URN.		140NR Nonresident Personal Income Tax					ах				FOR CALENDAR YEAR 2014		
RET	82F Check box 82F or FISCAL YEAR BEGINNING M, M, D, D, 2, 0, 1, 4, AND ENDING M, M, D								D12	2 , 0 , Y , Y	66F		
	,		First Name and Middle Initial	0.11.100/12.12/111220		Last Name						Security Nu	
	1				Last Name				Enter			1	
<u> S</u>	一。 1	Spouse's First Name and Middle Initial (if box 4 or 6 checked)  Last Name			Last Name	your SSN(s).			Spou	Spouse's Social Security No.			
ANY ITEMS	2	Current Home Address - number and street, rural route 2				Apt. No.			Daytime Phone (with area code)				
Ä,	3	City, Town or Post Office State				ZIP Code		L	ast Names Used	d in Last Fou	ır Prior	Year(s) (if dit	fferent)
DO NOT STAPLE	FILING STATUS	Married filing joint return Head of household: Enter name of qualifying child or dependent on next line:  Married filing separate return: Enter spouse's name and Social Security Number above.  Single  Enter the number claimed. Do not put a check mark.					ONLY. DO N	OT MA	ARK IN THIS A	AREA.			
	EXEMPTIONS					completing line	ne 9	0,1	IP PM		80R RCVD		
	ΔPΤ	8	Age 65 or over (you and/or angus)	' '		hrough 10, also			<u>''-'</u>		OUR		
	Ä	9	Blind (you and/or spouse)			nes 47 through	•	Ш					
	Ш	10	Dependents: Do not inclu	ide sell or spouse.		nes 47 unougn	<i>31.</i>						
		11-	13 Residency Status (chec	ck one): 11 ☐ Nonresider	nt <b>1</b>	2 ☐ Nonresiden	t Active Milita	ary	13 Compos	site Return			
	Dependents		(Box 10): Dependent Informa (a) FIRST AND LAS (Do not list yourself	ST NAME :		endents. For mo (b) AL SECURITY NO.	(c)		(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2014	mplete pa (e) if this p did not qualid dependent of federal re	erson fy as a	(f)  if you did n this person o federal return educational o	due to
	)ebe	10a								片片		片片	
										片片		片片	
ž										片		片片	
nts after Form 140NR	-	10d 14	Check box 14 if married and you					Am	2014 FEDEI		l	014 ARIZON urce Amount (	
딛		who qualifies for relief under the Military Spouses Reside  15 Wages, salaries, tips, etc						15		00			00
Ĕ								16		00			00
<u>re</u>		16 17				17		00			00		
ਰ	ø								00			00	
ıts	ë	18 19							00			00	
шe	rizona Income							19 20		00			00
5	one							21		00			00
other docume	Ariz							22		00			00
e			22 Other income reported on your federal return					23		00			00
됐										00			00
			Federal adjusted gross income							00			100
SS.			Arizona income: Subtract line 24								00		
≝			Arizona percentage: Divide lir										%
eq	us	28	Total depreciation included in A	<u> </u>									00
SC	Addition		Other additions to income: See	_									00
ÿ	Ado		Subtotal: Add lines 26, 28, and 29 and enter the total										00
Place any required federal and AZ schedules or				tal gain or (loss)					00				
	7				NA column				00				
	page	33	Total net long-term capital gain	term capital gain or (loss). Enter the amount from your worksheet, line 14, col. (o				33		00			
		34	Net long-term capital gain from										
	t. on		amount from your worksheet, line 1	14, col. (e)				34		00			
	cont.	35	Multiply line 34 by 20% (.20) ar	nd enter the result						35			00
	- 1	36	6 Net capital gain derived from investment in qualified small business							36			00
	Subtractions	37	·							37			00
	trac	38								38			00
	Sub	39	Adjustment for I.R.C. §179 exp										00
		40	Reserved										1_
		41	Subtract lines 35 through 40 fro	om line 30. Enter the total	I					41			00

	Your	Name (as shown on page 1)	ımber				
Subtractions – cont. from page 1							
	42	Enter the amount from page 1, line 41	42	00			
	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills		00			
	44	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)			00		
	45				00		
	46	Other subtractions: See instructions on page 10 and include your own schedule		46	00		
Exemptions	47	Age 65 or over: Multiply the number in box 8 by \$2,100		00			
	48	Blind: Multiply the number in box 9 by \$1,500		00			
	49	Dependents: Multiply the number in box 10 by \$2,300		00			
