Arizona Amended Corporation Income Tax Return

2024

DO NOT USE THE 2024 FORM 120X TO AMEND A PRIOR TAXABLE YEAR. USE THE FORM 120X FOR THE TAXABLE YEAR BEING AMENDED.

	For the □ caler		cal year beginning M,M this fiscal year return is ba				D	D12.0.Y	′, Y	
	ness Telephone Number area code)		tins nscar year return is be	13CU 011 & 32/33 V	VCCI		yer lo	dentification N	lumber (EIN)	
		Address – number and street	or PO Box							
Busir	ness Activity Code	-								
(from federal Form 1120)		City, Town or Post Office			Stat	e ZIP Co	ode			
		,								
65	Chack how if: A		on change		REV	ENUE USE ONLY. I	00 N	OT MARK IN	THIS AREA.	
_			ss change		88					
Α	Reason for filing For 1 Finalized federa									
	2 Amended feder									
		nanterum ments only (see instructions	1							
В	-		<i>)</i> thod to: 1 □ Separate comp	anv.						
Ь		-		-						
	·	unitary group) 3 Consolidated (generally, election cannot be made on electron (see instructions)) 81 PM				PM	66 RCVD			
С		n (see instructions))	es a capital loss carryback, ar	nd	۳					
C			oss originated: [M,M D,D							
D			return changes the method o		۸riz	ana from the origin	al ro	turn (chock	one box):	
U		R 2 □STANDARD 3 □S	=	п арропіопіпіені іо	AHZ	ona nom me ongm	ai ie	tuiii (Cileck	one box).	
Е			s a Multistate Service Provide	r was made on the	oria	inal return				
F		hments only: 1 \(\sumberline{\subset}\) Adult U		(a)	VIIY	(b)		(c	:)	
•		ected for-profit 3 Dual Lie		As Originally Reported or Adjus	ted	Amount to Add or Subtract		Corrected	d Amount	
1		federal return	·	- repende en riajae	00			1	00	
2		income from Schedule D, li			00			2	00	
3		e: Add lines 1 and 2. Enter			00	0		3	00	
4		exable income from Schedul			00			4	00	
5		come: Subtract line 4 from line			00	0		5	00	
3	•	ations check box 5a □. Go to li			100	10	0	<u> </u>	100	
6	-	come from line 5. Multistate	-		00	0	0	6	00	
_	-				00	0		7	00	
7 8		r allocable amounts. Multista come: Subtract line 7 from lin			00		_	8	00	
9	-	ent ratio from Schedule A or						9		
10	• • •	o Arizona: Multiply line 8 by line 9			00	0	0 1		00	
11		ated to Arizona. Multistate co			00		0 1		00	
12		o Arizona: Add lines 10 and 11.	· ·		00		0 1		00	
13		ore NOL from line 5 or line 1	•		00		0 1		00	
14		perating loss carryover: Include			00		0 1		00	
15	·	ome: Subtract line 14 from line	•		00		0 1		00	
16		9 percent of line 15 or \$50			00		0 1		00	
17		of tax credits from Arizona For			00		0 1		00	
18	•	16 and 17			00		0 1		00	
19	Nonrefundable tax o	credits claimed from Arizona F	form 300, Part 2, line 40		00	0	0 1	9	00	
20	Credit type: Enter for	rm number for each nonrefund	dable credit claimed	201 3 202	<u>2 </u>		1	<u> 204 [3 </u>		
21		ct line 19 from line 18			00		0 2	1	00	
22	Refundable tax cred	lits: Check box(es) and ent	er amount	22 a 308 2	2b [334 22c 34 9	2	2d	00	
23	Payments: ☐Ext [□Est23a	00 Claim of Right 23b		00	Add 23a and 23b	2	3с	00	
24	Payment with origina	al return plus all payments a	after it was filed: from page 2,	Schedule B			2	4	00	
25	Total payments: Add	d lines 22d, 23c, and 24. Ent	er total				2	5	00	
26	Overpayment, if any	, as shown on original retur	n or as later adjusted: See ins	tructions			2	6	00	
27	Total payments appl	lied to amended tax liability:	Subtract line 26 from line 25				2	7	00	
28	TOTAL DUE: If line	21(c) is larger than line 27, subt	ract line 27 from line 21(c). Enter	the difference			2	8	00	
29	Enter the Penalty ar	nd Interest					2	9	00	
30	Add line 28 and line	29. Enter the total paymen	t due. See instructions				3	0	00	
31	OVERPAYMENT: If	f line 27 is larger than line 21(c), subtract line 21(c) from line				3	1	00	
32			ed tax		32	0	_			
_33	Amount to be refund	ded: Subtract line 32 from line	e 31				3	3	00	

