## NOTICE FORM 120X

Laws 2012, Ch 257, § 11 (HB 2779), repealed the Arizona Revised Statutes that authorize the Clean Elections Fund Tax Reduction optional check-off box, the Clean Elections Fund Tax Credit, the Citizens Clean Elections Fund donation line on the corporate income tax returns and the Citizens Clean Elections Voluntary Gift line on the individual income and fiduciary tax returns. The changes are effective from and after August 2, 2012.

Fiscal year filers with a taxable year ending from and after August 2, 2012, do not claim a credit on line 23 for any amounts donated to the Citizens Clean Elections Fund after August 2, 2012.

## ARIZONA FORM Arizona Amended Corporation Income Tax Return

2011

=	120X	For	the □ ca	alendar year	2011 (	or □ fiscal y	year begi	nning	M <sub>i</sub> M <sub>i</sub> D <sub>i</sub> I	D <sub>I</sub> Y <sub>I</sub> \	and	d ending l	M <sub>I</sub> N	<u>/ID</u>	D <sub>I</sub> Y <sub>I</sub> Y	<u> </u>	 ]
В	Business telephone number Please Name									Employe	Employer identification number (EIN)						
			Type	Number an	d street	or PO Box											
1	Business activity code number or					AZ transaction privilege tax nu						tax numl	ber				
(fr	rom federal Form 1120	J)	Print	City, or tow	n, state,	, and ZIP cod	de										
65	Chack hav	:£.	☐ Nom	aa ahanga		A ddraga a	hanaa										_
A								HE 2011 FORM 120X TO AMEND A E YEAR. USE THE FORM 120X FOR									
^													UK				
	A 2 Consolidated											)EA					
	B 1  Finalized federal audit (attach copy)									REVENUE USE ONLY. DO NOT MARK IN THIS AREA.							
В	Reason for filing Fo	orm 120		2    Ameno													
	0			3 Arizon		•		tions)									
С	If this amended retu	urn incl			-	• •		,									
	year the capital loss									L							
D	This amended retur	rn char	nges Arizo	ona filing meth	nod to: (	(See instructi	ions)										
			Separat	e company		Combined (u	unitary gro	up)		٦	7		_	ิ			
Е	Arizona apportioni	ment:	(check on	nly one) $\square$	AIR C	arrier				8	<del>-</del>		66	<u> </u>			
	Multistate corpora	tions o	nly.			DARD Sales		As	( <b>a)</b> s original	lv	Net chance	b) ge increase		C/	( <b>c</b> ) orrect a	) amount	
				Ш	ENHA	NCED Sales	s Factor	report	ed or adj	ústed	or (de	crease)		_			
1	Taxable income									00		00	1	_			00
	Additions to taxable									00		00	2	_			00
	Total taxable income									00		00	3	-			00
	Subtractions from ta									00		00	4	Щ			00
5	Arizona adjusted inc CORPORATIONS G									00		00	5				00
6	Arizona adjusted inc									00		00	6	+			00
	Nonapportionable or									00		00	7	_			00
	Adjusted business inc					-				00		00	8				00
9	Arizona apportionme	ent rati	o - from S	Schedule C or	· Schedu	ule ACA		•		Щ			9		•		$\perp$
	Income apportioned to			-			-			00		00	10	_			00
	Other income alloca				•	,				00		00	11	+			00
	Income attributable to Arizona income before						,			00		00	12 13	-			00
	Arizona basis net op									00			14				00
	Arizona taxable inco	•		•		•				00			15	_			00
16	Enter tax. Tax is 6.9	968 pei	rcent of lir	ne 15 or \$50,	whiche	ver is greate	r			00		00	16	,			00
	Tax from recapture of									00		00	17	_			00
	Subtotal - add lines									00			18	_			00
	Clean Elections Fun				•					00			19 20	_			00
	Nonrefundable tax of Credit type - <i>enter for</i>								3	3		3	1 20	1			_ 00
	Tax liability - subtract									00			22	2			00
23	Clean Elections Fun	nd Tax (	Credit. Se	ee instructions	s before	completing	this line			00		00	23	,			00
24	Tax liability after Clea	an Elec	ctions Fun	d tax credit -	subtract	line <u>23 f</u> rom	line 22			00		00	24	+			00
	Refundable tax cred					_				25		00					
	Payments (extension									26		00	-				
	Payment with original Total payments - see									27		00	28	$\Box$			00
	Overpayment, if any												29	-			00
	Total payments appl			_		-							30	_			00
	TOTAL DUE - if line			-									31	_			00
	Penalty and Interest		_										32				00
	Payment enclosed												33	-			00
	OVERPAYMENT - ii		_										34	<u>.</u>			00
	Amount to be refund									35		00	36				00

AZ Form 120	X (2011) Name:		EIN:	Page 2 of 2
Schedule	C - Apportionment Formula (Multistate Corporation	ons Only) See	instructions, page 6.	•
C1 Propert	y Factor	NOTE: Qualif	ying air carriers must us	se Schedule ACA
Value of	real and tangible personal property (by averaging the	Column A	Column B	Column C
value of	owned property used at the beginning and end of the	Total Within Arizona	Total Everywhere	Ratio Within
tax perio	od; rented property at capitalized value)	Round to the	Round to the	Arizona A ÷ B
	property (at original cost):	Nearest Dollar	Nearest Dollar	7( - B
	ies			
	able assets - (do not include Construction in Progress)			
	ssets - (describe)onbusiness property (if included in above totals)			
	section a		)	
	property (capitalize at 8 times net rental paid)			
	ned and rented property (section a total plus section b)			
C2 Payroll				
•	iges, salaries, commissions and other compensation			
paid to	employees (per federal Form 1120 or payroll reports)			•
C3 Sales F	actor			
	elivered or shipped to Arizona purchasers			
b. Other g	ross receipts			
	les and other gross receipts			
_	urizona sales - (STANDARD uses X 2; ENHANCED uses X 8)	X2 OR X8		
	actor (for column A - multiply item c by item d;			
	mn B - enter the amount from item c)			•
	tio - add C1(c), C2, and C3(e), in column Ce apportionment ratio - divide C4, column C, by the denor			.   •   •   •
_	CED divides by ten (10)). Enter the result in column C, and			
	with original return		Il return filed	
3 Payment	after original return filed	4 Iotal - add lines 1, 2 a	and 3	
Schedule	E - Explanation of Changes (See instructions, pag	ge 6).		
Certification	The following certification must be signed by one or more	e of the following officers (pr	resident, treasurer, or any	other principal officer).
Please	Under penalties of perjury, I (we), the undersigned officer(s) au accompanying schedules and statements, and to the best of my the taxable year stated pursuant to the income tax laws of the States	(our) knowledge and belief, it is		
Sign	Officer's signature	Date	Title	
Here				
пеге				
	Officer's signature	Date	Title	
Paid		1		
Preparer's				
Use Only	Preparer's signature	Date	Preparer's	EIN, PTIN or SSN
	Firm's name (or preparer's, if self-employed)		Firm's	EIN or SSN
	i iiii s iiailie (vi preparei s, ii seir-effipioyeu)	I	FIIIIS L	LINUI LI SSIN
	Firm's address	Zip code	Firm's telep	phone number