

NOTICE
FORM 140X

Laws 2012, Ch 257, § 11 (HB 2779), repealed the Arizona Revised Statutes that authorize the Clean Elections Fund Tax Reduction optional check-off box, the Clean Elections Fund Tax Credit, the Citizens Clean Elections Fund donation line on the corporate income tax returns and the Citizens Clean Elections Voluntary Gift line on the individual income and fiduciary tax returns. The changes are effective from and after August 2, 2012.

Do not claim a credit on line 35 for any amounts donated to the Citizens Clean Elections Fund after August 2, 2012.

Individual Amended Income Tax Return

For Calendar Year: [] 2011 [] 2010 [] 2009 [] 2008 [] 2007 [] Other: [Y, Y, Y, Y] OR Fiscal Year End [M, M, Y, Y]

MONTH YEAR

ONE STAPLE. NO TAPE.

Personal information section including fields for Name, Social Security No., Spouse's information, Address, and City/State/Zip.

Filing Status and Residency section with checkboxes for marital status and residency type.

Exemption section (lines 13-16) for age, blindness, dependents, and parents/grandparents.

Main tax calculation section (lines 17-50) including income, deductions, tax, and credits.

Line 51: Check box 51 if this amended return is the result of a net operating loss, and enter the year the loss was incurred.

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

PART I: Dependent Exemptions

Complete Part I only if you are making a change to the number of dependents you are claiming on line 15. Even if not making a change, *enter the total number you are claiming* on page 1, line 15. Do not list yourself or your spouse as dependents on line 15.

A1 FIRST AND LAST NAME:	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME DURING THE TAXABLE YEAR	ADD	DELETE

A2 If adding dependents, enter the name of any dependent added above who does not qualify as a dependent on your federal return:

--	--	--	--

A3 If adding dependents, enter the name of any dependent added above not claimed as a dependent on your federal return due to education credits:

--	--	--	--

PART II: Qualifying Parents or Grandparents (Arizona residents only)

Complete Part II only if you are making a change to the number of qualifying parents or grandparents you are claiming on page 1, line 16. Even if not making a change, *enter the total number you are claiming* on page 1, line 16.

FIRST AND LAST NAME:	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME DURING THE TAXABLE YEAR	ADD	DELETE

PART III: Income, Deductions, and Credits

On Part III, column (a), *list the items you are changing*. In column (b), enter the amount claimed on your original return or most recent amended return. In column (c), enter the amount of the change. In column (d), enter the corrected amount for the item you are changing.

(a) ITEM	(b) ORIGINAL AMOUNT REPORTED	(c) AMOUNT TO ADD OR SUBTRACT	(d) CORRECTED AMOUNT
	\$.00	\$.00	\$.00
	\$.00	\$.00	\$.00
	\$.00	\$.00	\$.00
	\$.00	\$.00	\$.00

PART IV: Reason for the Change - give the reason for each changed listed in Part III

PART V: Name and Address on Original Return

If your name and address is the same on this amended return as it was on your original return, *write "same" on the line below*.

Name	Number and Street, R.R.	Apt. No.	City, Town or Post Office	State	Zip Code

PLEASE SIGN HERE	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.					
	➔	YOUR SIGNATURE	DATE	OCCUPATION		
	➔	SPOUSE'S SIGNATURE	DATE	SPOUSE'S OCCUPATION		
		PAID PREPARER'S SIGNATURE	DATE	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)		
		PAID PREPARER'S TIN	PAID PREPARER'S ADDRESS		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.