

Claim of Right - Individual

FOR CALENDAR YEAR 2021

	OR FISCA	AL YEAR BEGINI	NING (M,M,D,	$D_12_10_12_11_1$	AND ENDING 🔟	1 _M DDDYYY	ΥΥ.	66F		
				this form with						
Your Name as shown on Form 140, 140NR, 140PY, 140X, 140-SBI, 140NR-SBI, 140PY-SBI or 140X-SBI Your So								cial Security Number		
Spouse's Name as shown on Form 140, 140NR, 140PY, 140X, 140-SBI, 140NR-SBI, 140PY-SBI or 140X-SBI (if filing joint) Spouse'							se's Soc	e's Social Security Number		
						l l				
explain t	ure your current y he amounts repa re, ITP 16-1. <i>No</i>	id. See instruction	ons for details. F	or more informat	ion on Arizona's	claim of right pro	visions	s, see the	department's	
Part 1	General Info	ormation								
1	Enter the <u>total</u> amount of <u>all income</u> that you <u>repaid</u> during the 2021 tax year that was included in									
		n line 1 is \$3,000		You do not quali			1		00	
2	If you answered	the total amount repaid in 2021 from income that was reported in more than one prior tax year? 2 Yes No u answered "Yes", you must complete and include with your 2021 tax return a separate Claim of t form for each prior taxable year end. See instructions for completing more than one Claim ight form.]		
3	List each prior taxable year end that included income that was included in line 1: 3a 3b 3c 3d 3e 3f									
	YYYY	YYYY	YYYY	YYYY	YYYY					
4	If you answered Form 140, line 1	l "Yes", you mus 18; or Form 140F	t include the am PY, line 31; or Fo	claim of right on yount on line 1 as orm 140NR, line 3 I Business Inco	an "Other Addition 32; or as an "Add	ons to Income" o itions to Income	on "	Yes No]	
Part 2	Decrease in	Prior Year's 1	Гах							
	Prior Taxable Ye						5	MM/D	D/YYYY	
	Enter the amount of tax from the Arizona tax return filed for the prior tax year. See instructions For the year listed on line 5, refigure your tax for the prior tax year without including the income that						I		00	
1	•	•		tne prior tax yea		•			00	
8	Subtract line 7 fi						8		00	
	Note: If you are Form 140, line 5 Form 140X, line	e completing more 54, box 54b; or F 43, box 43b.	e than one Claim Form 140PY, line	x year. Enter the of Right form, ac	dd all amounts on Form 140NR, lir	line 8 and enter	the tota			
	_			return, see inst		an lina E Sh	ou ha	vo 4	figured 4h-	
Part 3				the prior tax y ce is needed,						

ADOR 11273 (21) Page 1 of 2

Your Name (as shown on page 1)	Your Social Security Number			

Part 3 - Continuation Sheet