



Resident Personal Income Tax Return

OR FISCAL YEAR BEGINNING [M,M,D,D,Y,Y,Y,Y] AND ENDING [M,M,D,D,Y,Y,Y,Y]

66

82F [] Check box 82F if filing under extension

ONE STAPLE. NO TAPE.

You must enter your SSN(s).

Personal information section including name, address, and SSN fields.

Filing Status section with options for Married, Head of household, etc.

Exemptions section with checkboxes for Age 65 or over, Blind, etc.

Main tax calculation table with lines 12 through 41, including income, deductions, and tax due.

Voluntary Gifts to section with sub-sections for Citizens Clean Elections, I Didn't Pay Enough Fund, etc.

Additional tax information section including political gifts and estimated payment penalty.

REFUND and AMOUNT OWED section with routing and account numbers, and a payment enclosed checkbox.

ADOR 10413 (10) Previous ADOR 91-0011

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

If completing Part A, also complete Part C, lines C15 and/or C16 and C17.

A1 List children and other dependents. If more space is needed, attach a separate sheet.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2010

A2 Enter total number of persons listed in A1 here and on the front of this form, box 10; also complete Part C below..... TOTAL **A2**

A3 a Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:

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b Enter dependents listed above who were not claimed on your federal return due to education credits:

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A4 List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet.
You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 6 of the instructions.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2010

A5 Enter total number of persons listed in A4 here and on the front of this form, box 11 TOTAL **A5**

PART B: Additions to Income

B6 Non-Arizona municipal interest	B6	00
B7 Ordinary income portion of lump-sum distributions excluded on your federal return	B7	00
B8 Total federal depreciation. Also see the instructions for line C22	B8	00
B9 Medical savings account (MSA) distributions. See page 7 of the instructions	B9	00
B10 I.R.C. §179 expense in excess of allowable amount. Also see the instructions for line C29	B10	00
B11 Other additions to income. See instructions and attach your own schedule	B11	00
B12 Total. Add lines B6 through B11. Enter here and on the front of this form, line 13	B12	00

PART C: Subtractions from Income

C13 Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100	C13	00
C14 Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500	C14	00
C15 Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300	C15	00
C16 Exemption: Qualifying parents and ancestors of your parents. Multiply the number in box 11, page 1, by \$10,000	C16	00
C17 Total exemptions: Add lines C13 through C16. If you have no other subtractions from income, skip lines C18 through C30 and enter the amount on line C17 on Form 140, Page 1, line 15	C17	00
C18 Interest on U.S. obligations such as U.S. savings bonds and treasury bills	C18	00
C19 Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer)	C19	00
C20 Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)	C20	00
C21 U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (the taxable amount)	C21	00
C22 Recalculated Arizona depreciation	C22	00
C23 Certain wages of American Indians	C23	00
C24 Income tax refund from other states. See instructions	C24	00
C25 Deposits and employer contributions into MSAs. See page 11 of the instructions	C25	00
C26 Construction of an energy efficient residence. See page 12 of the instructions. Enter the number then amount C26a 	C26	00
C27 Pay received for active service as a member of the reserves, national guard or the U.S. armed forces	C27	00
C28 Net operating loss adjustment. See instructions before you enter any amount here	C28	00
C29 Other subtractions from income. See instructions and attach your own schedule	C29	00
C30 Total: Add lines C17 through C29. Enter here and on the front of this form, line 15	C30	00

Part D: Last Name(s) Used in Prior Years – if different from name(s) used in current year

D31 _____

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. _____