ARIZONA FORM

Part-Year Resident Personal Income Tax Return FOR CALENDAR YEAR 2006 OR

66	

2006

YOUR FIRST NAME AND INITIAL	LAST NAME		L SECURITY NO.
1			
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL 1	LAST NAME	SPOUSE'S SC	OCIAL SECURITY NO.
PRESENT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE APT 2	. NO. DAYTIME PHONE (with area code)	_	IMPORTANT ↑ ust enter your SSNs.
CITY, TOWN OR POST OFFICE STATE ZIP CODE	HOME PHONE (with area code)	Check this be	<u>*</u>
3	94	82F Fil	ing under extension
Δ 4 Married filing joint return		FOR DOR USE O	ONLY
Warried filing joint return 5 Head of household - name of qualifying child or dependent 6 Married filing separate return. Enter spouse's Social Security 7 Number above and full name here	•		
Married filing separate return. Enter spouse's Social Secur			
Number above and full name here			
/ Single			
Enter the 8 Age 65 or over (you and/or spouse)	88		
number 9 Blind (you and/or spouse)			
Enter the square specific spec		80	
13.13 Pasidanas Ctatus (abask anal), 13 D Dart Vear Davida	<u>π το γ σ</u>		an.
12-13 Residency Status (check one): 12 Part-Year Reside		esideni active iviiii	ary T
14 Federal adjusted gross income (from your federal return)			15
15 Arizona income (from page 2, line B19)			16
			17
17 Add lines 15 and 16	umbor from lino D2//2 401		18
19 Arizona adjusted gross income. Subtract line 18 from line 17			19
19 Arizona adjusted gross income. Subtract line 18 from line 17 20 Deductions. Check box and enter amount. See instructions	s nage 14 20 I ☐ ITEMIZED 20 S [T STANDARD	20
			21
 21 Personal exemptions. See pages 14 and 15 of the instructions 22 Arizona taxable income. Subtract lines 20 and 21 from line 19. 23 Compute the tax using Tax Rate Table X or Y 			22
23 Compute the tax using Tax Rate Table X or Y			23
			24
25 Subtotal of tax. Add lines 23 and 24			25
26 - 27 Clean Elections Fund Tax Reduction. See instructions, pa	nge 15. 261□ YOURSELF 262[☐ SPOUSE	27
28 Reduced tax. Subtract line 27 from line 25			28
24 Tax from recapture of credits from Arizona Form 301, line 31 25 Subtotal of tax. <i>Add lines 23 and 24</i>			29
			30
31 Credit type. Enter form number of each credit claimed: 31			
31 Credit type. Enter form number of each credit claimed: 31 32 Clean Elections Fund Tax Credit. From worksheet on page 18			32
33 Dalance of tax. Subtract lines 29, 30 and 32 nonnine 20. If the			33
34 Arizona income tax withheld during 2006			34
35 Arizona estimated tax payments for 2006			35
37 Increased Excise Tax Credit. <i>From worksheet on page 18 of th</i>			36
	IE IIISII UCUOTIS		38
39 TAX DUE. If line 33 is larger than line 38, subtract line 38 from			39
40 OVERPAYMENT. If line 38 is larger than line 33, subtract line	•		40
41 Amount of line 40 to be applied to 2007 estimated tax			41
42 Balance of overpayment. Subtract line 41 from line 40			42
43 - 51 Voluntary Gifts to: AID TO EDUCATION (entire refund only)		45	_
CHILD ABUSE PREVENIENCE 46 DOMESTIC VIOLEI SHELTER	41 RELIEF FUND	48	_
NEIGHBORS HELPING NEIGHBORS		51	4
52 Check only one if making a political gift: 521□Democratic 52			
= 00 Zoumatou pajimont ponattj and mort mitraramat ponattj imimi			53
54 Check applicable boxes: 541 □ Annualized/Other 542 □ Farm			
55 Total of lines 43, 44, 45, 46, 47, 48, 49, 50, 51 and 53			55
54 Check applicable boxes: 541 LIAnnualized/Other 542 LIFARM 55 Total of lines 43, 44, 45, 46, 47, 48, 49, 50, 51 and 53 56 REFUND. Subtract line 55 from line 42. If less than zero, enter Deposit of Refund: See instructions.	er amount owed on line 57		56
ROUTING NUMBER ACCOUNT NUMBER 98	c_	Checking or	
98 ACCOUNT NOMBER 98 ACCOUNT NOMBER 57 AMOUNT OWED. Add lines 39 and 55. Make check payable	e to Arizona Department of Revenue: include S	J Savings SN on navment	57
Payment enclosed. Check the box and attach payment		a on paymont	

