

DO NOT STAPLE ANY ITEMS TO THE RETURN.

Arizona Form 140NR

Nonresident Personal Income Tax Return

FOR CALENDAR YEAR 2021

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

FILING STATUS: 4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment 5 Head of household 6 Married filing separate return 7 Single. EXEMPTIONS: 8 Age 65 or over 9 Blind 10a Dependents Under age of 17 10b Dependents Age 17 and over. 81P PM 80R RCVD

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

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2021, (e) Dependent Age included in, (f) if you did not claim this person on your federal return due to educational credits. Rows 10c-10f.

Table with 4 columns: Description, 2021 FEDERAL Amount from Federal Return, 2021 ARIZONA Source Amount Only, and a final column for calculations. Rows 14-42.

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

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

Subtractions cont. from page 1	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills.....	43		00	
	44	Agricultural crops contributed to Arizona charitable organizations.....	44		00	
	45	Other Subtractions from Income: Complete <i>Other Subtractions from Arizona Gross Income</i> schedule on page 6.....	45		00	
	46	Subtract lines 43, 44 and 45 from line 42. Enter the difference.....	46		00	
	Exemptions	47	Age 65 or over: Multiply the number in box 8 by \$2,100.....	47		00
48		Blind: Multiply the number in box 9 by \$1,500.....	48		00	
49		Other Exemptions: See instructions.....49E <input type="text"/> Multiply the number in box 49E by \$2,300.....	49		00	
50		Add lines 47, 48, and 49. Enter the total.....	50		00	
51		Multiply line 50 by the Arizona ratio on line 27.....	51		00	
Balance of Tax	52	Arizona adjusted gross income: Subtract line 51 from line 46. If less than zero, enter "0".....	52		00	
	53	Deductions: Check box and enter amount. See instructions.....53I <input type="checkbox"/> ITEMIZED 53S <input type="checkbox"/> STANDARD	53		00	
	54	If you checked box 53S and claim charitable contributions, check 54C <input type="checkbox"/> Complete page 3. See instructions.....	54		00	
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0".....	55		00	
	56a	Compute the tax using amount from line 55 and Tax Tables X and Y.....	56a		00	
	56b	Reserved.....	56b			
	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 30.....	57		00	
	58	Subtotal of tax: Add lines 56a and 57. Enter the total.....	58		00	
	59	Dependent Tax Credit. See instructions.....	59		00	
	60	Nonrefundable credits from Arizona Form 301, Part 2, line 61.....	60		00	
Total Payments and Refundable Credits	61	Balance of tax: Subtract lines 59 and 60 from line 58. If the sum of lines 59 and 60 is more than line 58, enter "0".....	61		00	
	62	2021 AZ income tax withheld.....	62		00	
	63	2021 AZ estimated tax payments..63a <input type="text"/> 00 Claim of Right 63b <input type="text"/> 00 Add 63a and 63b.	63c		00	
	64	2021 AZ extension payment (Form 204).....	64		00	
	65	Other refundable credits: Check the box(es) and enter the total amount..... 651 <input type="checkbox"/> 308-I 652 <input type="checkbox"/> 349	65		00	
Tax Due or Overpayment	66	Total payments and refundable credits: Add lines 62 through 65. Enter the total.....	66		00	
	67	TAX DUE: If line 61 is larger than line 66, subtract line 66 from line 61. Enter amount of tax due. Skip lines 68, 69 and 70.....	67		00	
	68	OVERPAYMENT: If line 66 is larger than line 61, subtract line 61 from line 66. Enter amount of overpayment.....	68		00	
	69	Amount of line 68 to be applied to 2022 estimated tax.....	69		00	
Voluntary Gifts	70	Balance of overpayment: Subtract line 69 from line 68. Enter the difference.....	70		00	
	71 - 81 Voluntary Gifts to:					
		Solutions Teams Assigned to Schools..... 71		00	Arizona Wildlife..... 72	00
	Child Abuse Prevention..... 73	<input type="text"/> 00	Domestic Violence Services..... 74	<input type="text"/> 00	Political Gift..... 75	<input type="text"/> 00
	Neighbors Helping Neighbors..... 76	<input type="text"/> 00	Special Olympics..... 77	<input type="text"/> 00	Veterans' Donations Fund..... 78	<input type="text"/> 00
	I Didn't Pay Enough Fund..... 79	<input type="text"/> 00	Sustainable State Parks and Road Fund..... 80	<input type="text"/> 00	Spay/Neuter of Animals.. 81	<input type="text"/> 00
	82	Political Party (if amount is entered on line 75 - check only one): 821 <input type="checkbox"/> Democratic 822 <input type="checkbox"/> Libertarian 823 <input type="checkbox"/> Republican				
	Penalty	83	Estimated payment penalty.....	83		00
		84	841 <input type="checkbox"/> Annualized/Other 842 <input type="checkbox"/> Farmer or Fisherman 843 <input type="checkbox"/> Form 221 included			
		85	Add lines 71 through 81 and 83. Enter the total.....	85		00
Refund or Amount Owed	86	REFUND: Subtract line 85 from line 70. If less than zero, enter amount owed on line 87.....	86		00	
	Direct Deposit of Refund: Check box 86A if your deposit will be ultimately placed in a foreign account; see instructions. 86A <input type="checkbox"/>					
	<input checked="" type="checkbox"/> C <input type="checkbox"/> Checking or ROUTING NUMBER ACCOUNT NUMBER					
	<input type="checkbox"/> S <input type="checkbox"/> Savings					
87	AMOUNT OWED: Add lines 67 and 85. Make check payable to Arizona Department of Revenue; write your SSN, 140NR on payment.....	87			00	

