## Notice Form 140

# Arizona has not fully conformed to the federal changes to the Internal Revenue Code made in 2009.

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

### 1. <u>Unemployment Compensation</u>

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. Include the adjustment on line B12, "other additions".

# 2. <u>Discharge of Indebtedness (DOI) Income From Business Indebtedness</u> Discharged by the Reacquisition of a Debt Instrument

If you made the federal election to defer the inclusion of DOI income under I.R.C. § 108(i) you must make an addition on your Arizona income tax return for the amount of DOI that you deferred and excluded from the computation of your 2009 federal adjusted gross income. Include the adjustment on line B12, "other additions".

#### 3. Original Issue Discount (OID) on Reacquisition of Debt Instrument

Any OID deduction that was deferred on your federal return under I.R.C. § 108(i) may be subtracted. Include the adjustment on line C29, "other subtractions".

# 4. <u>Special Net Operating Loss (NOL) Subtraction Rules for Losses Carried Forward</u> from 2008

An Arizona subtraction will be allowed for the difference between the actual carryforward on the federal return and the carryforward that would have been allowed as a deduction on the federal return if the election had not been made under I.R.C. § 172(b)(1)(H). If you are entitled to take a subtraction for this difference, enter the subtraction on line C29, "other subtractions.

If you deducted the sales tax on the purchase of a new motor vehicle or contributions made for Haiti earthquake relief for contributions made after January 11, 2010 and before March 1, 2010 as an itemized deduction on your 2009 federal return, you may not deduct these items as an itemized deduction on your 2009 Arizona return. In this case you must complete Arizona Form 140 Schedule A to adjust these items as instructed on the notice included with that form.

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

### **ARIZONA FORM**

### **Resident Personal Income Tax Return**

FOR
CALENDAR YEAR
2009

1	4	.(

our First Name and Initial					Last Name You must						curity No
	pouse's First Name and Initial (if box 4 or 6 checked)							Spous	Spouse's Social Securit		
Present Home Add	Iress - number and	street, ru	ral route	Apt. No.	Daytime	Phone (with	area code)	Home Pho	ne (with a	rea code	<del>)</del>
City, Town or Post	Office	State	Zip Code	,							
<del>_</del>	iling joint return		NAME OF	QUALIFYING (	ח אס חווה.	DENDENT	R	EVENUE USE C	NLY. DO N	IOT MARI	K IN THIS
	nouseholdiling separate retur		•				/e.				
7 L Single	T.										
Enter the 8 number 9 claimed.	Age 65 or over ( Blind (you and/o Dependents. Fr	r spouse)		o not include	e self or s <sub>i</sub>	ouse.		38			
check mark. [1]	Qualifying parer			•		_		31		80	
	sted gross income ncome (from page 2									12 13	
	and 13									14	
ן ע	from income (from									15	
<b>-</b>	sted gross income:									16	
	Check box and									17	
18 Personal exe	mptions. See page	14 of the ir	structions							18	
<u> </u>	ole income: Subtra									19	
N	tax using amount									20	
>	apture of credits fro									21	
וכ	ax: Add lines 20 and									22	
	ections Fund Tax F  Subtract line 24 from									25	
26 Family incon	ne tax credit from w									26	
J	Arizona Form 301,									27	
	Enter form number of										
29 Clean Election	ons Fund Tax Credi	t. From wo	orksheet on p	page 17 of th	e instructio	ns				29	
30 Balance of t	ax: Subtract lines 26									30	
	me tax withheld du	-								31	
-	nated tax payments									32	
	extension paymer	•	•							33	
<b>-</b> 1	cise Tax Credit from Credit from Form		, ,							35	
36 Total payme	nts/refundable cr									36	
*	line 30 is larger than									37	
38 OVERPAYM	ENT: If line 36 is larg									38	
	e 38 to be applied	to 2010 e	stimated ta	ax						39	
40 Balance of o	verpayment: Subtra		rom line 38.							40	
5 41 - 50 Volunta	,	fund only)		41		Arizona Wild			00	7	
<u> </u>			ctions		00	Child Abuse			00	1	
			Shelter		00	National Gu			00	7	
<u>-</u>			Neighbors		00	Special Olyr Political Gift	•		00	7	
39 Amount of line 40 Balance of or 41 - 50 Voluntar  51 Check only or 52 Estimated par 53 Check applie	ne if making a poli								loc	4	
52 Estimated pa	yment penalty and	-								52	
53 Check applic	able boxes: 531									$  T^{-}$	
54 Total of lines	41 through 50 and									54	
	ubtract line 54 from line posit of Refund: <i>Cl</i>	heck box 5		eposit will be				t; <u>see instruction</u>	<u>s</u> . 55A□	55	
<u>                                      </u>								S Check			