ART A: Dep	Enter total number of persons listed in A1 here and a Enter the names of the dependents listed above b Enter dependents listed above who were not cla						
ART A:	a Enter the names of the dependents listed above						
ART A:	a Enter the names of the dependents listed above						
ART A:	a Enter the names of the dependents listed above						
ART A:	a Enter the names of the dependents listed above			T	OTAL	A2	
ART A:	·	, , , ,					
ART	b Enter dependents listed above who were not cla			_			
PAR P4		med on your federal return due to edu	cation cre	dits:			
△ A4				_			
	List qualifying parents and ancestors of your parents	. If more space is needed, attach a se	eparate sh	eet. You cannot list	the sam	e person here ar	nd also o
	line A1. For information on who is a qualifying parer	t or ancestor of your parents, see pag	e 5 of the	instructions.	NO	. OF MONTHS L	IVED
	FIRST AND LAST NAME	SOCIAL SECURITY NO.	REI	ATIONSHIP	IN '	YOUR HOME IN	2006
A5	Enter total number of persons listed in A4 here and	on the front of this form, box 11		T	OTAL	A5	
	Dates of Arizona residency: From [M,M]D,D]			2006 FEDE		2006 ARIZ	ONA
al la	List other state(s) of residency:			Amount from fede			
	Wages, salaries, tips, etc.			B7			
⊆ B8	Interest			B8			
	Dividends			B9			
D D9	Arizona income tax refunds			—			-+
O				B10			-+
E B11	Alimony received			B11			
4.	Business income (or loss) from federal Schedule C.			B12			
	Gains (or losses) from federal Schedule D			B13			
	Rents, royalties, partnerships, estates, trusts, small			B14			
	Other income reported on your federal return			B15			
	Total income: Add lines B7 through B15			B16			
	Federal adjustments. Attach your own schedule			B17			
E B18	Federal adjusted gross income. Subtract line B17 fi	om line B16 in the FEDERAL column .		B18			
₫ B19	Arizona income: Subtract line B17 from line B16 in	the ARIZONA column. Enter here and	on the fro	nt of this form, line	15	B19	
B20	Arizona income: Subtract line B17 from line B16 in Arizona percentage: Divide line B19 by line B18, ar Early withdrawal of Arizona Retirement System cont Total depreciation included in Arizona gross income Other additions to income. See instructions and atta	d enter the result (not over 100%)				B20	
. ္ပ္က <u>C</u> 21	Early withdrawal of Arizona Retirement System cont	ibutions				C21	
<u>₽</u> C22	Total depreciation included in Arizona gross income					C22	
분흥 C23	Other additions to income. See instructions and atta	ach your own schedule				C23	
¹ ₹ C24	Total depreciation included in Arizona gross income Other additions to income. See instructions and atta Total: Add lines C21 through C23. Enter here and a Exemption: Age 65 or over. Multiply the number in Exemption: Blind. Multiply the number in box 9, page Exemption: Dependents. Multiply the number in box Exemption: Qualifying parents and ancestors. Multiply that exemptions: Add lines D25 through D28	on the front of this form on line 16				C24	
ළි D25	Exemption: Age 65 or over. Multiply the number in	box 8, page 1, by \$2,100		D25			
Ö D26	Exemption: Blind. Multiply the number in box 9, par	ge 1, by \$1,500		D26		1	
드 D27	Exemption: Dependents. <i>Multiply the number in bo</i>	x 10, page 1, by \$2,300		D27			
D28	Exemption: Qualifying parents and ancestors. <i>Multi</i>	iply the number in box 11, page 1, by \$	\$10,000	D28			
پ⊑ Ω D29	Total exemptions: <i>Add lines D25 through D28</i>			D29		-	
. <u>5</u> D30	Multiply line D29 by the percentage on line B20, and	l enter the result				D30	
5 D31	Interest on U.S. obligations such as U.S. savings bo	nds and treasury bills included in the A	RIZONA (column		D31	
	Arizona state lottery winnings included on line B15 in					D32	
Q D33	U.S. Social Security or Railroad Retirement Act bene					D33	
	Construction of an energy efficient residence. See J					D34	
1 1	Other subtractions from income. See instructions as	•				D35	$\overline{}$
~	Total: Add lines D30 through D35. Enter here and of	-				D36	_
	Last name(s) used in prior years if different from nar					D30	
	I have read this return and any attachments with it. and complete. Declaration of preparer (other than ta	<u> </u>	at to the be which prep	est of my knowledge arer has any knowl	e and bel ledge.	lief, they are true,	correct
Z	YOUR SIGNATURE	DATE		CCUPATION			
5 →							
	SPOUSE'S SIGNATURE	DATE	<u>S</u>	POUSE'S OCCUPATI	ON		
SE							
Ă	PAID PREPARER'S SIGNATURE	FIRM'S NAME	(PREPARE	R'S IF SELF-EMPLO	YED)		
PLEASE							
<u>d</u>	PAID PREPARER'S TIN DATE	PAID PREPARER'S AD	DRESS				

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016.

If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138.