Under penalties of perjury, I declare that I have read this return and any documents with it, and 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.

PLEASE SIGN HERE

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 STREET ADDRESS _____ PAID PREPARER'S TIN _____

PAID PREPARER'S CITY _____ STATE _____ ZIP CODE _____ PAID PREPARER'S PHONE NUMBER _____

2021 Form 140NR - Standard Deduction Increase for Charitable Contributions

You must complete this worksheet if you are taking an increased standard deduction for charitable contributions. Include the completed worksheet with your tax return, when filed. If you do not include the completed worksheet, your standard deduction will not be increased.

Taxpayers electing to take the Standard Deduction may *increase* the standard deduction amount by 25% (.25) of the total amount of the taxpayer's charitable deductions that would have been allowed if the taxpayer elected to claim itemized deductions on the Arizona tax return.

Charitable contributions (lines 1C, 2C, and 3C) are those gifts allowed on federal Form 1040 Schedule A (Gifts to Charity) that you would have claimed had you elected to take itemized deductions on your federal return.

NOTE 1: As a nonresident filing Form 140NR, you are required to apportion your allowable increased standard deduction based on your Arizona income ratio computed on page 1, line 27.

NOTE 2: You must reduce your contribution amount by the total charitable contributions you made during January 1, 2021 through December 31, 2021 for which you are claiming an Arizona tax credit under Arizona law for the current tax year return or claimed on the prior tax year return. Enter this amount on line 5C.

NOTE 3: If you itemized deductions on your federal return (1040 Schedule A) and were required to adjust the amount of your allowable contributions on your federal 1040 Schedule A for the amount claimed as a tax credit on your Arizona income tax return, include the amount of the federal contribution adjustment to line 1C and enter the amount of the Arizona tax credit on line 5C.

Complete the worksheet to determine your allowable increased standard deduction for charitable contributions.

1C	2021 Gifts by cash or check.....	1C		00
2C	2021 Other than by cash or check.....	2C		00
3C	Carryover from prior year.....	3C		00
4C	Add lines 1C through 3C and enter the total.....	4C		00
5C	Total charitable contributions made in 2021 for which you are claiming a credit under Arizona law for the current (2021) or prior (2020) tax year.....	5C		00
6C	Subtract line 5C from line 4C and enter the difference. If less than zero, enter "0".....	6C		00
7C	Multiply line 6C by 25% (.25) and enter the result.....	7C		00
8C	Enter your Arizona income ratio from page 1, line 27.....	8C	.	
9C	Multiply line 7C by the ratio on line 8C and enter the result.....	9C		00

- Enter the amount shown on line 9C on page 2, line 54
- Be sure to check box **53S** for Standard Deduction on line 53.
- Check box **54C** for charitable contributions on line 54. If you do not check this box, you may be denied the increased standard deduction.

2021 Form 140NR Dependent and Other Exemption Information

Include page 4 with your return if:

- You are listing additional dependents (for box 10a and 10b) from page 1.
 - You are claiming *Other Exemptions* on page 2, line 49.

Part 1: Dependents (Box 10a and 10b) continued from page 1

Information used to compute your allowable **Dependent Tax Credit** on page 2, line 59.

NOTE: If you have more than three qualifying dependents, you **must** complete Part 1 *and* the worksheet in the instructions to compute your Dependent Tax Credit on line 59.

