UR			140NR Nor	resident P	ersonal In	come Ta	x Return		20	19	
<u>.</u>	82F		heck box 82F filing under extension OR FISCAL	YEAR BEGINNIN	NG IMIMIDID	12.0.1.9	AND ENDING	ıM.MıD.	D121	0 Y Y 66F	
<u>.</u>	,		irst Name and Middle Initial		Last Name			Your S		Security Number	
Ė[1							Enter			
ᄋ.	;	Spous	e's First Name and Middle Initial (if box 4 or	6 checked)	Last Name		your	Spous	e's So	cial Security No.	
<u> </u>	1						SSN(s).	1	I	
	(Curre	nt Home Address - number and street, rural	oute		Apt. No.		ime Phone ((with a	rea code)	
اَحَ	2		D 100		715.0		94		5: 1/	() (() () ()	
₹	<u>ء</u> (City, Town or Post Office State			ZIP Code		Last Names Used	d in Last Four	Prior Ye	ear(s) (if different)	
֓֡֡֟֝֡֡֟֡֝֡֡֡֡֡֡֡	一						REVENUE USE		T MAD		
ĬΑ		4		red Spouse Prote		erpayment	88R	JNLI. DO NO	/ I WIAN	K IN THIS AREA.	
S	STA	5	Head of household: Enter name of qualif	ying child or depend	dent on next line:						
$\frac{9}{2}$	NG NG	6	Married filing separate return: Enter spe	ouse's name and So	ocial Security Numb	er above.					
ired federal and AZ schedules or other documents after Form 140NR. EXEMPTIONS FILING STATUS 그 그 그 그 그 그 그 그 그	ᇤ	7	Single								
	SNS										
	PTIC	8	Age 03 of over (you and/or spouse) a	completing lines 8 nd 48. For lines 10	l and 9, also comp a and 10b, comp	lete lines 47 lete line 59.	81P PM		80R R	CAD	
	KEM	9	Blind (you and/or spouse)	🗀 .							
	ĺÛ	10a			ents: Age 17 and		<u> </u>				
		11-1	3 Residency Status (check one): 11 ☐	Nonresident 1	2 Nonresiden	t Active Milita	ry 13 Compo	site Return			
			(Box 10a and 10b): Dependent Information	n: See instructio						/5	
			(a) FIRST AND LAST NAME	SOCIA	(b) AL SECURITY NO.	(c) RELATIONSH	(d) IP NO. OF MONTHS	(e) ✓ Dependent		(f) if you did not claim	
	nts		(Do not list yourself or spouse.)				LIVED IN YOUR HOME IN 2019		2 f	this person on your ederal return due to	
	pue	4.0						(Box 10a) (Bo	x 10b)	educational credits	
	Dep	10c						H	井	-H $-$ I	
									$\exists \top$		
Ē		10f									
14		14	Check box 14 if married and you are the spo	ouse of an active	duty military mer	mber	2019 FEDE		201	9 ARIZONA	
٤			who qualifies for relief under the Military Spo			I	Amount from Fede		Sourc	e Amount Only	
ē			Wages, salaries, tips, etc				15	00		00	
te			Interest				16	00		00	
af	ø		Dividends Arizona income tax refunds				17 18	00		00	
ij	E C		Business income or (loss) from federal Sche				19	00		00	
E E			Gains or (losses) from federal Schedule D. 9					00		00	
ನ	izon		Rents, royalties, partnerships, estates, trusts, sma				21	00		00	
ğ	₹	22	Other income reported on your federal return	n. Include your o	wn schedule		22	00		00	
the			Total income: Add lines 15 through 22				23	00		00	
0			Other federal adjustments: Include your own s					00		00	
S			Federal adjusted gross income: Subtract line Arizona gross income: Subtract line 24 from lin					, i		00	
≝			Arizona income ratio: Divide line 26 by line 2							•	
pec			Total depreciation included in Arizona gross		•					00	
SC	ons	29	Partnership Income adjustment: See instruct	ons				29		00	
AZ	dditi		Net capital (loss) derived from the exchange							00	
n d	۷		Other Additions to Income: See instructions							00	
			Subtotal: Add lines 26, 28, 29, 30, and 31 and a Total Arizona sourced net capital gain or (los					32		00	
Jer	ge 2		Total net short-term capital gains included o					00			
Ę			Total net long-term capital gain or (loss). See					00			
eg			Net long-term capital gain from assets acqui					00			
틢	COU		Multiply line 36 by 25% (.25) and enter the r					I		00	
ē	ns -		Net capital gain derived from investment in							00	
any	ctio		Net capital gain derived from the exchange	-						00	
93	ubtra		Recalculated Arizona depreciation Partnership Income adjustment: See instruct							00	
ă	S		Subtract lines 37 through 41 from line 32					41		00	

