

For the calendar year 2012 or fiscal year beginning (MM,DD,YYYY) and ending (MM,DD,YYYY).

Business telephone number <i>(with area code)</i>	Please Type or Print	Name	Employer identification number (EIN)
		Number and street or PO Box	
Business activity code number <i>(from federal Form 1120)</i>		City or town, state, and ZIP code	AZ transaction privilege tax number

- 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 (attach copy)
B2 Amended federal return (attach 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,DD,YYYY)
- D** This amended return changes Arizona filing method to (see instructions):
 Separate company Combined (unitary group)
- E Multistate corporations only:**
 Arizona apportionment (check only one):
 AIR Carrier STANDARD Sales Factor ENHANCED Sales Factor

DO NOT USE THE 2012 FORM 120X TO AMEND A PRIOR TAXABLE YEAR. USE THE FORM 120X FOR THE TAXABLE YEAR BEING AMENDED.

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

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	(a) As Originally Reported or Adjusted	(b) Amount To Add or Subtract	(c) Corrected Amount
1 Taxable income	00	00	1 00
2 Additions to taxable income	00	00	2 00
3 Total taxable income - add lines 1 and 2	00	00	3 00
4 Subtractions from taxable income	00	00	4 00
5 Arizona adjusted income - subtract line 4 from line 3. WHOLLY ARIZONA CORPORATIONS GO TO LINE 13	00	00	5 00
6 Arizona adjusted income - from line 5. MULTISTATE CORPORATIONS ONLY	00	00	6 00
7 Nonapportionable or allocable amounts. Multistate corporations only	00	00	7 00
8 Adjusted business income - subtract line 7 from line 6. Multistate corporations only	00	00	8 00
9 Arizona apportionment ratio - from Schedule C or Schedule ACA	●		9 ●
10 Income apportioned to Arizona - multiply line 8 by line 9. Multistate corporations only	00	00	10 00
11 Other income allocated to Arizona. Multistate corporations only	00	00	11 00
12 Income attributable to Arizona - add lines 10 and 11. Multistate corporations only	00	00	12 00
13 Arizona income before NOL - from line 5 or line 12	00	00	13 00
14 Arizona basis net operating loss carryforward - attach computation schedule.	00	00	14 00
15 Arizona taxable income - subtract line 14 from line 13	00	00	15 00
16 Enter tax. Tax is 6.968 percent of line 15 or \$50, whichever is greater	00	00	16 00
17 Tax from recapture of tax credits - from Form 300, Part II, line 28	00	00	17 00
18 Subtotal - add lines 16 and 17	00	00	18 00
19 Nonrefundable tax credits - from Form 300, Part II, line 52	00	00	19 00
20 Credit type - enter form number for each nonrefundable credit claimed	3	3	3
21 Tax liability - subtract line 19 from line 18	00	00	21 00
22 Clean Elections Fund Tax Credit. See instructions before completing this line.	00	00	22 00
23 Tax liability after Clean Elections Fund tax credit - subtract line 22 from line 21	00	00	23 00
24 Refundable tax credits. Check box(es) and enter amount(s)	24	00	<input type="checkbox"/> 308 <input type="checkbox"/> 342
25 Payments (extension, estimated)	25	00	
26 Payment with original return plus all payments after it was filed - from page 2, Schedule D	26	00	
27 Total payments - see instructions			27 00
28 Overpayment, if any, as shown on original return or as later adjusted - see instructions			28 00
29 Total payments applied to amended tax liability - subtract line 28 from line 27			29 00
30 TOTAL DUE - if line 23(c) is larger than line 29, enter the total due			30 00
31 Penalty and Interest			31 00
32 Payment enclosed			32 00
33 OVERPAYMENT - if line 29 is larger than line 23(c), enter the overpayment			33 00
34 Amount of line 33 to be applied to 2013 estimated tax	34	00	
35 Amount to be refunded - subtract line 34 from line 33			35 00

Schedule C - Apportionment Formula (Multistate Corporations Only) See instructions, pages 5 and 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 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) ..

Column A Total Within Arizona Round to the Nearest Dollar
()
X 2 OR X 8

Column B Total Everywhere Round to the Nearest Dollar
()

Column C Ratio Within Arizona A ÷ 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 AZ 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)

C4 Total ratio - add C1(c), C2, and C3(e), in column C

C5 Average apportionment ratio - divide line C4, column C, by the denominator (STANDARD divides by four (4); 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).

D1	Payment with original return	[M,M]D,[D]Y,Y,Y,Y	D1		00
D2	Payment after original return filed	[M,M]D,[D]Y,Y,Y,Y	D2		00
D3	Payment after original return filed	[M,M]D,[D]Y,Y,Y,Y	D3		00
D4	Total - add lines D1, D2 and D3.....	[M,M]D,[D]Y,Y,Y,Y	D4		00

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.

Please Sign Here

Officer's Signature _____ Date _____ Title _____

Officer's Signature _____ Date _____ Title _____

Paid Preparer's Use Only

Preparer's Signature _____ Date _____ Preparer's PTIN _____

Firm's Name (or Preparer's Name, if self-employed) _____ Firm's EIN or SSN _____

Firm's Address _____ ZIP Code _____ Firm's Telephone Number _____