	50	Add lines 47, 48, and 49 and enter the total		00			
Ш	51	Multiply line 50 by the Arizona percentage on line 27		51	00		
	52	Arizona adjusted gross income: Subtract lines 43 through 46 and 51 from line 42			00		
	53	Deductions: Check box and enter amount. See instructions on page 1253 ☐ ITEMIZED		00			
	54	Personal exemptions: See instructions on page 12			00		
of Tax	55	Arizona taxable income: Subtract lines 53 and 54 from line 52			00		
	56	Compute the tax using amount from line 55 and Tax Table X or Y		56	00		
ance.	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 38			00		
Balance	58	Subtotal of tax: Add lines 56 and 57 and enter the total			00		
	59	Credits from Arizona Form 301, Part 2, line 72		59	00		
	60	Balance of tax: Subtract line 59 from line 58. If line 59 is more than line 58, enter zero		60	00		
and	61	Arizona income tax withheld during 2014		61	00		
Total Payments and Refundable Credits	62	Arizona estimated tax payments for 2014		62	00		
yme	63	2014 Arizona extension payment (Form 204)			00		
al Pa unda	64	Other refundable credits: Check the box(es) and enter the total amount641 308-1			00		
Tota Ref	65	Total payments and refundable credits: Add lines 61 through 64 and enter the total			00		
or nent	66	<b>TAX DUE:</b> If line 60 is larger than line 65, subtract line 65 from line 60, and enter amount of tax due. Skip			00		
Tax Due or Overpayment	67	<b>OVERPAYMENT:</b> If line 65 is larger than line 60, subtract line 60 from line 65, and enter amount of overp		00			
Tax Due Overpayr	68	Amount of line 67 to be applied to 2015 estimated tax	-	68	00		
۲ó	69	Balance of overpayment: Subtract line 68 from line 67		69	00		
ţ	70	- 80 Voluntary Gifts to: Solutions Teams Assigned to Schools	71 00				
Ē		Child Abuse Prevention 72 00 Domestic Violence Shelter 73 00 Political Gift					
tary		National Guard Relief Fund . 75 00 Neighbors Helping Neighbors 76 00 Special Olympics	77 00				
Voluntary Gifts		Veterans' Donations Fund <b>78</b> 00 I Didn't Pay Enough Fund <b>79</b> 00 Sustainable State F and Road Fund	arks 80 00				
×	81	Political Party (if amount is entered on line 74 - check only one): 811 Americans Elect 812 Democratic	313 Libertarian 814	Republican	815 AZ Green Party		
ţ	82	Estimated payment penalty and Arizona Long-Term Health Care Saving Account (AZLTHSA) p	enalty	82	00		
enalty	83	831 Annualized/Other 832 Farmer or Fisherman 833 Form 221 included 834 AZLTHSA Penalt					
4	84	Add lines 70 through 80 and 82; enter the total		84	00		
-	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; s					
fund unt (		ROUTING NUMBER ACCOUNT NUMBER    98					
Amo Amo	86	AMOUNT OWED: Add lines 66 and 84. Make check payable to Arizona Department of Revenue; write y	<b>S</b>				
	00	and include with your return	1 7	86	00		
_							
		have read this return and any documents with it. Under penalties of perjury, I declare that to					
	t	true, correct and complete. Declaration of preparer (other than taxpayer) is based on all informa	tion of which prepare	r has any	knowledge.		
믮	-						
單	•	YOUR SIGNATURE DATE	OCCUPATION				
SE SIGN HERE							
	<b>→</b>						
	3	SPOUSE'S SIGNATURE DATE	SPOUSE'S OCCUPATION		_		
×	Ī	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S	IF SELF-EMPLOYED)				
PLEASE							
Δ.	PAID PREPARER'S STREET ADDRESS PAID PREPARED.				R'S TIN		
	_		()				
		DAID DDEDADED'S CITY STATE ZID CODE	DAID DDEDADED'S				

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 Dependents**Include 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) FIRST AND LAST NAME	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS	(e)	(f)				
	(Do not list yourself or spouse.)	OOGIAL SECONTI I NO.	RELATIONSHII	LIVED IN YOUR HOME IN 2014	if this person did not qualify as a dependent on your federal return	if you did not claim this person on your federal return due to educational credits				
10e										
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<b>10</b> h										
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