THE RETURN.			Arizona Form Resident F 140A STOP! If your Arizona	Persona a taxable in	I Income	Tax Retui 0 or more, you	rn (Short I <i>must</i> use Arizo	Form) ona Form 1		or calendar 2022	YEAR
RE	8	32F	Check box 82F if filing under exten	sion							
뿟	Your First Name and Middle Initial				Last Name			You	r Socia	al Security Nu	mber
T0T	1					Enter					
	Spouse's First Name and Middle Initial (if box 4 or 6 checked)				Last Name			Spouse's Social Security No.			
Ξ.		Curre	t Home Address - number and street, rural route		Apt. No.		Day	Daytime Phone (with area code)			
<u> </u>	2						94				
DO NOT STAPLE ANY ITEMS	3	City, T	own or Post Office State		ZIP Code		Last Names Use	ed in Last Fo	our Prior	Year(s) (if diffe	erent) 97
풉.	_		П. м. т. пр. т. т. т. д. П. т. т. т.				REVENUE USE	ONLY. DO I	NOT MA	ARK IN THIS A	
ΣŢ	ATU	4 5	Married filing joint return 4a ☐ Injured SpHead of household. Enter name of qualifying cl			erpayment	88				
5	ST/	5	. Head of flousefloid. Effer flame of qualifying of	niia or depend	ent on next line.						
\geq	FILINGSTATUS	6	Married filing separate return. Enter spouse's	name and So	cial Security Numb	per above.					
2	嵦	7	Single								
	SNS		♦ Enter the number claimed. Do not put a c				ı				
	Ę	8 9 10a 11a		-), and 11a, also com)a and 10b, also con		81 PM		90	RCVD	
	Ä	9 10a	Blind (you and/or spouse) Dependents: Under age of 17.	_	ents: Age 17 and	•	011		[80]		
	ă	11a	Qualifying parents and grandparents	Depende	zino. Ago 17 ano	1 OVCI.					
			(Box 10a and 10b): Dependent Information. Se	ee instructio					page		
			(a) FIRST AND LAST NAME	SOCI	(b) AL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS	(e) ✓ Depende	ent Age	(f) ✓ if you did not	t claim
	nts		(Do not list yourself or spouse.)				HOME IN 2022	included	l in:	this person on federal return d	your ue to
	Dependents							1 (Box 10a) (E	2 Rox 10h)	educational cre	eaits
	Jepe	40							л П		
								H	Ħ		
÷		10e									
Form 140A			(Box 11a): Qualifying parents and grandparents	s. See instru		1	nd complet	e page	T .		
n 1	2		(a) FIRST AND LAST NAME	SOCI	(b) (c) CIAL SECURITY NO. RELATIONSHII		NO. OF MONTHS			(f) ✓ _{if}	
-O-	dparents		(Do not list yourself or spouse.)				HOME IN 2022	age 65 or	over	died in 202	2
er		11 _b									
after	Gra	11c									
nts		11 d									$oldsymbol{\perp}$
or other documents	-		Federal adjusted gross income (from your fed								00
] []	ons		Age 65 or over: Multiply the number in box 8 by \$2,10 Blind: Multiply the number in box 9 by \$1,500						1		00
ğ	Exemptions		Other Exemptions: See instructions15E				1		00		
the	Exe		Qualifying parents and grandparents: Multiply the			-					00
<u>-</u> 0		17	Arizona adjusted gross income: Subtract lines 1	3, 14, 15, and	16 from line 12.	lf less than zero,	enter "0"	17			00
es c			Standard deduction: If you checked filing status box								00
喜	of Tax		Arizona taxable income: Subtract line 18 from line 1 Amount of tax from Optional Tax Tables							00	
þ	Balance		Dependent Tax Credit. See instruction								00
AZ schedules	Bal		Family income tax credit (from the worksheet - see in								00
₹.	5 to -	23	Balance of tax: Subtract lines 21 and 22 from line 20). If less than	zero, enter "0"			23			00
required federal and	Cred		Arizona income tax withheld during 2022								00
न्न	able		2022 Arizona extension payment (Form 204)								00
g:	fund		Increased Excise Tax Credit (from the worksheet - so Property Tax Credit from Form 140PTC		•					00	
d fec	<u>5</u> 6≥ ∟		Total payments and refundable credits: Add lin								00
ë.	pay	29	TAX DUE: If line 23 is greater than line 28, subtract lin	ne 28 from line	23, and enter am	ount of tax due.	Skip line 30	29			00
nb:	Ove-	30	OVERPAYMENT: If line 28 is greater than line 23, su	btract line 23	from line 28, and e	enter the amount	of overpayment	30			00
y r			Υ.						Conti	nued on page	2 →
e any			PLEASE BE	SURE TO	SIGN ON PAGE	2 OF THIS R	ETURN.		55114	on page	
Place											
ᇫ											

