

Test 7502
From 140NR

ARIZONA

SSN: 400-00-7502

Description: Nonresident (Military), MFJ, 1 Dependent, Direct Deposit Refund, Extension

Arizona Information:

Forms used: Form 140NR (resident of UT)

Other:

Clean Election Deduction = 10

Payment made with Extension = 100

Routing Number: 021234567

Checking Acct #: 123123123

Contributions to the following check-off funds: AZ Wildlife: 5, Citizens' Clean Elections: 10, Child Abuse Prevention: 15, Domestic Violence Shelter: 20, National Guard Relief: 25, Neighbors Helping Neighbors: 30, Special Olympics: 35, Veterans' Fund: 40, Political Gift (Green Party): 50, Total contributions: 230

Income Information:	Total	Arizona
Wages from two W-2 Forms	50,000	40,000
Pension (From 1099R) Taxable:	Total: 15,000 12,000	—
Social Security Taxable:	Total: 2,200 1,870	—
Federal AGI	63,870	

Deductions and Adjustments

Both Spouses are Over 65

Preparer Information:

Firm = Taxes R Us

Address = 986 E SOUTH W
SALT LAKE CITY, UT 84601

Phone = 800-555-1212

Self Employed = No

SSN = 11-1111111

140NR

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 ONLY IN UPPER LEFT CORNER. NO TAPE.

Personal information section including fields for First Name and Initial, Last Name, Social Security No., Spouse's information, Present Home Address, City, Town or Post Office, State, and Zip Code.

You must enter your SSN(s).

Filing Status and Exemptions section. Includes options for Married filing joint return, Head of household, Married filing separate return, Single, and various exemption categories like Age 65 or over, Blind, and Dependents.

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

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

Main tax calculation table with 56 rows. Columns include line numbers, descriptions of tax items (e.g., Federal adjusted gross income, Arizona income, deductions, tax due, overpayment, voluntary gifts), and numerical values. Includes sub-sections for Voluntary Gifts (lines 41-50) and Refund information (lines 55-56).

Your Name (as shown on page 1)	Your Social Security No.
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PART A: Dependents - do not list yourself or spouse

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 2009

A2 Enter total number of persons listed in A1 here and on the front of this form, box 10..... 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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PART B: Arizona Percent of Total Income

	2009 FEDERAL Amount from Federal Return	2009 ARIZONA Source Amount Only
B4 Wages, salaries, tips, etc.....	00	00
B5 Interest.....	00	00
B6 Dividends.....	00	00
B7 Arizona income tax refunds.....	00	00
B8 Business income (or loss) from federal Schedule C.....	00	00
B9 Gains (or losses) from federal Schedule D.....	00	00
B10 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E.....	00	00
B11 Other income reported on your federal return.....	00	00
B12 Total income: Add lines B4 through B11.....	00	00
B13 Other federal adjustments. Attach your own schedule.....	00	00
B14 Federal adjusted gross income. Subtract line B13 from line B12 in the FEDERAL column.....	00	
B15 Arizona income: Subtract line B13 from line B12 in the ARIZONA column. Enter here and on the front of this form on line 15.....		00
B16 Arizona percentage: Divide line B15 by line B14, and enter the result (not over 100%).....		%

PART C: Additions to Income

C17 Early withdrawal of Arizona Retirement System contributions.....	C17	00
C18 Total depreciation included in Arizona gross income.....	C18	00
C19 Other additions to income. See instructions and attach your own schedule.....	C19	00
C20 Total: Add lines C17 through C19. Enter here and on the front of this form on line 16.....	C20	00

