

DO NOT USE THE 2016 FORM 120X TO AMEND A PRIOR TAXABLE YEAR. USE THE FORM 120X FOR THE TAXABLE YEAR BEING AMENDED.

For the calendar year 2016 or fiscal year beginning MM, M, D, D, 2, 0, 1, 6 and ending MM, M, D, D, 2, 0, Y, Y.

Business Telephone Number (with area code)	Name	Employer Identification Number (EIN)
Address – number and street or PO Box		
Business Activity Code (from federal Form 1120)	City, Town or Post Office	State 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):
A1 Separate company **A2** Combined (unitary group) **A3** Consolidated
- B** Reason for filing Form 120X:
B1 Finalized federal audit (include copy)
B2 Amended federal return (include copy)
B3 Arizona adjustments only (see instructions)
- C** Check this box if this amended return includes a capital loss carryback, and enter the last day of the tax year the capital loss originated: MM, M, D, D, Y, Y, Y, Y
- D** This amended return changes Arizona filing method to (see instructions):
 Separate company Combined (unitary group)
- E** ARIZONA apportionment for multistate corporations only (check one box):
 AIR CARRIER STANDARD ENHANCED
- F** Check this box if the election to be treated as a multistate service provider was made on the original return.

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88	81 PM
66 RCVD	

	(a) As Originally Reported or Adjusted	(b) Amount to Add or Subtract	(c) Corrected Amount	
1 Taxable income per federal return.....	00	00	00	1 00
2 Additions to taxable income from Schedule D, line D8.....	00	00	00	2 00
3 Total taxable income: Add lines 1 and 2	00	00	00	3 00
4 Subtractions from taxable income from Schedule E, line E11.....	00	00	00	4 00
5 Arizona adjusted income: Subtract line 4 from line 3. WHOLLY ARIZONA CORPORATIONS GO TO LINE 13	00	00	00	5 00
6 Arizona adjusted income from line 5. MULTISTATE CORPORATIONS ONLY.	00	00	00	6 00
7 Nonapportionable or allocable amounts. Multistate corporations only.....	00	00	00	7 00
8 Adjusted business income: Subtract line 7 from line 6. Multistate corporations only ..	00	00	00	8 00
9 Arizona apportionment ratio from Schedule A or Schedule ACA.....				9
10 Income apportioned to Arizona: Multiply line 8 by line 9. Multistate corporations only...	00	00	00	10 00
11 Other income allocated to Arizona. Multistate corporations only	00	00	00	11 00
12 Income attributable to Arizona: Add lines 10 and 11. Multistate corporations only ..	00	00	00	12 00
13 Arizona income before NOL from line 5 or line 12	00	00	00	13 00
14 Arizona basis net operating loss carryforward: Include computation schedule .	00	00	00	14 00
15 Arizona taxable income: Subtract line 14 from line 13.....	00	00	00	15 00
16 Enter tax: Tax is 5.5 percent of line 15 or \$50, whichever is greater ...	00	00	00	16 00
17 Tax from recapture of tax credits from Arizona Form 300, Part 2, line 31.....	00	00	00	17 00
18 Subtotal: Add lines 16 and 17	00	00	00	18 00
19 Nonrefundable tax credits from Arizona Form 300, Part 2, line 56	00	00	00	19 00
20 Credit type: Enter form number for each nonrefundable credit used	3	3	3	20
21 Tax liability: Subtract line 19 from line 18.....	00	00	00	21 00
22 Refundable tax credits: Check box(es) and enter amount	22	00		22 00
23 Payments: <input type="checkbox"/> Ext <input type="checkbox"/> Estz3a <u>00</u> Claim of Right z3b <u>00</u> Add 23a and 23b	23c	00		23 00
24 Payment with original return plus all payments after it was filed: from page 2, Schedule B.....	24	00		24 00
25 Total payments: See instructions.....				25 00
26 Overpayment, if any, as shown on original return or as later adjusted: See instructions				26 00
27 Total payments applied to amended tax liability: Subtract line 26 from line 25.....				27 00
28 TOTAL DUE: If line 21(c) is larger than line 27, enter the total due				28 00
29 Penalty and Interest.....				29 00
30 Payment due				30 00
31 OVERPAYMENT: If line 27 is larger than line 21(c), enter the overpayment				31 00
32 Amount of line 31 to be applied to 2017 estimated tax.....	32	00		32 00
33 Amount to be refunded: Subtract line 32 from line 31.....				33 00

Name (as shown on page 1)	EIN
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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 Other additions to federal taxable income: Include detailed schedule ...	00	00	D7	00
D8 TOTALS: Add lines D1 through D7 in each column. Enter the amounts 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	(b) Amount to Add or Subtract		(c) Corrected Amount
E1 Recalculated Arizona depreciation	00	00	E1	00
E2 Basis adjustment for property sold or otherwise disposed of during the taxable year	00	00	E2	00
E3 Adjustment for IRC § 179 expense not allowed	00	00	E3	00
E4 Dividends received from 50% or more controlled domestic corporations	00	00	E4	00
E5 Foreign dividend gross-up	00	00	E5	00
E6 Dividends received from foreign corporation	00	00	E6	00
E7 Interest on U.S. obligations	00	00	E7	00
E8 Agricultural crops charitable contribution.....	00	00	E8	00
E9 Expenses related to certain federal tax credits listed on the instructions: Include detailed schedule	00	00	E9	00
E10 Other subtractions from federal taxable income: Include detailed schedule	00	00	E10	00
E11 TOTALS: Add lines E1 through E10 in each column. Enter the amounts here and in the corresponding column on page 1, line 4.....	00	00	E11	00

	The following declaration must be signed by one or more of the following officers: president, treasurer, or any other principal officer.		
Declaration	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	DATE	TITLE
Paid Preparer's Use Only	_____	_____	_____
	PAID PREPARER'S SIGNATURE	DATE	PAID PREPARER'S PTIN
	_____	FIRM'S <input type="checkbox"/> EIN OR <input type="checkbox"/> SSN	
	_____	FIRM'S TELEPHONE NUMBER	
	_____	_____	_____
	CITY	STATE	ZIP CODE

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