

Test 7503
Form 140PY

ARIZONA



SSN: 400-00-7503

Description: Part year Resident, MFJ, 1 Blind, 3 Dependents, Refund

Arizona Information:

Forms used: Form 140PY (resident of AZ & NC), Schedule APYN, Form AZ-8453

Other:

Clean Election Deduction = 10

Refund to: Aid to Education Fund

AZ residency: July 1 to December 31

Taxpayers' Daytime Phone Number

520-349-5960

Taxpayers' Home Phone Number

520-524-4838

Income Information:

Total

Arizona

Wages from two W-2 Forms

62,840

32,000

Federal AGI

62,840

Deductions and Adjustments

Medical and Dental paid while an AZ resident

3,800

Taxes incurred and paid while an AZ resident

2,196

Home Mortgage Interest paid while an AZ resident

5,700

Gifts to Charity paid while an AZ resident

400

Medical and Dental paid while a nonresident of AZ but partially allowable as an AZ deduction

1,562

Federal Schedule A Total (Standard Deduction)

11,750

OR FISCAL YEAR BEGINNING MM,DD,YYYY AND ENDING MM,DD,YYYY.

82F

Check box 82F if filing under extension

ONE STAPLE ONLY IN UPPER LEFT CORNER. NO TAPE.

You must enter your SSN(s).

Personal information section including names, addresses, and phone numbers.

Filing status and exemptions section with checkboxes for marital status and exemption types.

Main tax calculation section with lines 12-58, including AGI, income, deductions, and tax due.

SV DRAFT #1, Aug-28-09 (140PY:indd DRAFT #4, Jul-23-09)

A1 List children and other dependents. Do not list yourself or spouse. 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: _____

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

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 5 of the instructions.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2009

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

	2009 FEDERAL		2009 ARIZONA	
	Amount from Federal Return		Source Amount Only	
B6 Dates of Arizona residency: From [M,MID,D]Y,Y,Y to [M,MID,D]Y,Y,Y. List other state(s) of residency: _____				
B7 Wages, salaries, tips, etc.	B7	00		00
B8 Interest.....	B8	00		00
B9 Dividends.....	B9	00		00
B10 Arizona income tax refunds.....	B10	00		00
B11 Alimony received.....	B11	00		00
B12 Business income (or loss) from federal Schedule C.....	B12	00		00
B13 Gains (or losses) from federal Schedule D.....	B13	00		00
B14 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E.....	B14	00		00
B15 Other income reported on your federal return.....	B15	00		00
B16 Total income: Add lines B7 through B15.....	B16	00		00
B17 Federal adjustments. Attach your own schedule.....	B17	00		00
B18 Federal adjusted gross income: Subtract line B17 from line B16 in the FEDERAL column.....	B18	00		
B19 Arizona income: Subtract line B17 from line B16 in the ARIZONA column. Enter here and on the front of this form, line 15.....			B19	00
B20 Arizona percentage: Divide line B19 by line B18, and enter the result (not over 100%).....			B20	%

C21 Early withdrawal of Arizona Retirement System contributions.....	C21	00
C22 Total depreciation included in Arizona gross income.....	C22	00
C23 Other additions to income: See instructions and attach your own schedule.....	C23	00
C24 Total: Add lines C21 through C23. Enter here and on the front of this form on line 16.....	C24	00

D25 Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100.....	D25	00
D26 Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500.....	D26	00
D27 Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300.....	D27	00
D28 Exemption: Qualifying parents and ancestors. Multiply the number in box 11, page 1, by \$10,000.....	D28	00
D29 Total exemptions: Add lines D25 through D28.....	D29	00
D30 Multiply line D29 by the percentage on line B20, and enter the result.....	D30	00
D31 Interest on U.S. obligations such as U.S. savings bonds and treasury bills included in the ARIZONA column.....	D31	00
D32 Arizona state lottery winnings included on line B15 in the ARIZONA column (up to \$5,000 only).....	D32	00
D33 U.S. Social Security or Railroad Retirement Act benefits included in your ARIZONA income.....	D33	00
D34 Construction of an energy efficient residence: See page 11 of instructions. Enter number then amount..... D34a <input type="text"/>	D34	00
D35 Other subtractions from income: See instructions and attach your own schedule.....	D35	00
D36 Total: Add lines D30 through D35. Enter here and on the front of this form, line 18.....	D36	00

E37 Last name(s) used in prior years – if different from name(s) used in current year: _____

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. _____

DRAFT #1, Aug-28-09 (140PY.indd DRAFT #4, Jul-23-09)

**ARIZONA SCHEDULE
A(PYN)**

**Itemized Deductions
For Part-Year Residents**

2009

Who also had Arizona source income during the period of the year while a nonresident.

