

DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING [M,M,D,D] 2,0,1,8 AND ENDING [M,M,D,D] Y,Y,Y,Y 66F

1 Your First Name and Middle Initial Last Name Enter your SSN(s) Your Social Security Number

1 Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No.

2 Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) 94

3 City, Town or Post Office State ZIP Code Last Names Used in Last Four Prior Year(s) (if different) 97

4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88R

5 Head of household: Enter name of qualifying child or dependent on next line:

6 Married filing separate return: Enter spouse's name and Social Security Number above.

7 Single

Enter the number claimed. Do not put a check mark.

8 Age 65 or over (you and/or spouse) If completing lines 8 through 10, also complete lines 49 through 53. 81P PM 80R RCVD

9 Blind (you and/or spouse)

10 Dependents: Do not include self or spouse.

11-13 Residency Status (check one): 11 Nonresident 12 Nonresident Active Military 13 Composite Return

(Box 10): Dependent Information: Children and other dependents. For more space, (check) and complete page 3.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2018, (e) if this person did not qualify as a dependent on your federal return, (f) if you did not claim this person on your federal return due to educational credits. Rows 10a, 10b, 10c, 10d.

14 Check box 14 if married and you are the spouse of an active duty military member who qualifies for relief under the Military Spouses Residency Relief Act 14

15 Wages, salaries, tips, etc 15 00 00

16 Interest 16 00 00

17 Dividends 17 00 00

18 Arizona income tax refunds 18 00 00

19 Business income or (loss) from federal Schedule C 19 00 00

20 Gains or (losses) from federal Schedule D. See instructions for ARIZONA column 20 00 00

21 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E... 21 00 00

22 Other income reported on your federal return. Include your own schedule 22 00 00

23 Total income: Add lines 15 through 22 23 00 00

24 Other federal adjustments: Include your own schedule 24 00 00

25 Federal adjusted gross income: Subtract line 24 from line 23 in the FEDERAL column 25 00

26 Arizona gross income: Subtract line 24 from line 23 in the ARIZONA column 26 00

27 Arizona income ratio: Divide line 26 by line 25, and enter the result (not over 1.000) 27

28 Total depreciation included in Arizona gross income 28 00

29 Partnership Income adjustment: See instructions 29 00

30 Net capital (loss) derived from the exchange of legal tender: See instructions 30 00

31 Other Additions to Income: See instructions and include your own schedule 31 00

32 Subtotal: Add lines 26, 28, 29, 30, and 31 and enter the total 32 00

33 Total Arizona sourced net capital gain or (loss). See instructions 33 00

34 Total net short-term capital gains included on line 20, ARIZONA column 34 00

35 Total net long-term capital gain or (loss). See instructions 35 00

36 Net long-term capital gain from assets acquired after December 31, 2011. See instructions 36 00

37 Multiply line 36 by 25% (.25) and enter the result 37 00

38 Net capital gain derived from investment in qualified small business 38 00

39 Net capital gain derived from the exchange of legal tender: See instructions 39 00

40 Recalculated Arizona depreciation 40 00

41 Partnership Income adjustment: See instructions 41 00

42 Subtract lines 37 through 41 from line 32. Enter the difference 42 00

Place any required federal and AZ schedules or other documents after Form 140NR.

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

Table with 4 columns: Line number, Description, Amount, and Taxable Amount. Includes sections for Subtractions (43-48) and Exemptions (49-54).

Table with 4 columns: Line number, Description, Amount, and Taxable Amount. Includes sections for Deductions (55-62) and Balance of Tax (55-62).

Table with 4 columns: Line number, Description, Amount, and Taxable Amount. Includes sections for Total Payments and Refundable Credits (63-67) and Tax Due or Overpayment (68-71).

Table with 4 columns: Line number, Description, Amount, and Taxable Amount. Includes sections for Voluntary Gifts (72-82) and Political Party (83).

Table with 4 columns: Line number, Description, Amount, and Taxable Amount. Includes sections for Penalty (84-86).

Table with 4 columns: Line number, Description, Amount, and Taxable Amount. Includes sections for Refund or Amount Owed (87-88) with routing and account numbers.

PLEASE SIGN HERE section with fields for YOUR SIGNATURE, SPOUSE'S SIGNATURE, PAID PREPARER'S SIGNATURE, and PAID PREPARER'S STREET ADDRESS, including date and occupation fields.

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140NR.

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.

Your Name (as shown on page 1)

Your Social Security Number

Dependent Information - Continuation Sheet from Page 1 Dependents

Include with your return **only** if listing additional dependents.

Complete this form **only** if you need additional space from page 1 to list your dependents.
If you do not list **all** dependents claimed on page 1 of your income tax return, you may lose the exemptions.

Children and other dependents, continued from page 1.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2018	(e) ✓ if this person did not qualify as a dependent on your federal return	(f) ✓ if you did not claim this person on your federal return due to educational credits
10e					<input type="checkbox"/>	<input type="checkbox"/>
10f					<input type="checkbox"/>	<input type="checkbox"/>
10g					<input type="checkbox"/>	<input type="checkbox"/>
10h					<input type="checkbox"/>	<input type="checkbox"/>
10i					<input type="checkbox"/>	<input type="checkbox"/>
10j					<input type="checkbox"/>	<input type="checkbox"/>
10k					<input type="checkbox"/>	<input type="checkbox"/>
10l					<input type="checkbox"/>	<input type="checkbox"/>
10m					<input type="checkbox"/>	<input type="checkbox"/>
10n					<input type="checkbox"/>	<input type="checkbox"/>
10o					<input type="checkbox"/>	<input type="checkbox"/>
10p					<input type="checkbox"/>	<input type="checkbox"/>
10q					<input type="checkbox"/>	<input type="checkbox"/>
10r					<input type="checkbox"/>	<input type="checkbox"/>
10s					<input type="checkbox"/>	<input type="checkbox"/>
10t					<input type="checkbox"/>	<input type="checkbox"/>
10u					<input type="checkbox"/>	<input type="checkbox"/>
10v					<input type="checkbox"/>	<input type="checkbox"/>