# Notice Form 140A

## Arizona has not fully conformed to the federal changes to the Internal Revenue Code (I.R.C.) made in 2009.

The following adjustments are in addition to those already included in the 2009 Arizona Form 140A instructions:

### **Unemployment Compensation**

Any unemployment income that you excluded on the federal return pursuant to I.R.C. § 85(c) must be added back on the Arizona return. Arizona Form 140A does not have an additions line; however for this adjustment only, you may make the adjustment by increasing the amount on the federal adjusted gross income line (Arizona 140A line 12) by the amount of the unemployment income excluded on your federal return.

### **Other Adjustments**

Arizona added other adjustments due to non-conformity with the Internal Revenue Code that cannot be adjusted on the Arizona Form 140A. To see if you have any of these adjustments click on the link below. If any of the adjustments other than unemployment apply to your situation you will need to use Arizona Form 140.

For more information regarding any of these adjustments go to: http://www.azdor.gov/LegalResearch/2009Nonconformity.aspx

#### ARIZONA FORM .

# \_ Resident Personal Income Tax Return (Short Form)



Your Social Security No.

Spouse's Social Security No.

You <u>must</u> enter your

SSN(s).

must use Arizona Form 140.

	<b>140A</b> If your Arizona <u>taxable income</u> is \$50,000 or more, you							
	82F Check box 82F if filing under extension							
(	Your First Name and Initial							
	Spouse's First Name and Initial (if box 4 or 6 checked)       Last Name         1							
	Present Home Address - number and street, rural route Apt. No. Daytime Phone (with ar							
ĺ	City, Town or Post Office State Zip Code							
Ċ.	4  Married filing joint return 5  Head of household► NAME OF QUALIFYING CHILD OR DEPENDENT 6  Married filing separate return. Enter spouse's name and Social Security No. above. 7  Single							
:	Enter the number claimed.       8       Age 65 or over (you and/or spouse)         9       Blind (you and/or spouse)         Do not put a check mark.       11         Qualifying parents and ancestors of your parents. From page 2, line A5.							
	<ul> <li>12 Federal adjusted gross income (from your federal return)</li></ul>							
	17 Total subtractions. Add lines 13 through 16							

	Pres	sent Home Address - number and street, rural route Apt. No. Daytime Phone ( <i>with area code</i> ) Home Phone	one (with are	a code)					
+		ر Town or Post Office   State   Zip Code   REVENUE USE 0		T MARK IN	THIS AREA.				
	3								
Filing Status	$\overline{\Box}$								
		Married filing joint return     NAME OF QUALIFYING CHILD OR DEPENDENT							
	⊼ 5 ⊐	5 Head of household ▶							
	6	6 Married filing separate return. Enter spouse's name and Social Security No. above.							
_	7	7 🛄 Single							
Evamptione	e E	Enter the 8 Age 65 or over (you and/or spouse)		ิง					
	n n c	number claimed. 9 Blind (you and/or spouse)	80	<u> </u>					
	Do	Do not put a 10 Dependents. From page 2, line A2 - do not include self or spouse.							
		heck mark. 11 Qualifying parents and ancestors of your parents. <i>From page 2, line A5.</i>							
		2 Federal adjusted gross income (from your federal return)		12	00				
		3 Exemption - Age 65 or over:         Multiply the number in box 8 by \$2,100         13           4 Exemption - Direct Additional Additiona Additional Additiona Add	00	1					
		4       Exemption - Blind: Multiply the number in box 9 by \$1,500       14         5       Exemption - Dependently, Multiply the number in box 9 by \$1,500	00	7					
		5       Exemption - Dependents: Multiply the number in box 10 by \$2,300       15         6       Exemption - Qualifying parents and ancestors of your parents: Multiply the number in box 11 by \$10,000.       16	00						
		7 Total subtractions. Add lines 13 through 16		17	00				
		8 Arizona adjusted gross income: Subtract line 17 from line 12		18	00				
		9 Standard deduction: If you checked filing status box 4 or 5, enter \$9,354. If you checked box 6 or 7, enter \$4,		19	00				
		0 Personal exemptions. See page 7 of the instructions		20	00				
	21	1 Arizona taxable income. Subtract lines 19 and 20 from line 18. If less than zero, enter zero. If \$50,000 or more, use Form	140	21	00				
		2 Amount of tax from Optional Tax Tables		22	00				
	23	3 - 24 Clean Elections Fund Tax Reduction: See instructions page 7 231 VOURSELF 232	SPOUSE	24	00				
	- 1	5 Reduced tax: Subtract line 24 from line 22		25	00				
	26	6 Family income tax credit from worksheet on page 8 of instructions		26	00				
	27	7 Subtract line 26 from line 25: If less than zero, <i>enter zero</i>		27	00				
440	=	Clean Elections Fund Tax Credit: From worksheet on page 8 of the instructions     Polonoo of tax: Subtract line 28 from line 27. If line 28 is more than line 27, enter and		28 29	00				
40	2	9 Balance of tax: Subtract line 28 from line 27. If line 28 is more than line 27, enter zero         0 Arizona income tax withheld during 2009	00		00				
		1       2009 Arizona extension payment (Form 204)	00						
		2 Increased Excise Tax Credit from worksheet on page 9 of the instructions	00	1					
100100	33	3 Property Tax Credit from Form 140PTC	00	)					
c c	- 134	4 Total payments/credits: Add lines 30 through 33		34	00				
3	\$ 35	5 TAX DUE. If line 29 is larger than line 34, subtract line 34 from line 29, and enter amount of tax due. Skip line 36		35	00				
400		6 OVERPAYMENT: If line 34 is larger than line 29, subtract line 29 from line 34, and enter the amount of overpayment		36	00				
440	3   37 C	(entire refund only)	00						
		Citizens Clean Elections <b>39</b> 00 Child Abuse Prevention <b>40</b>	00						
		Domestic Violence Shelter       41       00       National Guard Relief Fund       42         Neighbors Helping Neighbors       43       00       Special Olympics	00						
		Veterans' Donations Fund	00						
	47	7 Check only one if making a political gift: 471 Democratic 472 Green 473 Libertarian 474 Republican							
	48			48	00				
	49	9 REFUND: Subtract line 48 from line 36. If less than zero, enter amount owed on line 50	<u></u>	49	00				
		Direct Deposit of Refund: Check box 49A if your deposit will be ultimately placed in a foreign account; see instruction ROUTING NUMBER ACCOUNT NUMBER							
			nas						
	50	0 AMOUNT OWED: Add lines 35 and 48. Make check payable to Arizona Department of Revenue; include SSN on pay	yment	50	00				
		Payment enclosed. Check the box and enclose but <u>do not attach</u> payment. PLEASE DO NOT SEN	) CASH.						
		7							
_		PLEASE BE SURE TO SIGN THE RETURN ON THE REVERSE SIDE OF THIS PAGE.							
A	DOR	R 91-0012 (09)							

