ARIZONA FORM 140PY

Part-Year Resident Personal Income Tax Return

FOR CALENDAR YEAR 2008 OR

-,			v
	.,		
	•	•	•

Tay joint return, Spouse's First Name and Initial	Your Fir	FISCAL YEAR BEGINNING LAND LAND LAND LAND LAND LAND LAND LAND	AND EN ast Name	DING [M,M]D,		curity No. (required)	
Typesent Home Address - number and street, rural route			Last Name		Spouse's Social Security No. (required		
Check this box if:		return, Spouse's First Name and Initial La					
Section Sect	_	Home Address - number and street, rural route Apt. No.	aytime Phone (with	h area code)			
A Married filing intertum Married fili	<u>—</u>	vn or Post Office State Zip Code Ho	ome Phone (with a	area code)			
Head of household	3	94	1		82FFilin	g under extension	
41 Amount of line 40 to be applied to 2009 estimated tax	4	Married filing joint return Head of household Married filing separate return. Enter spouse's Social Security No. a SPOUSE'S FULL NAME Single The 8 Age 65 or over (you and/or spouse) Blind (you and/or spouse) Dependents. From page 2, line A2 – do not include Qualifying parents and ancestors of your parents fill Residency Status (check one): 12 Part-Year Resident Other deral adjusted gross income (from your federal return). Idditions to income (from page 2, line B19)	e self or spouse. from page 2, line A5. er than Active Milit therefore line D34a e 14	B81 ary 13 Part- 14 ITEMIZED 20 YOURSELF 20 is not required more than line 28, e	80 Year Resident Acti 181 0S STANDARD \$2 SPOUSE	MARK IN THIS AREA. ve Military 15 16 17 18 19 20 21 22 23 24 25 27 28 29 30 30 32 33 34 35 36 37 38	
41 Amount of line 40 to be applied to 2009 estimated tax	2						
42 Balance of overpayment: Subtract line 41 from line 40							
43 - 52 Voluntary Giffs to: Aid to Education (entire refund only)							
Citizens Clean Elections		2 Voluntary Gifts to: Aid to Education				74	
Neighbors Helping Neighbors Veterans' Donations Fund		(criare retains only)					
Neighbors Helping Neighbors Veterans' Donations Fund		T		T T		7	
Veterans' Donations Fund				T T			
53 Check only one if making a political gift: 531 Democratic 532 Green 533 Libertarian 534 Republican 54 Estimated payment penalty and MSA withdrawal penalty				' ' <u> </u>			
54 Estimated payment penalty and MSA withdrawal penalty	53 C						
55 Check applicable boxes: 551 Annualized/Other 552 Farmer or Fisherman 553 Form 221 attached 554 MSA Penalty 56 Total of lines 43, 44, 45, 46, 47, 48, 49, 50, 51, 52 and 54						54	
56 Total of lines 43, 44, 45, 46, 47, 48, 49, 50, 51, 52 and 54							
57 REFUND: Subtract line 56 from line 42. If less than zero, enter amount owed on line 58						56	
Direct Deposit of Refund: See instructions. ROUTING NUMBER ACCOUNT NUMBER SCORP Savings							
	9	Direct Deposit of Refund: See instructions. ROUTING NUMBER ACCOUNT NUMBER			Checking or Savings		

Payment enclosed. Check the box and attach payment. PLEASE DO NOT SEND CASH.

