RETURN.			140NR Nonresident Personal Income T						Return	F	FOR CALENDAR YEAR 2017		
	82F		Check box 82F filing under extension	OR FISCAL YEAR BEGI	INNING	3 IM.MID.D	12,0,1,	7 /	AND ENDING	IM,MID	D12	, 0 , Y , Y	66F
			First Name and Middle Initial			_ast Name		_		Your		Security	
뿔	1								Ente		ı	1	
1 <u>S</u> T0	1	Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name				your Spouse's Social Security No.							
STAPLE ANY ITEMS		Curre	nt Home Address - number a	and street, rural route			Apt. No.			ime Phone	(with a	area code	*)
اٍ ≼	2							94 Last Names Used in Last Four Prior Year(s) (if differer					
٦	<u>س</u> (از, ity,	Town or Post Office	State		ZIP Code		-	ast Names Used	d in Last Fou	r Prior	Year(s) (if	
끝!	퓌	A Married filing joint return 40 Disjured Spauce Protection of Joint Overnoyment REVENUE USE ONLY. DO							T M A	DV IN THIS	97		
TA	INS	4		•	4a Injured Spouse Protection of Joint Overpayment				R SR	JNL1. DO NO	JI IVIAI	KK IN THIS	AREA.
	STA	5 Head of household: Enter name of qualifying child or dependent on next line:											
8	NG	6	Married filing separate	return: Enter enquee's name a	and Soci	ial Socurity Numb	or abovo						
DO NOT	FILING STATUS	6											
_				imed. Do not put a check ı	mark.								
	EXEMPTIONS	8	Age 65 or over (you an	id/or spouse)	If c	ompleting line	s 8	81	IP PM		80R	RCVD	
	EMF	9	Blind (you and/or spous	se)		ough 10, also d	-						
	M	10	Dependents: Do not inc	clude self or spouse.	line	es 47 through	51.	JL					
		11-	13 Residency Status (ch	eck one): 11 Nonresider	nt 12	Nonresiden	t Active Milita	ary	13 Compo	site Return	ı		
	-		(Roy 10): Dependent Infor	mation: Children and other	denen	dents For mor	ro enaco (c	hoc	k) \square and cou	mnlete nac	10.3		
			(a)	1)		(b)	(c)		(d)	(e)		(f)	
	nts		FIRST AND L (Do not list yours		SOCIAL	IAL SECURITY NO. RELATIONS		HIP	NO. OF MONTHS LIVED IN YOUR	if this pe	as a	if you did	not claim on your
	Dependents		(,	,					HOME IN 2017	dependent or federal ret	urn	federal retu educationa	n due to
	ebe												
R		10c 10d									-		
40			Check box 14 if married and	I you are the spouse of an ac	ctive di	uty military men	nher		2017 FEDE	RAI	20	17 ARIZO	ΝΔ
nts after Form 140NR		17	who qualifies for relief under					An	nount from Fede	ll l		rce Amoun	- 1
-0 <u>-</u>		15	Wages, salaries, tips, etc					15		00			00
erl		16	Interest					16		00			00
aft		17	Dividends					17		00			00
ıts	ome		3 Arizona income tax refunds				ī	18 00				00	
	프		Business income or (loss) from				I	19		00			00
cu	Arizona	20 21	Gains or (losses) from federa Rents, royalties, partnerships, es				1	20 21		00			00
ප			Other income reported on yo		-		[22		00			00
Jer		23	Total income: Add lines 15 thr				[23		00			00
or other docume		24	Other federal adjustments: I	Include your own schedule				24		00			00
0.0		25	Federal adjusted gross incor	me: Subtract line 24 from line 2	23 in the	FEDERAL colum	ın [25		00			
schedules		26	Arizona gross income: Subtr										00
adı	-	27	Arizona income ratio: Divid									•	00
S	ons	28 29	Total depreciation included in Partnership Income adjustment	=									00
any required federal and AZ s	Addition	30	Other Additions to Income: §										00
	⋖			es 26, 28, 29, and 30 and enter the total									00
	je 2	32	Total Arizona sourced net capital gain or (loss). See instructions					32		00			
	page I	33	Total net short-term capital g							00			
	t. or	34	Total net long-term capital ga							00			
	con	35	Net long-term capital gain fro							00			00
	- SL	36 37		ly line 35 by 25% (.25) and enter the result									00
edi	actions	 37 Net capital gain derived from investment in qualified small business									00		
y re	Subtra		Partnership Income adjustme										00
an	Su		Subtract lines 36 through 39										00
Place													
Б	_												