FOR CALENDAR YEAR

	Your	Name (as shown on page 1)	our Social Security Numb	ly Number		
	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	43	00		
Subtractions – cont. from page 1	44	Agricultural crops contributed to Arizona charitable organizations				
	45	Other Subtractions from Income: See instructions for completing the schedule on page 5				
	46	Subtract lines 43 through 45 from line 42				
Subt	47	Age 65 or over: Multiply the number in box 8 by \$2,100				
Ö	48	Blind: Multiply the number in box 9 by \$1,500				
Suc	49	Other Exemptions: See instructions49E Multiply the number in box 49E by \$2,300		-		
	50	Add lines 47, 48, and 49. Enter the total		-		
μğ	51	Multiply line 50 by the Arizona ratio on line 27		00		
Exemptions	52	Arizona adjusted gross income: Subtract line 51 from line 46. If less than zero, enter "0"				
Ú	53	Deductions: Check box and enter amount. See instructions				
	54	If you checked box 53S and claim charitable deductions check 54C Complete page 3. See instru				
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"				
	56	Compute the tax using amount from line 55 and Tax Table X or Y				
Τaχ	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 35				
ō	58	Subtotal of tax: Add lines 56 and 57 and enter the total				
an Ce	59	Dependent Tax Credit. See instructions	59			
Balance of Tax	60	Nonrefundable credits from Arizona Form 301, Part 2, line 67				
	61	Balance of tax: Subtract lines 59 and 60 from line 58. If the sum of lines 59 and 60 is more than line 58, er				
	62	2019 AZ income tax withheld		II I		
and	63		00 Add 63a and 63b 63			
Cre	64	2019 AZ extension payment (Form 204)				
Total Payments and Refundable Credits	65	Other refundable credits: Check the box(es) and enter the total amount	308-I 652 349 65	00		
al Pa	66	Total payments and refundable credits: Add lines 62 through 65 and enter the total	66	00		
Red of	67	TAX DUE: If line 61 is larger than line 66, subtract line 66 from line 61, and enter amount of tax due. Skip line	00			
or nent	68	OVERPAYMENT: If line 66 is larger than line 61, subtract line 61 from line 66, and enter amount of overpayor	00			
Due	69	Amount of line 68 to be applied to 2020 estimated tax	69	00		
Tax Due or Overpayment	70	Balance of overpayment: Subtract line 69 from line 68	70	00		
. 0	71	- 81 Voluntary Gifts to: Solutions Teams Assigned to Schools71 00 Arizona Wildlife				
Gifts		Child Abuse Prevention73 00 Domestic Violence Shelter . 74 00 Political Gift				
Z G		Neighbors Helping Neighbors 76 00 Special Olympics 77 00 Veterans' Donations Fu				
ntar		I Didn't Pay Enough Fund 79 00 Sustainable State Parks and Road Fund80 Spay/Neuter of Animal				
Voluntary	82	Political Party (if amount is entered on line 75 - check only one): 821 Democratic 822 Green Party 82				
	83	Estimated payment penalty	83	00		
alty	84	841 Annualized/Other 842 Farmer or Fisherman 843 Form 221 included				
Pena						
	86	·	_	00		
Refund or Amount Owed		Direct Deposit of Refund: Check box 86A if your deposit will be ultimately placed in a foreign account; see ROUTING NUMBER ACCOUNT NUMBER	Instructions. 86A			
e de		98 S Savings				
Refu	87	AMOUNT OWED: Add lines 67 and 85. Make check payable to Arizona Department of Revenue; write you	r SSN on navment 87	00		
_ ₹	0,	Amount of Levelle, whice you	oor on payment or	100		
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to	the best of my knowle	edge and belief, they are		
		true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information	on of which preparer h	as any knowledge.		
Щ	→					
出	_	YOUR SIGNATURE DATE OC	CUPATION			
ᄪ						
SIGN HERE	→					
S		SPOUSE'S SIGNATURE DATE SP	OUSE'S OCCUPATION			
AS		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF	SELF-EMPLOYED)			
PLEASE						
۵		PAID PREPARER'S STREET ADDRESS	PAID PREPARER'S TIN			
		DAID DDCDADCDIC CITY CTATE 7/D CODE	()	ONE NUMBER		
		PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPARÉR'S PH	ONE MUMBEK		

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

2019 Form 140NR - Standard Deduction Increase for Charitable Contributions

You must complete this worksheet if you are taking an increased standard deduction for charitable contributions. Include the completed worksheet with your tax return, when filed. If you do not include the completed worksheet, your standard deduction will not be increased.

For taxable years beginning from and after December 31, 2018, certain taxpayers electing to take the Standard Deduction may *increase* the standard deduction amount by 25% (.25) of the total amount of the taxpayer's charitable deductions that would have been allowed if the taxpayer elected to claim itemized deductions on the Arizona return.

NOTE: As a nonresident filing Form 140NR, you are required to apportion your allowable increased standard deduction based on your Arizona income ratio computed on page 1, line 27.

