4	[00]
		, ,			
	The following declaration must be signed by one or mor	e of the following officers:	oresident, treasurer, or	any o	other principal officer.
Declaration	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	s, and to the best of my(or	ur) knowledge and be	lief, it	is a true, correct and
Please					
Sign	OFFICER'S SIGNATURE	DATE	TITLE		
Here					
Tiere	OFFICER'S SIGNATURE	DATE	TITLE		
Paid	PAID PREPARER'S SIGNATURE	DAT	E PAII	) PREI	PARER'S PTIN
Preparer's Use	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPL	LOYED)	FIRI	Λ'S <u></u>	EIN OR SSN
Only	FIRM'S STREET ADDRESS		FIRI	И'S TE	LEPHONE NUMBER

STATE

ZIP CODE

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