	(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 2021	(e) ✓ Dependent Age included in:		(f) ✓ IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL RETURN DUE TO EDUCATIONAL CREDITS
					1 (Box 10a)	2 (Box 10b)	
10g					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10h					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10i					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10j					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10k					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10l					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10m					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10n					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10o					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10p					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10q					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2: Other Exemptions

Information used to compute your allowable **Other Exemptions** on page 2, line 49.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) ✓ AGE 65 OR OVER (see instructions)		(d) ✓ STILLBORN CHILD IN 2021
			C1	C2	
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enter the total number of individuals listed in Part 2 in box 49E on page 2, line 49.

Your Name (as shown on page 1)

Your Social Security Number

2021 Form 140NR - Other Additions to Arizona Gross Income

Complete and include this schedule with your tax return **only** if you are making any adjustments **increasing** your Arizona Gross Income.

Note: If you are making any adjustments reducing your Arizona Gross Income complete page 6.

Other Additions to Arizona Gross Income - Line 32 (see instructions for more information)

A	Fiduciary Adjustment from Arizona Form 141AZ Schedule K-1(NR).....	A	00
B	Items Previously Deducted for Arizona Purposes.....	B	00
C	Claim of Right Adjustment for Amounts Repaid in 2021.....	C	00
D	Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years.....	D	00
E	Addition to S corporation Income Due to Claiming Pass-through Credit (Forms 312 and 315).....	E	00
F	Adjusted Basis in Property for Which You Have Claimed a Credit for Investment in Qualified Small Businesses (Form 338).....	F	00
G	Sole Proprietorship Loss of an Arizona Nonprofit Medical Marijuana Dispensary Included in Federal Adjusted Gross Income. Sole Proprietorship loss of an Arizona dual licensee that has not elected to operate on a for-profit basis must also add back the portion of their loss that is from the medical marijuana portion of the business that is included in their federal adjusted gross income.....	G	00
H	Americans with Disabilities Act - Access Expenditures.....	H	00
I	Amortization or Depreciation for Childcare Facility Before 1990.....	I	00
J	Net capital (loss) derived from the exchange of legal tender: See instructions.....	J	00
K	Other Adjustments Related to Tax Credits.....	K	00
L	Other Adjustments - see instructions.....	L	00
M	Total Other Additions: Add all amounts and enter the total here and on page 1, line 32.....	M	00

Your Name (as shown on page 1)

Your Social Security Number

2021 Form 140NR - Other Subtractions from Arizona Gross Income

Complete and include this schedule with your tax return **only** if you are making any adjustments **decreasing** your Arizona Gross Income.

Note: If you are making any adjustments increasing your Arizona Gross Income complete page 5.

Other Subtractions From Arizona Gross Income - Line 45 (see instructions for more information)

A	Certain Wages of American Indians.....	A		00
B	Qualified Wood Stove, Wood Fireplace, or Gas-Fired Fireplace.....	B		00
C	Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years.....	C		00
D	Certain Expenses Not Allowed for Federal Purposes (due to claiming federal tax credits).....	D		00
E	Basis Adjustment for Property Sold or Otherwise Disposed of During the Taxable Year.....	E		00
F	Fiduciary Adjustment from Arizona Form 141AZ Schedule K-1(NR).....	F		00
G	Net Operating Loss Adjustment.....	G		00
H	Sole Proprietorship Income of an Arizona Nonprofit Medical Marijuana Dispensary Included in Federal Adjusted Gross Income. In addition, Sole Proprietorship income of an Arizona dual licensee that has not elected to operate on a for-profit basis may subtract the portion of their federal taxable income that is from the medical marijuana portion of the business.....	H		00
I	Americans with Disabilities Act – Access Expenditures.....	I		00
J	Exploration Expenses Deferred Before January 1, 1990.....	J		00
K	Sole Proprietorship of an Arizona Marijuana Establishment, Marijuana Testing Facilities and dual licensees that operate on a for-profit basis: enter the total amount of ordinary and necessary expenses related to the sales of recreational use products reported on Schedule DFE (line 16). An LLC that has elected to be treated as a disregarded entity for federal purposes, and also elected to operate on a for-profit basis may subtract the total amount of ordinary and necessary expenses related to the sales of recreational use products reported on Schedule DFE (line 16).....	K		00
L	S corporation Shareholders of an Arizona Marijuana Establishment, Marijuana Testing Facilities and dual licensees that operate on a for-profit basis: enter the amount of your pro-rata share of ordinary and necessary expenses related to the sales of recreational use products as shown on your 120S Schedule K-1(NR), line 20.....	L		00
M	Net capital gain derived from the exchange of legal tender: See instructions.....	M		00
N	Other Adjustments - see instructions.....	N		00
O	Total Other Subtractions: Add all amounts and enter the total here and on page 2, line 45.....	O		00