Charitable contributions (lines C1, C2, and C3) are those gifts allowed on federal Form 1040 Schedule A (Gifts to Charity) that you would have claimed had you elected to take itemized deductions on your federal return.

Complete the worksheet to determine the increased amount allowed in addition to your standard deduction.

C1	Gifts by cash or check	C1	00
C2	Other than by cash or check	C2	00
С3	Carryover from prior year	C3	00
C4	Add lines C1 through C3	C4	00
C5	Enter the total amount of charitable contributions for which you are claiming a credit under Arizona law for the current or prior tax year	C 5	00
C6	Subtract line C5 from line C4 and enter the difference	C6	00
C 7	Multiply line C6 by 25% (.25). Enter the result	C7	00
C8	Enter your Arizona income ratio from page 1, line 27	C8	
C9	Multiply line C7 by the ratio on line C8 and enter the result	C9	00

- Enter the amount shown on line C9 on page 2, line 54
- Be sure to check box 53S for Standard Deduction on line 53.
- Check box **54C** for charitable deductions on line 54. If you do not check this box, you may be denied the increased standard deduction.

Your Name (as shown on page 1)	Your Social Security Number

2019 Form 140NR Dependent and Other Exemption Information

Include page 4 with your return if:

- You are listing additional dependents (for box 10a and 10b) from page 1.
 - You are claiming Other Exemptions on page 2, line 49.

Part 1: Dependents (Box 10a and 10b) continued from page 1

Information used to compute your allowable **Dependent Tax Credit** on page 2, line 59.

NOTE: If you have more than three qualifying dependents, you *mus*t complete Part 1 *and* the worksheet in the instructions, to compute your Dependent Tax Credit on line 59.

Г	(a)	,	(0)	(d)	1	-\	(£)
	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2019	✓ Depen includ	dent Age	(f) ✓ IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL
	,				1 (Box 10a)	2 (Box 10b)	RETURN DUE TO EDUCATIONAL CREDITS
10g							
10 h							
10i							
10j							
10k							
10ı							
10m							
10n							
10 _o							
10 _p							
10q							

Part 2: Other Exemptions

Information used to compute your allowable Other Exemptions on page 2, line 49.

	(a)	(b)	(c)		(d)
	FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURITY NO.	✓ AGE 65 OR OVER (see instructions)		✓ STILLBORN CHILD IN 2019
			C1	C2	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Enter the total number of individuals listed in Part 2 in box 49E on page 2, line 49.

Your Name (as shown on page 1)	Your Social Security Number

2019 Form 140NR - Adjustments to Arizona Gross Income

Complete and include this schedule with your tax return **only** if you are making any adjustments to your Arizona Gross Income.

A. Other Additions to Arizona Gross Income - Line 31

Α	Fiduciary Adjustment from Arizona Form 141AZ Schedule K-1(NR)	Α	00
В	Items Previously Deducted for Arizona Purposes	В	00
С	Claim of Right Adjustment for Amounts Repaid in 2019	С	00
D	Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years	D	00
E	Addition to S corporation Income Due to Claiming Pass-through Credit (Forms 305, 312, 315, 320, and 325)	E	00
F	Wage Expense for Employers of TANF Recipients who claim a credit (Form 320)	F	00
G	Adjusted Basis in Property for Which You Have Claimed a Credit for Investment in Qualified Small Businesses (Form 338)	G	00
Н	Sole Proprietorship Loss of an Arizona Nonprofit Medical Marijuana Dispensary included in Federal Adjusted Gross Income.	Н	00
T	Americans with Disabilities Act - Access Expenditures.	I	00
J	Amortization or depreciation for childcare facility before 1990	J	00
K	Other Adjustments related to tax credits	K	00
L	Total Other Additions to Arizona Gross Income. Add all amounts and enter the total here and on page 1, line 31	L	00

B. Other Subtractions From Arizona Gross Income - Line 45

Α	Certain Wages of American Indians	Α	00
В	Qualified Wood Stove, Wood Fireplace or Gas-Fired Fireplace	В	00
С	Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years	С	00
D	Certain Expenses Not Allowed for Federal Purposes (due to claiming federal tax credits)	D	00
Е	Basis Adjustment for Property Sold or Otherwise Disposed of During the Taxable Year	Е	00
F	Fiduciary Adjustment from Arizona Form 141AZ Schedule K-1(NR)	F	00
G	Net Operating Loss Adjustment	G	00
Н	Sole Proprietorship Income of an Arizona Nonprofit Medical Marijuana Dispensary included in Federal Adjusted Gross Income.	н	00
ı	Americans with Disabilities Act – Access Expenditures.	ı	00
J	Exploration Expenses deferred before January 1, 1990	J	00
к	Total Other Subtractions from Arizona Gross Income. Add all amounts and enter the total here and on page 2, line 45	K	00