l	Your Na	me (as snown on page 1)		Your Socia	Securi	ty No.			
۲	Λ1	List children and other dependents. Do not lis	et vourself or spouse. If mor	e space is peeded					
	^'	List children and other dependents. Do not list yourself or spouse. If more space is needed,							
		attach a separate sheet.	000141 0501101714110	DEL ATIONIOLUB		OF MONTHS LIVED			
		FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	IN Y	OUR HOME IN 2008	-		
							_		
							_		
	Dependents A3								
	ը A2	Enter total number of persons listed in A1 here	e and on the front of this forr	n, box 10		TOTAL	A2		
	8 A3	a Enter the names of the dependents listed a	above who do not qualify as	your dependent on y	our fe	deral return:			
	ĕ	b Enter dependents listed above who were r	not claimed on your federal r	eturn due to education	n crec	lits:			
	PART A:								
	<u>∩</u> A4	List qualifying parents and ancestors of your p	parents. If more space is ne	eded, attach a separa	ate she	eet.			
		You cannot list the same person here and also	o on line A1. For information	n on who is a			_		
		qualifying parent or ancestor of your parents,	see page 5 of the instruction	is.	NO.	OF MONTHS LIVED			
		FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	IN Y	OUR HOME IN 2008			
	A5	Enter total number of persons listed in A4 here	e and on the front of this form	n, box 11		TOTAL	A5		
	В6	Dates of Arizona residency: From M,MID	$D_1Y_1Y_1Y_1Y_2$ to M_1M_2	D,D,Y,Y,Y,Y		2008 FEDERAL	2	2008 ARIZONA	
		List other state(s) of residency:			_ I	ount from Federal Return	ll l	Source Amount Only	
	₽ B7	Wages, salaries, tips, etc.			В7	,			
	일 B8	Interest			. В	3			
	B7 B8 B9 B10	Dividends							
	₽ B10	Arizona income tax refunds							_
		Alimony received							_
	B12	Business income (or loss) from federal Sched							_
	ਨ।	Gains (or losses) from federal Schedule D							_
		Rents, royalties, partnerships, estates, trusts,							_
	91	Other income reported on your federal return							_
	D16								_
	ш	16 Total income: Add lines B7 through B15							_
	LE I				_ I				
	J D 10	B Federal adjusted gross income: Subtract line B17 from line B16 in the FEDERAL column					B19		_
	D19	Arizona income: Subtract line B17 from line B16 in the ARIZONA column. Enter here and on the front of this form, line 15					B20		_
	B20	Arizona income: Subtract line B17 from line B16 in the ARIZONA column. Enter here and on the front of this form, line 15							_
3	SUCZI	Early withdrawal of Arizona Retirement System	m contributions				C21		_
Z	5 C22	lotal depreciation included in Arizona gross in	ncome				C22		_
ĭ	₹ C23	Other additions to income: See instructions and	attach your own schedule				C23		_
		otal: Add lines C21 through C23. Enter here and on the front of this form on line 16					C24		_
	D25	cemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100					_		
	D26 D27		exemption: Blind. Multiply the number in box 9, page 1, by \$1,500				_		
	⊆ D27		mption: Dependents. Multiply the number in box 10, page 1, by \$2,300				_		
	D28	Exemption: Qualifying parents and ancestors							
	D29	Total exemptions: Add lines D25 through D28			_				
	#I	Multiply line D29 by the percentage on line B2	·				D30		
	<u>E</u> D31	Interest on U.S. obligations such as U.S. savi	•				D31		_
) (D32	Arizona state lottery winnings included on line					D32		
	\cap	U.S. Social Security or Railroad Retirement A					D33		
	_ D34	Construction of an energy efficient residence:					D34		
	D34 D35	Other subtractions from income: See instruction	ns and attach your own schedul	e			D35		
	D36	Total: Add lines D30 through D35. Enter here and	on the front of this form, line 18.				D36		
	E37 Last name(s) used in prior years – if different from name(s) used in current year:							_	
	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.							:
	Z	YOUR SIGNATURE	DAT	E OCC	UPATIO	DN			_
		SPOUSE'S SIGNATURE	DAT	E SPO	JSE'S OCCUPATION				
	PLEASE	PAID PREPARER'S SIGNATURE	<u> </u>	I'S NAME (PREPARER	S IF SI	ELF-EMPLOYED)			_
		DAID DEDADED'S TIN DATE DAID DEDADED'S ADDRESS							

PAID PREPARER'S TIN DATE PAID PREPARER'S ADDRESS

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