

| Business telephone number |
| :--- |
| Business activity code number <br> (from federal Form 1120) |


| Please |
| :--- | :--- |
| Type |
| or |
| Print |



Employer identification number (EIN)

65 Check box if: $\square$ Name change $\square$ Address change
A Correction of failure to check correct box A $\quad \square$ Separate company on Form 120, question B to: (See instructions) A $2 \square$ Combined (unitary group)

A $3 \square$ Consolidated
B $1 \square$ Finalized federal audit (attach copy)
B Reason for filing Form 120X:
B
B $2 \square$ Amended federal return (attach copy)
B $3 \square$ Arizona adjustments only (See instructions)
C If this amended return includes a capital loss carryback, check the box and write in the year the capital loss originated.
D This amended return changes Arizona filing method to: (See instructions)
$\square$ Separate company $\square$ Combined (unitary group)

E Arizona apportionment: (check only one) Multistate corporations only.AIR Carrier
$\square$ STANDARD Sales Factor ENHANCED Sales Factor

| (a) |
| :---: |
| As originally |
| reported or adjusted |

1 Taxable income.
2 Additions to taxable income
3 Total taxable income - add lines 1 and 2.
4 Subtractions from taxable income.
..................................................... reported or adjusted

5 Arizona adjusted income - subtract line 4 from line 3. WHOLLY ARIZONA CORPORATIONS GO TO LINE 13.
6 Arizona adjusted income - from line 5. MULTISTATE CORPORATIONS ONLY.
7 Nonapportionable or allocable amounts. Multistate corporations only.
8 Adjusted business income - subtract line 7 from line 6 . Multistate corporations only .
9 Arizona apportionment ratio - from Schedule C or Schedule ACA
10 Income apportioned to Arizona - multiply line 8 by line 9 . Multistate corporations only..
11 Other income allocated to Arizona. Multistate corporations only
12 Income attributable to Arizona - add lines 10 and 11. Multistate corporations only ..
13 Arizona income before NOL - from line 5 or line 12.
14 Arizona basis net operating loss carryforward - attach computation schedule .
15 Arizona taxable income - subtract line 14 from line 13.
16 Enter tax. Tax is 6.968 percent of line 15 or $\$ 50$, whichever is greater .............
17 Tax from recapture of tax credits - from Form 300, Part Il, line 26.
18 Subtotal - add lines 16 and 17 .
19 Clean Elections Fund Tax Reduction claimed on original return
20 Nonrefundable tax credits - from Form 300, Part II, line 51. $\qquad$
21 Credit type - enter form number for each nonrefundable credit claimed ... $21\lfloor 3 \mid$
22 Tax liability - subtract the sum of lines 19 and 20 from line 18...........................
23 Clean Elections Fund Tax Credit. See instructions before completing this line .
24 Tax liability after Clean Elections Fund tax credit - subtract line 23 from line 22 ...
25 Refundable tax credits. Check box(es) and enter amount(s) $25 \square 308 \square 342 \ldots$
26 Payments (extension, estimated). $\qquad$
27 Payment with original return plus all payments after it was filed - from page 2, Schedule D.......


28 Total payments - see instructions.



29 Overpayment, if any, as shown on original return or as later adjusted - see instructions
30 Total payments applied to amended tax liability - subtract line 29 from line 28.

| 28 |  | 00 |
| :--- | :--- | :--- |
| 29 | 00 |  |
| 30 |  | 00 |
| 31 |  | 00 |
| 32 | 00 |  |
| 33 |  | 00 |
| 34 |  | 00 |

34 OVERPAYMENT - if line 30 is larger than line 24(c), enter the overpayment.
34

DO NOT USE THE 2011 FORM 120X TO AMEND A PRIOR TAXABLE YEAR. USE THE FORM 120X FOR THE TAXABLE YEAR BEING AMENDED.

66
Net change increase
or (decrease)


## Schedule C - Apportionment Formula (Multistate Corporations Only)

See instructions, page 6.
C1 Property Factor
NOTE: Qualifying air carriers must use Schedule ACA
Value of real and tangible personal property (by averaging the value of owned property used at the beginning and end of the tax period; rented property at capitalized value)
a. Owned property (at original cost):

Inventories
Depreciable assets - (do not include Construction in Progress). Land.
Other assets - (describe)
Less: Nonbusiness property (if included in above totals)
Total of section a.
b. Rented property (capitalize at 8 times net rental paid)
c. Total owned and rented property (section a total plus section b).

C2 Payroll Factor
Total wages, salaries, commissions and other compensation paid to employees (per federal Form 1120 or payroll reports).........
C3 Sales Factor
a. Sales delivered or shipped to Arizona purchasers.
b. Other gross receipts
c. Total sales and other gross receipts
d. Weight Arizona sales - (STANDARD uses X 2; ENHANCED uses X 8)...
e. Sales factor (for column A - multiply item c by item d; for column B - enter the amount from item c) $\qquad$

| Column A Total Within Arizona Round to the Nearest Dollar | Column B Total Everywhere Round to the Nearest Dollar |
| :---: | :---: |
|  |  |
|  |  |
|  |  |
|  |  |
| ( ) | ) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| X2 OR 28 |  |
|  |  |
|  |  |

C4 Total ratio - add C1 (c), C2, and C3(e), in column C $\qquad$ ENHANCED divides by ten (10)). Enter the result in column C, and on page 1, line 9(c).


## Schedule D - Schedule of Payments (List payment date and amount).

1 Payment with original return $\qquad$ 2 Payment after original return filed
4 Total - add lines 1, 2 and 3
3 Payment after original return filed $\qquad$

Schedule E-Explanation of Changes (See instructions, page 6).

Certification The following certification must be signed by one or more of the following officers (president, treasurer, or any other principal officer).
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.