Attach to your return

Your Name as shown on Form 140PY	Your Social Security Number
Spouse's Name as shown on Form 140PY (if a joint return)	Spouse's Social Security Number

Part I: Itemized Deductions for the Period of the Year While an Arizona Resident Plus Arizona Source Itemized Deductions for the Period While a Nonresident

Medical and Dental Expenses • Taxes • Interest Expense • Gifts to Charity

1 Medical and dental expenses incurred and paid while an Arizona resident plus the amount of such expenses from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	1		00
2 Taxes allowable on federal Form 1040, Schedule A, that you incurred and paid while an Arizona resident plus the amount of such taxes from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	2		00
3 Interest expense: <i>See instructions</i>	3		00
4 Gifts to charity allowable on federal Form 1040, Schedule A, that you incurred and paid while an Arizona resident plus the amount of such gifts from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	4		00

Casualty and Theft Losses

5 Casualty loss(es) allowable on federal Form 1040, Schedule A, after applying the 10% federal adjusted gross income limitation and the \$100 per loss floor ..	5		00
6 Casualty loss(es) allowable on federal Form 4684 before applying the 10% federal adjusted gross income limitation and the \$100 per loss floor.....	6		00
7 Amount of loss on line 6 incurred while you were an Arizona resident plus the amount of loss from Arizona sources on line 6 that you incurred during the part of the year while an Arizona nonresident	7		00
8 <i>Divide</i> line 7 by line 6, and <i>enter the percentage</i>	8		%
9 <i>Multiply</i> line 5 by the percentage on line 8	9		00

Job Expenses and Other Miscellaneous Expenses

10 Miscellaneous expenses subject to the 2% federal adjusted gross income limitation allowable on federal Form 1040, Schedule A, before applying the limitation	10		00
11 Amount on line 10 that you incurred and paid while an Arizona resident plus the amount on line 10 from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	11		00
12 <i>Divide</i> line 11 by line 10, and <i>enter the percentage</i>	12		%
13 Miscellaneous deductions subject to the 2% federal adjusted gross income limit allowable on federal Form 1040, Schedule A, after applying the limitation.	13		00
14 <i>Multiply</i> line 13 by the percentage on line 12	14		00
15 Other miscellaneous expenses allowable on federal Form 1040, Schedule A, not subject to the 2% federal adjusted gross income limitation that you incurred and paid while an Arizona resident plus the amount of such expenses from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	15		00
Skip lines 16 through 20 if not deducting gambling losses.			
16 Wagering losses included on line 15	16		00
17 Total gambling winnings included in your Arizona gross income.....	17		00
18 Arizona lottery subtraction from Form 140PY, page 2, line D32.....	18		00
19 Maximum allowable gambling loss deduction: <i>Subtract</i> line 18 from line 17	19		00
20 If line 19 is less than line 16, <i>subtract</i> line 19 from line 16; otherwise <i>enter "zero"</i>	20		00
21 If you completed lines 16 through 20, <i>subtract</i> line 20 from line 15. If you skipped lines 16 through 20, <i>enter amount on line 15 here</i>	21		00
22 <i>Add</i> lines 14 and 21.....	22		00

Your Name (as shown on page 1)	Your Social Security No.
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Subtotal of Itemized Deductions

23 Tentative Arizona itemized deduction: <i>Add</i> lines 1, 2, 3, 4, 9, and 22. If your federal adjusted gross income is more than \$166,800 (\$83,400 if married filing separately), <i>complete lines 24 through 28 below</i> . Otherwise, <i>skip lines 24 through 28</i>	23		00
24 If your federal adjusted gross income is more than \$166,800 (\$83,400 if married filing separately), <i>enter on line 24</i> the amount by which you have to reduce your federal itemized deductions because your federal adjusted gross income was over this threshold.....	24		00
25 <i>Enter your total federal itemized deductions allowable on federal Form 1040, Schedule A, prior to the federal adjusted gross income limitation</i>	25		00
26 <i>Divide</i> line 23 by line 25, and <i>enter the percentage</i>	26		%
27 <i>Multiply</i> line 24 by the percentage on line 26, and <i>enter the result</i>	27		00
28 <i>Subtract</i> line 27 from line 23, and <i>enter the result</i>	28		00

