

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

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

68 Check box if: This is a first return Name change Address change

A Is FEDERAL return filed on a consolidated basis? Yes No
If yes, list EIN of common parent from consolidated return: _____

B ARIZONA filing method - see instructions, page 1 (check only one):
1 Separate company 2 Combined (unitary group) 3 Consolidated

C If ARIZONA filing method is combined or consolidated, see Form 51 instructions.
Is Form 51 attached? Yes No

D Multistate corporations only:
ARIZONA apportionment (check only one):
 AIR Carrier STANDARD Sales Factor ENHANCED Sales Factor

E Is this the corporation's final ARIZONA return? Yes No
If yes, check one: Dissolved Withdrawn Merged/Reorganized
List EIN of the successor corporation, if any: _____

CHECK BOX IF: Return filed under extension.

82 **82 F**

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

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1	Taxable income - per attached federal return	1		00
2	Additions to taxable income - from page 2, Schedule A, line A11	2		00
3	Total taxable income - add lines 1 and 2	3		00
4	Subtractions from taxable income - from page 2, Schedule B, line B12.....	4		00
5	Adjusted income - subtract line 4 from line 3. WHOLLY ARIZONA CORPORATIONS GO TO LINE 13.....	5		00
6	Arizona adjusted income - from line 5. MULTISTATE CORPORATIONS ONLY	6		00
7	Nonapportionable or allocable amounts - from page 3, Schedule D, line D8. Multistate corporations only	7		00
8	Adjusted business income - subtract line 7 from line 6. Multistate corporations only.....	8		00
9	Arizona apportionment ratio - from Schedule C or Schedule ACA.....	9		
10	Adjusted business income apportioned to Arizona - line 8 multiplied by line 9. Multistate corporations only.....	10		00
11	Other income allocated to Arizona - from page 3, Schedule E, line E7. Multistate corporations only	11		00
12	Adjusted income attributable to Arizona - add lines 10 and 11. Multistate corporations only	12		00
13	Arizona income before NOL - from line 5 or line 12.....	13		00
14	Arizona basis net operating loss carryover - attach computation schedule.....	14		00
15	Arizona taxable income - subtract line 14 from line 13.....	15		00
16	Enter tax. Tax is 6.968 percent of line 15 or fifty dollars (\$50), whichever is greater.....	16		00
17	Tax from recapture of tax credits - from Form 300, Part II, line 28	17		00
18	Subtotal - add lines 16 and 17.....	18		00
19	Nonrefundable tax credits - from Arizona Form 300, Part II, line 52.....	19		00
20	Credit type - enter form number for each nonrefundable credit claimed: 20 <u>3</u> <u>3</u> <u>3</u> <u>3</u>			
21	Tax liability - subtract line 19 from line 18.....	21		00
22	Clean Elections Fund Tax Credit. SEE INSTRUCTIONS BEFORE COMPLETING THIS LINE	22		00
23	Tax liability after Clean Elections Fund tax credit - subtract line 22 from line 21.....	23		00
24	Refundable tax credits. Check box(es) and enter amount(s)	24	<input type="checkbox"/> 308 <input type="checkbox"/> 342	00
25	Extension payment made with Form 120EXT or online - see instructions	25		00
26	Estimated tax payments - see instructions	26		00
27	Total payments - see instructions	27		00
28	Balance of tax due - If line 23 is larger than line 27, enter balance of tax due. Skip line 29	28		00
29	Overpayment of tax - If line 27 is larger than line 23, enter overpayment of tax	29		00
30	Penalty and interest.....	30		00
31	Estimated tax underpayment penalty. If Form 220 is attached, check box.....	31A	<input type="checkbox"/>	00
32	TOTAL DUE - see instructions	32		00
33	OVERPAYMENT - see instructions	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 D - Nonapportionable Income and Expenses (Multistate Corporations Only)

D1 Nonbusiness dividends and interest income:				
a Total nonbusiness dividends not deducted on page 2, Schedule B	D1a		00	
b Interest from nonbusiness sources	D1b		00	
c Total nonbusiness dividends and interest - <i>add lines D1a and D1b</i>				D1c 00
D2 Net royalties from nonbusiness patents and copyrights - <i>attach schedule</i>				D2 00
D3 Net income from rental of nonbusiness assets - <i>attach schedule</i>				D3 00
D4 Net gain or (loss) from sale or exchange of nonbusiness assets utilized for production of nonbusiness income - <i>attach schedule</i>				D4 00
D5 Other income or (loss) - <i>attach schedule</i>				D5 00
D6 Subtotal - <i>add lines D1c through D5</i>				D6 00
D7 Expenses attributable to income derived from a foreign corporation which is not itself subject to Arizona income tax - <i>attach schedule</i>				D7 00
D8 Total - <i>subtract line D7 from line D6. Enter total here and on page 1, line 7</i>				D8 00

Schedule E - Other Income Allocated to Arizona (Multistate Corporations Only)

E1 Gain or (loss) from sale or exchange of real estate and other tangible assets utilized for the production of nonbusiness income - <i>attach schedule</i>	E1		00
E2 Net income or (loss) from rental of nonbusiness assets - <i>attach schedule</i>	E2		00
E3 Net royalties from nonbusiness assets - <i>attach schedule</i>	E3		00
E4 Net income or (loss) from intangible property specifically allocable to Arizona - <i>attach schedule</i>	E4		00
E5 Federal income tax refunds received in the taxable year - <i>see instructions</i>	E5		00
E6 Other income or (loss) directly allocable to Arizona - <i>attach schedule</i>	E6		00
E7 Total - <i>add lines E1 through E6. Enter total here and on page 1, line 11</i>	E7		00

Schedule F - Schedule of Tax Payments

Name of corporation	EIN	Date of payment	Type of payment (Estimated or Extension)	Amount of payment
Total				

Schedule G - Other Information

G1 Date business began in Arizona or date income was first derived from Arizona sources: MM.D.Y.Y.Y.Y

G2 Address at which tax records are located for audit purposes:

G3 The taxpayer designates the individual listed below as the person to contact to schedule an audit of this return and authorizes the disclosure of confidential information to this individual. (See instructions, page 16.)

Name: _____ Phone number: _____
 Title: _____

G4 List prior taxable years for which a federal examination has been finalized:

NOTE: ARS § 43-327 requires the taxpayer, within ninety days after final determination, to report these changes under separate cover to the Arizona Department of Revenue or to file amended returns reporting these changes. (See instructions, page 4.)

G5 List the taxable years for which federal examinations are now in progress, or final determination of past examinations is still pending:

G6 List the taxable years for which federal waivers of the statute of limitations are in effect and dates on which waivers expire:

G7 Amount of Arizona taxable income for prior taxable year (2011 Form 120, line 15) \$ 00

G8 Indicate tax accounting method: Cash Accrual Other (Specify method.) _____

Multistate taxpayers:

G9 Are the nonbusiness items reported on Schedule D, lines D1 through D5, and the apportionment factor items reported on Schedule C, column B, treated consistently on all state tax returns filed under the Uniform Division of Income for Tax Purposes Act?

Yes No

If no, the taxpayer must disclose the nature and extent of the variance upon request by the department.

G10 Has the taxpayer changed the way income is apportioned or allocated to Arizona from prior taxable year returns?

Yes No

If yes, attach explanation.

Consolidated Return Filers:

G11 Enter the year Form(s) 122 were filed to make the Arizona consolidated election: _____

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 <input type="checkbox"/> EIN or <input type="checkbox"/> SSN	
	Firm's Address	ZIP Code	Firm's Telephone Number