Your Name (as shown on page 1)	Your Social Security No.

### PART A: Dependents and Qualifying Parents - do not list yourself or spouse

List children and other dependents	NO. OF MONTHS LIVED					
FIRST AND LAST NAME	SOCI	AL SECURITY NO	RELATIONSHIP	IN YOUR HOME IN 2009	-	
					-	
					-	
					-	
					-	
					-	
					1	
					-	
Enter total number of persons listed in A1 here and on the front of this form, box 10						
					A2	
					A2	
a Enter the names of the depend					_ <b>A2</b>	
a Enter the names of the depend	dents listed abov	ve who do not qu	alify as your dependent or	n your federal return. See	<u>A2</u>	
<ul> <li>a Enter the names of the dependence page 6 of the instructions.</li> <li>b Enter dependents listed above</li> </ul>	dents listed abov	ve who do not qu claimed on your f	alify as your dependent or ederal return due to educa	n your federal return. See	<b>A2</b>   ]	
<ul> <li>a Enter the names of the dependence page 6 of the instructions.</li> <li>b Enter dependents listed above</li> <li>List qualifying parents and ancestor</li> </ul>	who were not o	ve who do not qu claimed on your f nts. If more spa	alify as your dependent or ederal return due to educa ederal return due to educa	n your federal return. See	<b>A</b> 2  ] ]	
<ul> <li>a Enter the names of the dependence page 6 of the instructions.</li> <li>b Enter dependents listed above List qualifying parents and ancester You cannot list the same person here.</li> </ul>	who were not of your pare ere and also on	ve who do not qu claimed on your f nts. If more spa line A1. For info	alify as your dependent or ederal return due to educa ederal return due to educa e is needed, <i>attach a sep</i> ormation on who is a	n your federal return. See	<b>A</b> 2	
<ul> <li>a Enter the names of the dependence page 6 of the instructions.</li> <li>b Enter dependents listed above</li> <li>List qualifying parents and ancestor</li> </ul>	who were not of your pare ere and also on	ve who do not qu claimed on your f nts. If more spa line A1. For info	alify as your dependent or ederal return due to educa ederal return due to educa e is needed, <i>attach a sep</i> ormation on who is a	n your federal return. See	<b>A</b> 2  ] ]	
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## PART B: Last Name(s) Used in Prior Years – if different from name(s) used in current year

B6

ERE	I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
H NO	YOUR SIGNATURE		DATE	OCCUPATION	
SE SI	SPOUSE'S SIGNATURE		DATE	SPOUSE'S OCCUPATION	
PLEASE	PAID PREPARER'S SIGNATURE	DATE	FIRM'S	S NAME (PREPARER'S IF SELF-EMPLOYED)	
₽.	PAID PREPARER'S TIN PAID PREPARER'S	SADDRESS		PAID PREPARER'S PHONE NO.	

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.