

DO NOT USE THE 2017 FORM 120X TO AMEND A PRIOR TAXABLE YEAR. USE THE FORM 120X FOR THE TAXABLE YEAR BEING AMENDED.

For the  calendar year 2017 or  fiscal year beginning MM, M, D, D, 2, 0, 1, 7 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:  Separate company  
 Combined (unitary group)  Consolidated (generally, election cannot be made on amended return (see instructions))
- E** ARIZONA apportionment for multistate corporations only (check one box):  
 AIR CARRIER  STANDARD  SALES FACTOR ONLY
- 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.

<b>88</b>
<b>81</b> PM
<b>66</b> RCVD

	(a) As Originally Reported or Adjusted	(b) Amount to Add or Subtract	(c) Corrected Amount
1	00	00	00
2	00	00	00
3	00	00	00
4	00	00	00
5	00	00	00
6	00	00	00
7	00	00	00
8	00	00	00
9			
10	00	00	00
11	00	00	00
12	00	00	00
13	00	00	00
14	00	00	00
15	00	00	00
16	00	00	00
17	00	00	00
18	00	00	00
19	00	00	00
20	3	3	3
21	00	00	00
22	22	308	00
23	00	00	00
24			00
25			00
26			00
27			00
28			00
29			00
30			00
31			00
32	32	00	
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		
<b>D1</b> Total federal depreciation .....	00	00	<b>D1</b>		00
<b>D2</b> Taxes based on income paid to any state (INCLUDING ARIZONA), local governments or foreign governments .....	00	00	<b>D2</b>		00
<b>D3</b> Interest on obligations of other states, foreign countries, or political subdivisions .....	00	00	<b>D3</b>		00
<b>D4</b> Special deductions claimed on federal return.....	00	00	<b>D4</b>		00
<b>D5</b> Federal net operating loss deduction claimed on federal return.....	00	00	<b>D5</b>		00
<b>D6</b> Additions related to Arizona tax credits: Include detailed schedule.....	00	00	<b>D6</b>		00
<b>D7</b> Other additions to federal taxable income: Include detailed schedule ...	00	00	<b>D7</b>		00
<b>D8</b> 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	<b>D8</b>		00

**SCHEDULE E Adjustments to Subtractions from Taxable Income**

	(a) As Originally Reported or Adjusted	(b) Amount to Add or Subtract	(c) Corrected Amount		
<b>E1</b> Recalculated Arizona depreciation .....	00	00	<b>E1</b>		00
<b>E2</b> Basis adjustment for property sold or otherwise disposed of during the taxable year .....	00	00	<b>E2</b>		00
<b>E3</b> Dividends received from 50% or more controlled domestic corporations	00	00	<b>E3</b>		00
<b>E4</b> Foreign dividend gross-up .....	00	00	<b>E4</b>		00
<b>E5</b> Dividends received from foreign corporation .....	00	00	<b>E5</b>		00
<b>E6</b> Interest on U.S. obligations .....	00	00	<b>E6</b>		00
<b>E7</b> Agricultural crops charitable contribution.....	00	00	<b>E7</b>		00
<b>E8</b> Expenses related to certain federal tax credits listed on the instructions: Include detailed schedule	00	00	<b>E8</b>		00
<b>E9</b> Other subtractions from federal taxable income: Include detailed schedule .....	00	00	<b>E9</b>		00
<b>E10</b> TOTALS: Add lines E1 through E9 in each column. Enter the amounts here and in the corresponding column on page 1, line 4.....	00	00	<b>E10</b>		00

	The following declaration must be signed by one or more of the following officers: president, treasurer, or any other principal officer.		
<b>Declaration</b>	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.		
<b>Please Sign Here</b>	_____ OFFICER'S SIGNATURE	_____ DATE	_____ TITLE
<b>Paid Preparer's Use Only</b>	_____ PAID PREPARER'S SIGNATURE	_____ DATE	_____ PAID PREPARER'S PTIN
	_____ FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)		_____ FIRM'S <input type="checkbox"/> EIN OR <input type="checkbox"/> SSN
	_____ FIRM'S STREET ADDRESS		_____ FIRM'S TELEPHONE NUMBER
	_____ CITY	_____ STATE	_____ ZIP CODE

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