	Your	Name (as shown on page 1)				Your Social Secur	ity Number	
		Enter the amount from page 1, line 29 Tax Due; or line 3	30 Overpa <u>ym</u>		1		31	00
	32 -	42 Voluntary Gifts to: Solutions Teams Assigned to School	ls32	00	Arizona Wildlife			
ţ		Child Abuse Prevention	Services35	00	Political Gift	36 00		
Ē		Neighbors Helping Neighbors 37 Special Olympics	38	00	Veterans' Donations Fund	39 00		
Voluntary Gifts		I Didn't Pay Enough Fund 40 Sustainable State Parks and Road Fu	ınd 41	00	Spay/Neuter of Animals.	42 00		
Ē	43	Political Party (if amount is entered on line 36 - check only on						
8		431 Democratic 432 Libertarian 433 Republican	,-					
	44	Total voluntary gifts: Add lines 32 through 42					44	00
İ		REFUND: If line 31 is an overpayment, subtract line 44						00
pa		Direct Deposit of Refund: Check box 45A if your deposit will					70	100
Amount Owed		— POLITING NUMBER	ACCOUNT					
Ĕ		98 C Checking or Savings						
ē		Savings Little						
₹	46	AMOUNT OWED: If line 31 is a tax due, add lines 31 a						00
		write your SSN on payment, and include with your return					46	00
		nder penalties of perjury, I declare that I have read this ue, correct and complete. Declaration of preparer (other						ey are
								ey are
RE	tr →		r than taxpay			of which preparer		ey are
HERE	tr →	ue, correct and complete. Declaration of preparer (other	r than taxpay	er) is based	d on all information	of which preparer		ey are
N HERE	tr → _{\(\overline{\pi}\)}	ue, correct and complete. Declaration of preparer (other	r than taxpay	er) is based	d on all information	of which preparer		ey are
IGN HERE	tr → _{\(\overline{\pi}\)}	ue, correct and complete. Declaration of preparer (other	r than taxpay	er) is based	d on all information	of which preparer		ey are
SIGN HERE	tr → _{\(\overline{\pi}\)}	ue, correct and complete. Declaration of preparer (other	r than taxpay	er) is based	d on all information	of which preparer		ey are
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PLEASE SIGN HERE	tr → ¬¬	DUR SIGNATURE POUSE'S SIGNATURE	r than taxpay	er) is based	d on all information OCCUPATI SPOUSE'S	of which preparer	has any knowledge.	ey are
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	tr → ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬	DUR SIGNATURE POUSE'S SIGNATURE AID PREPARER'S SIGNATURE DATE	r than taxpay	er) is based	d on all information OCCUPATI SPOUSE'S	OR Which preparer ON OCCUPATION MPLOYED)	has any knowledge.	ey are

- 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 your return.
- 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

2022 Form 140A Dependent and Other Exemptions Information

Include page 3 with your return if:

- You are listing additional dependents (for box 10a and 10b) from page 1.
- You are listing additional qualifying parents and grandparents (for box 11a) from page 1.
 - You are claiming Other Exemptions on page 1, line 15.

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

Information used to compute your allowable Dependent Tax Credit on page 1, line 21.

NOTE: If you have more than three qualifying dependents, you *must* complete Part 1 *and* the worksheet in the instructions to compute your the Dependent Tax Credit on line 21.

	(a)	(b)	(c)	(d)	(e)	(f)
	FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2022	✓ Dependent Age included in:		✓ IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL
					1 (Box 10a)	2 (Box 10b)	RETURN DUE TO EDUCATIONAL CREDITS
10 _f							
10g							
10h							
10i							
10j							
10k							
10ı							
10m							
10n							
10o							
10 _p							

Part 2: Qualifying parents and grandparents (Box 11a) continued from page 1

Additional qualifying parents and grandparents information used to compute your allowable exemption on page 1, line 16.

	((a)	(b)	(c)	(d)	(e)	(f)
	FIRST AND LAST NAME (Do not list yourself or spouse.)		SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2022	✓ IF AGE 65 OR OVER	✓ IF DIED IN 2022
11e							
11f							
11g							
11 _h							
11i							
11 _j							

Part 3: Other Exemptions

Information used to compute your allowable **Other Exemptions** on page 1, line 15.

	mornation about to compate your unonable out of page 1, mile 10.									
	(a)	(b)	(0	c)	(d)					
	FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURITY NO.	AGE 65 OR OVER (see instructions)		✓ STILLBORN CHILD IN 2022					
			C1	C2						
1										
2										
3										
4										
5										
6										
7										
8										
9										
0										

Enter the total number of individuals listed in Part 3 in box 15E on page 1, line 15.