Part II: Portion of Itemized Deductions Allowable for the Part of the Year While a Nonresident

Adjustment to Medical and Dental Expenses

29 Medical and dental expenses.....	29		00
30 Amount of MSA distributions used to pay qualified medical expenses included on line 29.....	30		00
31 Medical expenses allowed to be taken as a federal itemized deduction.....	31		00
32 <i>Add</i> lines 30 and 31, and <i>enter the result</i>	32		00
33 If line 29 is the same as or more than line 32, <i>subtract</i> line 32 from line 29. Otherwise, <i>go to line 34</i>	33		00
34 If line 32 is more than line 29, <i>subtract</i> line 29 from line 32.....	34		00

Adjustment to Interest Deduction

35 If you received a federal credit for interest paid on mortgage credit certificates (from federal Form 8396), <i>enter the amount of mortgage interest you paid for 2009 that is equal to the amount of your 2009 federal credit</i>	35		00
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Adjustment to Gambling Losses

36 Wagering losses allowed as a federal itemized deduction.....	36		00
37 Total gambling winnings included in your federal adjusted gross income.....	37		00
38 Arizona lottery subtraction from Form 140PY, page 2, line D32.....	38		00
39 Maximum allowable gambling loss deduction: <i>Subtract</i> line 38 from line 37....	39		00
40 If line 39 is less than line 36, <i>subtract</i> line 39 from line 36; otherwise <i>enter "zero"</i>	40		00

Adjustment to Charitable Contributions

41 Amount of charitable contributions for which you are taking a credit under Arizona law.....	41		00
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Adjusted Itemized Deductions

42 <i>Add</i> the amounts on lines 33 and 35.....	42		00
43 <i>Add</i> lines 34, 40 and 41.....	43		00
44 Total itemized deductions allowed to be taken on federal return.....	44		00
45 <i>Enter the amount from line 42 above</i>	45		00
46 <i>Add</i> the amount on lines 44 and 45.....	46		00
47 <i>Enter the amount from line 43 above</i>	47		00
48 <i>Subtract</i> line 47 from line 46.....	48		00
49 If you skipped lines 24 through 28, <i>enter the amount on line 23 here</i> . If you completed lines 24 through 28, <i>enter the amount from line 28 here</i>	49		00
50 <i>Subtract</i> line 49 from line 48.....	50		00
51 Arizona percentage from line 4 of the worksheet on page 2 of the Schedule A(PYN) instructions.....	51		%
52 <i>Multiply</i> the percentage on line 51 by the amount on line 50.....	52		00
53 <i>Add</i> lines 49 and 52. <i>Enter the result</i> here and on Form 140PY, page 1, line 20.....	53		00

22222	a Employee's social security number 400-00-7503	OMB No. 1545-0008					
b Employer identification number (EIN)	56-1241111	1 Wages, tips, other compensation	2 Federal income tax withheld				
c Employer's name, address, and ZIP code WORKINGHARD INDUSTRIES 280 LABOR ST FAITH NC 28041-0280		3 Social security wages	4 Social security tax withheld				
		5 Medicare wages and tips	6 Medicare tax withheld				
		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. THOMAS D PARTYGUY 923 HOPE ST DOUGLAS AZ 85607		11 Nonqualified plans	12a				
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	12b				
		14 Other	12c				
		f Employee's address and ZIP code	12d				
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
AZ 56-1241111	32,000.00	796.00					
NC 56221133	5,000.00	124.00					

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 400-00-7568	OMB No. 1545-0008					
b Employer identification number (EIN)	56-3046224	1 Wages, tips, other compensation	2 Federal income tax withheld				
c Employer's name, address, and ZIP code GOLD BLAZER REAL ESTATE 459 DWELLING AVE FAITH NC 28041		3 Social security wages	4 Social security tax withheld				
		5 Medicare wages and tips	6 Medicare tax withheld				
		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. MARY B PARTYGUY 923 HOPE ST DOUGLAS AZ 85607		11 Nonqualified plans	12a				
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	12b				
		14 Other	12c				
		f Employee's address and ZIP code	12d				
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
NC 56-3046224	25,840.00	275.00					

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

2009

Department of the Treasury—Internal Revenue Service