PART D: Subtractions from Income

D21 Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100.....	D21	00
D22 Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500.....	D22	00
D23 Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300.....	D23	00
D24 Total exemptions: Add lines D21 through D23.....	D24	00
D25 Multiply line D24 by the percentage on line B16, and enter the result.....	D25	00
D26 Interest on U.S. obligations such as U.S. savings bonds and treasury bills included in the ARIZONA column.....	D26	00
D27 Arizona state lottery winnings included on line B11 in the ARIZONA column (up to \$5,000 only).....	D27	00
D28 Agricultural crops contributed to Arizona charitable organizations.....	D28	00
D29 Construction of an energy efficient residence. See page 10 of the instructions. Enter number then amount..... D29a 	D29	00
D30 Other subtractions from income. See instructions and attach your own schedule.....	D30	00
D31 Total: Add lines D25 through D30. Enter here and on the front of this form, line 18.....	D31	00

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

E32

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.		
	→ _____	DATE _____	OCCUPATION _____
	→ _____	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. _____

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

DRAFT #5, Aug-19-09

22222		a Employee's social security number 400-00-7502		OMB No. 1545-0008										
b Employer identification number (EIN) 11-1222333			1 Wages, tips, other compensation 40,000.00		2 Federal income tax withheld									
c Employer's name, address, and ZIP code LIFELIKE TOYS 1671 ENID PLACE MURPHEESBORO KS 58632			3 Social security wages 40,000.00		4 Social security tax withheld 2,480.00									
			5 Medicare wages and tips 40,000.00		6 Medicare tax withheld 580.00									
			7 Social security tips		8 Allocated tips									
d Control number			9 Advance EIC payment		10 Dependent care benefits									
e Employee's first name and initial Last name Suff. GEORGE I JOSEPH 3414 E SEAGULL W SALT LAKE CITY UT 84101			11 Nonqualified plans		12a									
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b									
			14 Other		12c									
					12d									
f Employee's address and ZIP code			15 State Employer's state ID number AZ 11-1222333		16 State wages, tips, etc. 40,000.00		17 State income tax 1,500.00		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2009

Department of the Treasury—Internal Revenue Service

22222		a Employee's social security number 400-00-7567		OMB No. 1545-0008										
b Employer identification number (EIN) 11-1222387			1 Wages, tips, other compensation 10,000.00		2 Federal income tax withheld 1,250.00									
c Employer's name, address, and ZIP code UNITED STATES AIR FORCE 1817 MOUNTAIN VISTA RD FT COLLINS CO 80521			3 Social security wages 10,000.00		4 Social security tax withheld 620.00									
			5 Medicare wages and tips 10,000.00		6 Medicare tax withheld 145.00									
			7 Social security tips		8 Allocated tips									
d Control number			9 Advance EIC payment		10 Dependent care benefits									
e Employee's first name and initial Last name Suff. ISABEL H JOSEPH 3414 E SEAGULL W SALT LAKE CITY UT 84101			11 Nonqualified plans		12a									
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b									
			14 Other		12c									
					12d									
f Employee's address and ZIP code			15 State Employer's state ID number UT 11-1222387		16 State wages, tips, etc. 10,000.00		17 State income tax 1,000.00		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement
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Department of the Treasury—Internal Revenue Service

VOID CORRECTED

**Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing
Plans, IRAs,
Insurance
Contracts, etc.**

OMB No. 1545-0119

2008

Form **1099-R**

**Copy 1
For
State, City,
or Local
Tax Department**

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119 2008 Form 1099-R					
		\$							
		2a Taxable amount							
PAYER'S federal identification number		RECIPIENT'S identification number		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>			
				3 Capital gain (included in box 2a)		4 Federal income tax withheld			
				\$		\$			
RECIPIENT'S name		5 Employee contributions /Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities					
		\$		\$					
		7 Distribution code(s)		IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other		%		
Street address (including apt. no.)				\$					
City, state, and ZIP code		9a Your percentage of total distribution %		9b Total employee contributions		\$			
		1st year of desig. Roth contrib.		10 State tax withheld		11 State/Payer's state no.		12 State distribution	
				\$				\$	
				\$				\$	
Account number (see instructions)		13 Local tax withheld		14 Name of locality		15 Local distribution			
		\$				\$			
		\$				\$			