

DO NOT USE THE 2015 FORM 120X TO AMEND A PRIOR TAXABLE YEAR. USE THE FORM 120X FOR THE TAXABLE YEAR BEING AMENDED.

For the calendar year 2015 or fiscal year beginning MM, M, D, D | 2, 0, 1, 5 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 (see instructions):
 Separate company Combined (unitary group)
- E ARIZONA apportionment for multistate corporations only (check one box):
 AIR Carrier STANDARD ENHANCED
- 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.

88
81 PM
66 RCVD

	(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 A 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: Include 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 6.0 percent of line 15 or \$50, whichever is greater	00	00	16 00
17 Tax from recapture of tax credits from Arizona Form 300, Part 2, line 31.....	00	00	17 00
18 Subtotal: Add lines 16 and 17	00	00	18 00
19 Nonrefundable tax credits from Arizona Form 300, Part 2, line 56	00	00	19 00
20 Credit type: Enter form number for each nonrefundable credit used	3	3	3 3
21 Tax liability: Subtract line 19 from line 18.....	00	00	21 00
22 Refundable tax credits: Check box(es) and enter amount	22	00	22 00
23 Payments (extension, estimated)	23	00	23 00
24 Payment with original return plus all payments after it was filed: from page 2, Schedule B.....	24	00	24 00
25 Total payments: See instructions.....			25 00
26 Overpayment, if any, as shown on original return or as later adjusted: See instructions			26 00
27 Total payments applied to amended tax liability: Subtract line 26 from line 25.....			27 00
28 TOTAL DUE: If line 21(c) is larger than line 27, enter the total due			28 00
29 Penalty and Interest.....			29 00
30 Payment due			30 00
31 OVERPAYMENT: If line 27 is larger than line 21(c), enter the overpayment			31 00
32 Amount of line 31 to be applied to 2016 estimated tax.....	32	00	32 00
33 Amount to be refunded: Subtract line 32 from line 31.....			33 00

Name (as shown on page 1)	EIN
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Declaration	The following declaration 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	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