

ARIZONA

Test 7509
Form 140A

SSN: 400-00-7509

Description: Short Form, Head of Household, 4 dependents, Direct Deposit

Arizona Information:

Forms used: Form 140A, Schedule 1

Other:

Clean Election Deduction = 5

Clean Election Fund Tax Credit = 20

Routing Number: 422166894

Checking Acct #: 776538411

Contributions to the following check-off funds: AZ Wildlife: 2, Citizens' Clean Elections: 3, Child Abuse Prevention: 4, Domestic Violence Shelter: 5, National Guard Relief: 6, Neighbors Helping Neighbors: 7, Special Olympics: 8, Veterans' Fund: 9, Political Gift (Democratic Party): 50, Total contributions: 94

Income Information:

Wages from two W-2 Forms

Interest

Federal AGI

Total

25,500

50

25,550



ONE STAPLE ONLY IN UPPER LEFT CORNER. NO TAPE.

82F Check box 82F if filing under extension

89

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

REVENUE USE ONLY. DO NOT MARK IN THIS AREA. Includes boxes 88, 81, and 80.

Filing Status section: 4 Married filing joint return, 5 Head of household, 6 Married filing separate return, 7 Single.

Exemptions section: 8 Age 65 or over, 9 Blind, 10 Dependents, 11 Qualifying parents and ancestors.

Table with 5 columns: Line number, Description, and Amount. Includes lines 12-25 for Federal adjusted gross income, Arizona AGI, deductions, and tax calculations.

Table with 5 columns: Line number, Description, and Amount. Includes lines 26-36 for tax credits, Arizona income tax withheld, and total payments/credits.

Table with 5 columns: Line number, Description, and Amount. Includes lines 37-46 for Voluntary Gifts to various organizations.

Final calculation section: 47 Political gift, 48 Total voluntary gifts, 49 REFUND, 50 AMOUNT OWED. Includes routing and account numbers.

PLEASE BE SURE TO SIGN THE RETURN ON THE REVERSE SIDE OF THIS PAGE.

SV DRAFT #2, Sep-15-09 (140A:indd DRAFT #9, Sep-15-09)

Your Name (as shown on page 1)	Your Social Security No.
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PART A: Dependents and Qualifying Parents - 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. See *page 6 of the instructions.*

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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 2009

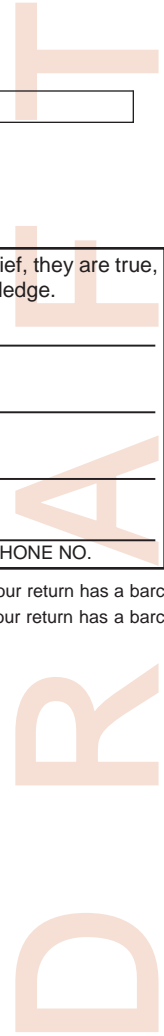
A5 *Enter total number of persons listed in A4 here and on the front of this form, box 11 TOTAL* **A5**

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

B6

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. ()

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).
 If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).



SV DRAFT #2, Sep-15-09
(140A:indd DRAFT #9, Sep-15-09)

**Listing of Additional Dependents, Parents/Ancestors,
Other Additions, and Other Subtractions**

2009

Name(s) as shown on Forms 140, 140A, 140NR, or 140PY	Social Security Number
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Additional Dependents

	FIRST AND LAST NAME	SSN	RELATIONSHIP	No. of Months Lived in Your Home in 2009
Dependent 4				
Dependent 5				
Dependent 6				
Dependent 7				
Dependent 8				
Dependent 9				
Dependent 10				
Dependent 11				
Dependent 12				
Dependent 13				
Dependent 14				

Additional Qualifying Parent/Ancestors

Parent/Ancessor 2			
Parent/Ancessor 3			
Parent/Ancessor 4			

Other Additions Listing

Description	Amount
A Pension Adjustments	
B Married Persons Filing Separate Returns	
C Partnership Income	
D Fiduciary Adjustment	
E Net Operating Losses	
F Items Previously Deducted for Arizona Purposes	
G Claim of Right Adjustment for Amounts Repaid in 2008	
H Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years	
I Addition to S Corporation Income Due to Credits Claimed	
J Solar Hot Water Heating Plumbing Stub Out And Electric Vehicle Recharge Outlet Expenses	
K Wage Expense for Employers of TANF Recipients	
L Motion Picture Production Expenses	
M Agricultural Water Conservation System Credit	
N Adj. Basis in Prop. for Which You Have Claimed a Credit For Investment In Qualified Small Businesses	
O Depreciation or Amortization for a Water Conservation System	
P Other Adjustments (see instructions)	
Total Other Additions	

Other Subtractions Listing

Description	Amount
A Previously Reported Gain on Decedent's Installment Sale	
B Fiduciary Adjustment	
C Partnership Income	
D Federally Taxable Arizona Municipal Interest	
E Adoption Expenses	
F Qualified Wood Stove, Wood Fireplace, or Gas Fired Fireplace	
G Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years	
H Certain Expenses Not Allowed for Federal Purposes	
I Qualified State Tuition Program Distributions	
J Subtraction for World War II Victims	
K Installment Sale Income From Another State Taxed by the Other State in a Prior Taxable Year	
L Agricultural Crops Given to Arizona Charities	
M Basis Adjustment for Property Sold or Otherwise Disposed of During the Taxable Year	
N Adjustment for IRC § 179 Expense Not Allowed	
O Displaced Pupil Choice Grant Awards	
P Other Adjustments (see instructions)	
Total Other Subtractions	

22222		a Employee's social security number 400-00-7509		OMB No. 1545-0008			
b Employer identification number (EIN) 64-1234567			1 Wages, tips, other compensation 20,000.00		2 Federal income tax withheld 1,000.00		
c Employer's name, address, and ZIP code UCAN WINABUNDLE RIVERBOAT 12 QUEEN OF DIAMONDS BLVD TEMPE AZ 85280			3 Social security wages 20,000.00		4 Social security tax withheld 1,240.00		
			5 Medicare wages and tips 20,000.00		6 Medicare tax withheld 290.00		
			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. SAM Z SHORT 12 PICO DE GALLO ST TEMPE AZ 85280			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	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
AZ	64-1234567	20,000.00	900.00				

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 400-00-7509		OMB No. 1545-0008			
b Employer identification number (EIN) 11-1222334			1 Wages, tips, other compensation 5,500.00		2 Federal income tax withheld 1,000.00		
c Employer's name, address, and ZIP code SAND DUNES CASINO 2121 E SANTO DOMINGO WAY TEMPE AZ 85280			3 Social security wages 5,500.00		4 Social security tax withheld 341.00		
			5 Medicare wages and tips 5,500.00		6 Medicare tax withheld 80.00		
			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. SAM Z SHORT 12 PICO DE GALLO ST TEMPE AZ 85280			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	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
AZ	11-1222334	5,500.00					

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

2009

Department of the Treasury—Internal Revenue Service