SCHEDULE A Apportionment Formula (Multistate Co	orporations Only)		
MPORTANT: Qualifying air carriers must use Arizona Schedule ACA. Qualifying Multistate Service Providers must include Arizona Schedule MSP. If the "SALES FACTOR ONLY" box on page 1, line D, is checked, complete only Section A3, Sales Factor, lines a through f. 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			
Depreciable assets (do not include construction in progress) Land			
4 Other assets (describe):			
5 Less: Nonbusiness property (if included in above totals)			
6 Total of section a (the sum of lines 1 through 4 less line 5)			
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 from services or from designated intangibles for qualifying Multistate Service Providers only (see instructions; include Schedule MSP)			
c Other gross receipts			
d Total sales and other gross receipts (the sum of lines a through c)			
e Weight AZ sales: (STANDARD x 2; SALES FACTOR ONLY x 1)	0 00 4		
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 A1	Ic, A2, and A3f. Enter the to	otal	
A5 Average Apportionment Ratio for STANDARD Apportionment: D	ivide line A4, Column C, by	four (4). Enter the result	
on page 1, line 9, column (c). (If one of the factors is "0" in both Colu	ımn A and Column B, see ir	structions.)	
SCHEDULE B Schedule of Payments (List payment d	ate and amount.)		
31 Payment with original return	•	/ID.DIY.Y.Y.Y. B1	00
32 Payment after original return filed			
33 Payment after original return filed			

EIN

SCHEDULE C Explanation of Changes (See instructions, page 8.)

Name (as shown on page 1)

Nam	ne (as shown o	on page 1)		EIN		
sc	HEDIII	D Adjustments to Additions to Taxable Incor	ne			
OC	1112011	Adjustments to Additions to Taxable moon	(a) As Originally Reported or Adjusted	(b) Amount to Add or Subtract		(c) Corrected Amount
D1	Total feder	al depreciation	00	00	D1	00
D2	Taxes base	ed on income paid to any state (INCLUDING ARIZONA),				
	local gover	rnments or foreign governments	00	00	D2	00
D3	Interest on	obligations of other states, foreign countries, or political				
	subdivisior	ns	00	00	D3	00
D4	•	ductions claimed on federal return	00	00	D4	00
D5		et operating loss deduction claimed on federal return	00	00	D5	00
D6		related to Arizona tax credits: See instructions	00	00	D6 D7	00
D7 D8	•	s from exchange of legal tendertions to federal taxable income: See instructions	00	00	D8	00
D9		Add lines D1 through D8 in each column. Enter the amounts		33		
		n the corresponding column on page 1, line 2	00	00	D9	00
			1001	,,,,		,,,,
SC	HEDULE	E Adjustments to Subtractions from Taxable	Income			
			(a) As Originally	(b) Amount		(c)
			Reported or Adjusted	to Add or Subtract		Corrected Amount
E1	Recalculat	ed Arizona depreciation	00	00	E1	00
E2	Basis adju	stment for property sold or otherwise disposed of during the				
	taxable yea	ar	00	00	E2	00
E 3		received from 50% or more controlled domestic corporations	00	00	E3	00
E4	_	vidend gross-up	00	00	E4	00
E5	3 1		00	00	E5	00
E6	3		00	00	E6	00
E7	5		00	00	E7	00
	E8 Expenses related to certain federal tax credits. See instructions		00	00	E8	00
E9		in from exchange of legal tender	00	00	E9	00
E10		ractions from federal taxable income. See instructions	00	00	E10	00
E11		Add lines E1 through E10 in each column. Enter the		00	-44	00
	amounts h	ere and in the corresponding column on page 1, line 4	00	00	E11	00
		The following declaration must be signed by one of the follow	wing officers: president	, treasurer, or any othe	er princ	sipal officer.
C	Declaration	Under penalties of perjury, I, the undersigned officer authorize the accompanying schedules and statements, and to the best made in good faith, for the taxable year stated pursuant to the	est of my knowledge an	d belief, it is a true, co		
	Please Sign	OFFICER'S SIGNATURE	DATE	TITLE		
ŀ	Here	OFFICER'S PRINTED NAME	_			
F	Paid	PAID PREPARER'S SIGNATURE	DATE	PAID	PREPA	RER'S TIN
	Preparer's Jse	PAID PREPARER'S PRINTED NAME				
	Only	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLO	YED)	FIRM	'S EIN	
		FIRM'S STREET ADDRESS		FIRM	'S TELE	EPHONE NUMBER

