ARIZONA FORM
120X

Arizona Amended Corporation Income Tax Return - Tax Recovery 2004

For taxable year beginning , and ending

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

CHECK ONE: Calendar year ☐ Fiscal year ☐

Business telephone number	Please Type or Print	Name	Employer identification number (EIN)
Business activity code number (from federal Form 1120)		Number and street or PO Box	AZ withholding tax number
		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)
1 ☐ Separate company 2 ☐ Combined (unitary group) 3 ☐ Consolidated

B Reason for filing Form 120X: 1 ☐ Finalized federal audit (attach copy)
2 ☐ Amended federal return (attach copy) 3 ☐ Arizona adjustments only (See instructions)

C This amended return changes Arizona method of filing to: (See instructions)
☐ Separate company ☐ Combined (unitary group)

FOR DOR USE ONLY

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DO NOT USE THE 2004 FORM 120X TO AMEND A PRIOR TAXABLE YEAR. USE THE FORM 120X FOR THE TAXABLE YEAR BEING AMENDED.

	(a) As originally reported or adjusted	(b) Net change increase or (decrease)		(c) Correct 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 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 25*	00	00	17	00
18 Subtotal - *add lines 16 and 17*	00	00	18	00
19 Clean Elections Fund Tax Reduction	00	00	19	00
20 Nonrefundable tax credits - *from Form 300, Part II, line 48*	00	00	20	00
21 Credit type - *enter form number for each nonrefundable credit claimed*	21 3 3 3 3			
22 Tax liability - *subtract the sum of lines 19 and 20 from line 18*	00	00	22	00
23 Clean Elections Fund Tax Credit. *See instructions before completing this line*	00	00	23	00
24 Tax liability after Clean Elections Fund tax credit - *subtract line 23 from line 22*	00	00	24	00

25 Refundable tax credits - *see instructions*	25	00			
26 Credit type - *enter form number for each refundable credit claimed*	26 3 3				
27 Retroactive consolidation tax payment credit - *see instructions*	27	00			
28 Payments (extension, estimated)	28	00			
29 Payment with original return **plus** all payments after it was filed - *from page 2, Schedule D*	29	00			
30 Total payments - *see instructions*			30		00
31 Overpayment, if any, as shown on original return or as later adjusted - *see instructions*			31		00
32 Total payments applied to amended tax liability - *subtract line 31 from line 30*			32		00
33 **TOTAL DUE -** *If line 24(c) is larger than line 32, enter the total due*			33		00
34 **OVERPAYMENT -** *If line 32 is larger than line 24(c), enter the overpayment*			34		00
35 Amount of line 34 to be applied to 2005 estimated tax			35		00
36 Amount to be refunded - *subtract line 35 from line 34*			36		00

TAX RECOVERY

Schedule C - Apportionment Formula (Multistate Corporations Only) See instruction pages 5 and 6

NOTE: Qualifying air carriers must use Schedule ACA

	Column A Total Within Arizona	Column B Total Within and Without Arizona	Column C Ratio Within Arizona A ÷ B
C1 Property Factor			
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			
Land			
Other assets - (describe) _____			
Minus: Construction in progress (if included in above totals)	( )	( )	
Minus: 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 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. Double weight Arizona sales and gross receipts	X 2		
e. Sales factor (for column A - multiply item c by item d; for column B - enter amount from item c)			•
C4 Total ratio - add C1(c), C2 and C3(e) in column C			•
C5 Average apportionment ratio - divide C4 by four (4). 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 _____

2 Payment after original return filed_____

3 Payment after original return filed _____

4 Total - *add lines 1, 2 and 3* _____

Schedule E - Explanation of Changes (See instruction 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 | Title | Date

Officer's signature | Title | Date

Paid Preparer's Use Only

Preparer's signature | Date

Firm's name (or preparer's, if self-employed) | Preparer's TIN

Firm's address | Zip code

Print Reset form