Your	Name (as shown on page 1)				Your Socia	al Securi	tv No.	1	
	, , ,							]	
	RT A: Dependents and Qualify	•		•	urself or	spou	ise		
	mpleting Part A, also complete Part C, line				. г			1	
A1	1 List children and other dependents. If more space is needed, attach a separate sheet.  NO. OF MONTHS LIVE								
	FIRST AND LAST NAME	SOCIAL SECURI	TY NO.	RELATI	IONSHIP	IN YOU	JR HOME IN 2009	-	
								-	
								-	
A2	Enter total number of persons listed in A1 he	re and on the fro	nt of this fo	rm. box 10:	also complet	e Part C	below TOTAL	A2	
	a Enter the names of the dependents listed								
				j j	•				
	<b>b</b> Enter dependents listed above who were	not claimed on y	our federal	return due	to education	credits	:		
<b>A4</b>	List qualifying parents and ancestors of your	parents. If more	space is n	eeded, atta	nch a separate	sheet			
	You cannot list the same person here and als	so on line A1. Fo	or information	on on who is	sa				
	qualifying parent or ancestor of your parents,	see page 6 of th	he instructio	ons.		NO. OF	MONTHS LIVED		
	FIRST AND LAST NAME	SOCIAL SECURI	TY NO.	RELATI	IONSHIP	IN YOU	JR HOME IN 2009		
	Enter total number of persons listed in A4 he	re and on the fro	nt of this fo	rm, box 11.			TOTAL	A5	
	RT B: Additions to Income								
	Non-Arizona municipal interest							B6	00
	Early withdrawal of Arizona Retirement Syste			-				B7	00
B8	Ordinary income portion of lump-sum distribu	itions excluded o	on your fede	eral return				B8	00
	Total federal depreciation							B9	00
	Medical savings account (MSA) distributions.							B10	00
	I.R.C. §179 expense in excess of allowable a							B11	00
	Other additions to income. See instructions and	-						B12	00
	Total. Add lines B6 through B12. Enter here and	on the front of this	form, line 13					B13	00
	RT C: Subtractions from Income				Г		10.0	-	
	Exemption: Age 65 or over. Multiply the number					C14	00	-1	
	Exemption: Blind. <i>Multiply</i> the number in box 9, pa	-				C15	00	-	
	Exemption: Dependents. <i>Multiply</i> the number in I					C16	00	<u>)</u>	
C17	Exemption: Qualifying parents and ancestors					047	00		
040	box 11, page 1, by \$10,000				_	C17	00	<u>'</u>	
C18	Total exemptions: Add lines C14 through C1	-				line	E	C40	00
C10	income, skip lines C19 through C30 and e Interest on U.S. obligations such as U.S. sav							C18	00
	Exclusion for federal, Arizona state or local g							C19 C20	00
	Arizona state lottery winnings included as inc							C21	00
	U.S. Social Security or Railroad Retirement A	•						C22	00
	Recalculated Arizona depreciation			-		-	•	C23	00
	Certain wages of American Indians							C24	00
	Income tax refund from other states. See inst							C25	00
	Deposits and employer contributions into MS	C26	00						
		C27	00						
	27 Construction of an energy efficient residence. See page 11 of the instructions. Enter the number then amount C27a Compensation received for active service as a member of the reserves, national guard or the U.S. armed forces							C28	00
	29 Other subtractions from income. See instructions and attach your own schedule							C29	00
	Total: Add lines C18 through C29. Enter he							C30	00
	t D: Last Name(s) Used in Price							1000	
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SE									
PLEASE	PAID PREPARER'S SIGNATURE	DA	TE	FIRM	'S NAME (PRE	PARER	S IF SELF-EMPLO	YED)	
Ľ							<u>(</u>	)	
1	PAID PREPARER'S TIN PAID PREPA	ARER'S ADDRESS	3				PAID PRE	PAREF	R'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.

PAID PREPARER'S ADDRESS

PAID PREPARER'S TIN

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.

PAID PREPARER'S PHONE NO.