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

STATE

ZIP CODE

CITY

Name (as shown on page 1)	EIN			
		Page,	of	

SCHEDULE D Adjustments to Additions to Taxable Income Continued

		(a) As Originally Filed	(b) Amount to Add or Subtract	(c) Corrected Amount
D6	Additions related to Arizona tax credits:			
	A Pollution Control Credit:		<u> </u>	
	1 Excess Federal Depreciation or Amortization	00		A1 00
	2 Excess in Federal Adjusted Basis	00	00	A2 00
	B Credit for Taxes Paid for Coal Consumed in Generating			
	Electrical Power	00	00	
	C Credit for Employment of TANF Recipients	00	00	c 00
	D Credit for Donation of School Site	00	00	D 00
	E Credit for Motion Picture Production Costs	00	00	E 00
	F Credit for Corporate Contributions to School Tuition			
	Organizations	00	00	F 00
	G Credit for Corporate Contributions to School Tuition			
	Organizations for Displaced Students or Students with			
	Disabilities	00	00	G 00
	H Total Additions Related to Arizona Tax Credits:			
	Enter this amount on page 3, Schedule D, line D6	00	00	н 00
D8	Other additions to federal taxable income:			
	A Positive Partnership Income Adjustment	00	00	A 00
	B Federal Exploration Expenses	00	00	в 00
	C Federal Amortization or Depreciation for Facilities			
	and Equipment Amortized Under Arizona Law:			
	1 Pollution Control Devices	00	00	C1 00
	2 Child Care Facilities	00	00	C2 00
	D Expenses and Interest Relating to Income Not			
	Taxed by Arizona	00	00	D 00
	E Tax-Exempt Insurance Company Loss	00	00	E 00
	F Amounts Repaid in Current Taxable Year	00	00	F 00
	G Excess Federal Capital Loss Carryover Under			
	a Claim of Right Restoration	00		G 00
	H Domestic International Sales Corporations	00	00	н 00
	I Expenditures for the Americans with Disabilities Act	00	00	1 00
	J Treatment of Installment Obligations When Corporate			
	Activities Cease in Arizona	00	00	J 00
	K Total Other Additions from Federal Taxable Income.			
	Enter this amount on page 3, Schedule D, line D8	00	00	K

Name (as shown on page 1)	EIN	
		Page of

SCHEDULE E Adjustments to Subtractions from Taxable Income Continued

		(a) As Originally Filed	(b) Amount to Add or Subtract	(c) Correcte Amour	
E8	Expenses Related to Certain Federal Tax Credits:				
	A Work Opportunity Credit	00	00	Α	00
	B Empowerment Zone Employment Credit	00	00	В	00
	C Credit for Employer-Paid Social Security Taxes on Employee				
	Cash Tips	00	00		00
	D Indian Employment Credit	00	00	D	00
	E Total Expenses Related to Certain Federal Tax Credits				
	Enter this amount on page 3, Schedule E, line E8	00	00	E	00
E10	Other Subtractions From federal Taxable Income:				
	A Refunds of Taxes Based on Income	00	00	A	00
	B Negative Partnership Income Adjustment	00	00	В	00
	C Expense Recapture, Mine Explorations	00	00	С	00
	D Deferred Exploration Expenses	00	00	D	00
	E Exploration Expenses: Oil, Gas or Geothermal Resources	00	00	E	00
	F Arizona Amortization of Facilities and Equipment:				
	1 Pollution Control Devices	00	00	F1	00
	2 Cost of Child Care Facilities	00	00	F2	00
	G Interest on Federal Taxable Arizona Obligations Evidenced				
	by Bonds	00	00	G	00
	H Expenses and Interest Relating to Tax-Exempt Income	00	00	н	00
	I Tax-Exempt Insurance Company Income	00	00		00
	J Claim of Right Adjustment	00	00	J	00
	K Dividends from Domestic International Sales				
	Corporation (DISC)	00	00		00
	L Income from Disaster Relief Efforts	00	00		00
	M Expenditures for the Americans with Disabilities Act	00	00	M	00
	N Contribution in Aid of Construction (see instructions)	00	00	N	00
	O Marijuana Establishments <i>only</i> (see instructions):				
	1 Federal Disallowed Expenses, or	00	00	01	00
	2 Federal Taxable Income Attributable to NMMD Operations	00	00	02	00
	P Total Other Subtractions from Federal Taxable Income.				
	Enter this amount on page 3, Schedule E, line E10	00	00	Р	00