	Your	Name (as shown on page 1) Your Social Secu	ırity Nu	Number					
Subtractions – cont. from page 1	41	Enter the amount from page 1, line 40		41	00				
	42	Interest on U.S. obligations such as U.S. savings bonds and treasury bills		42	00				
	43	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)		43	00				
trac fro	44	Agricultural crops contributed to Arizona charitable organizations		44	00				
Sul	45	Other Subtractions from Income: See instructions and include your own schedule		45	00				
	46	Subtract lines 42 through 45 from line 41			00				
"	47	Age 65 or over: Multiply the number in box 8 by \$2,100		00					
Exemptions	48	Blind: Multiply the number in box 9 by \$1,500		00					
mpt	49	Dependents: Multiply the number in box 10 by \$2,300		00					
Exe	50	Add lines 47, 48, and 49. Enter the total		00					
	51	Multiply line 50 by the Arizona ratio on line 27		- 1	00				
	52	Arizona adjusted gross income: Subtract line 51 from line 46			00				
	53	Deductions: Check box and enter amount. See instructions			00				
×	54	Personal exemptions: See instructions		Г	00				
of Ti	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"			00				
e e	56	Compute the tax using amount from line 55 and Tax Table X or Y			00				
Balance of Tax	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 40			00				
Ω	58	Subtotal of tax: Add lines 56 and 57 and enter the total			00				
	59 60	Balance of tax: Subtract line 59 from line 58. If line 59 is greater than line 58, enter "0"		Г	00				
nd	61	2017 AZ income tax withheld			00				
Total Payments and Refundable Credits	62	2017 AZ estimated tax payments62a 00 Claim of Right 62b 00 Add 62a an			00				
men ble C	63	2017 AZ extension payment (Form 204)			00				
l Pay ında	64	Other refundable credits: Check the box(es) and enter the total amount			00				
Tota Refu	65	Total payments and refundable credits: Add lines 61 through 64 and enter the total			00				
	66								
Tax Due or Overpayment	67	OVERPAYMENT: If line 65 is larger than line 60, subtract line 60 from line 65, and enter amount of overpayment		- 1	00				
ax D	68	Amount of line 67 to be applied to 2018 estimated tax			00				
۲ó	69	Balance of overpayment: Subtract line 68 from line 67.			00				
ţ	70	- 80 Voluntary Gifts to: Solutions Teams Assigned to Schools70 00 Arizona Wildlife71	00						
Ē		Child Abuse Prevention72 00 Domestic Violence Shelter . 73 00 Political Gift	00						
ıtarı		Neighbors Helping Neighbors75 00 Special Olympics76 00 Veterans' Donations Fund 77 Sustainable State Parks and Road Fund	00						
Voluntary Gifts		I Didn't Pay Enough Fund78 00 Sustainable State Parks and Road Fund	00						
>	81	Political Party (if amount is entered on line 74 - check only one): 811 Democratic 812 Green Party 813 Libertarian	814	Rep	ublican				
Ę	82	Estimated payment penalty and Arizona Long-Term Health Care Saving Account (AZLTHSA) penalty		82	00				
Penal	83	831 Annualized/Other 832 Farmer or Fisherman 833 Form 221 included 834 AZLTHSA Penalty							
-	84	Add lines 70 through 80 and 82; enter the total		84	00				
pe	85	REFUND: Subtract line 84 from line 69. If less than zero, enter amount owed on line 86		85	00				
Refund or Amount Owed		Direct Deposit of Refund: Check box 85A if your deposit will be ultimately placed in a foreign account; see instructions. 88 ROUTING NUMBER ACCOUNT NUMBER	БАШ						
efun		98 S Savings							
A A	96		ont	۰,	00				
		6 AMOUNT OWED: Add lines 66 and 84. Make check payable to Arizona Department of Revenue; write your SSN on payment 86 Under penalties of perjury, I declare that I have read this return and any documents with it, and 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.							
Щ	_								
R	→	YOUR SIGNATURE DATE OCCUPATION							
エ		TOOK SIGNATURE DATE OCCUPATION							
	→								
SIGN HERE		SPOUSE'S SIGNATURE DATE SPOUSE'S OCCUPA	TION						
Щ									
AS		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYE	D)						
PLEASE									
٩	PAID PREPARER'S STREET ADDRESS PAID PREF								
)						
		PAID PREPARER'S CITY STATE ZIP CODE PAID PREPA	RER'S	PHON	IE NUMBER				

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 Form 140NR.**

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				

Dependent Information - Continuation Sheet from Page 1 DependentsInclude with your return *only* if listing additional dependents.

Complete this form *only* if you need additional space from page 1 to list your dependents. If you do not list **all** dependents claimed on page 1 of your income tax return, you may lose the exemptions.

Children and other dependents, continued from page 1

	Children and other dependents, continued from page 1.										
	(a)	(b)	(c)	(d) NO. OF MONTHS	(e)	(f)					
	FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURITY NO.	RELATIONSHIP	LIVED IN YOUR	if this person did not qualify as a	if you did not claim this person on your federal return due to					
				HOME IN 2017	did not qualify as a dependent on your federal return	educational credits					
10e											
10 f											
10 g											
10 h											
10i											
10j											
10 k					ᆜ	<u> </u>					
10 ı					ᆜ	<u> </u>					
10 m					<u> </u>						
10 n					<u> </u>						
10 o					<u> </u>	片					
10 p					⊢⊢⊢	片					
10 q					片	<u> </u>					
10r					<u> </u>						
10s					<u> </u>						
10t											
10u											
10 _v					Ш						