Arizona Form 140NR ^{82F} Check box 82F ^{82F} if filing under extension				Nonresident Personal Income Tax Return						FOR CALENDAR YEAR			
RE	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEGINNING $(M,M,D,D,2,0,1,8)$ and Endin				AND ENDING	IM MI	D ₁ D ₁	2,0,Y,Y	. 66F	
用			First Name and Middle Initial			Last Name			Enter	. Yo	ur Socia	al Security N	lumber
¹	1	Spoul	se's First Name and Middle Ir	aitial (if hay 4 or 6 chacked)		Last Name			your			 Social Secur	ity No
_	1	Spou				Last Name			SSN(s). ^{Sp}			ity NO.
E E E	Current Home Address - number and street, rural route					Apt. No.		Daytime Phone (with area code))	
	2								94				
Ā	3	City,	Town or Post Office	State		ZIP Code			ast Names Used	d in Last F	our Prio	r Year(s) (if di	ifferent) 97
DO NOT STAPLE							EVENUE USE (ONLY. DO	NOT M	ARK IN THIS			
STA	'ATU	-4 5	_	nter name of qualifying child or d			erpayment	88	BR				
01	FILING STATUS												
z o	-ILIN	6	_	return: Enter spouse's name a	ind So	ocial Security Numb	er above.						
Δ													
	EXEMPTIONS	8	Age 65 or over (you an			completing line	es 8	81	PM		80R	RCVD	
	EMP	9	Blind (you and/or spous			nrough 10, also	-		-			•	
	ΕX	10	Dependents: Do not in	clude self or spouse.	lir	nes 49 through a	53.	JL					
		11-	13 Residency Status (ch	eck one): 11 Nonreside	nt 1 2	2 Nonresiden	t Active Milita	ary	13 Compo	site Ret	urn		
			(Box 10): Dependent Infor	mation: Children and other	depe	endents. For mo	re space, (c	hec	k) 🗌 and coi	nplete p	age 3.		
			a) (a FIRST AND L		SOCIA	(b) AL SECURITY NO.	(c) RELATIONSI	HIP	(d)		e) s person	 ✓ (f) ✓ if you did r this person c 	not claim
	lents		(Do not list yours		0001				LIVED IN YOUR HOME IN 2018	did not qu depender	it on your	federal return	due to
	Dependents	10a						_		federal		educational	creaits
											3		
ЧР.]		
140NR		10d	1				.			L	<u> </u>		
n 1		14			spouse of an active duty military member Spouses Residency Relief Act 14			Am	2018 FEDEI nount from Fede			018 ARIZOI	
its after Form		15	Wages, salaries, tips, etc		-			15		0	0		00
erF	Arizona Income	16	Interest					16		0	0		00
aft		17	Dividends					17		0			00
nts								18		0			00
me		19 20						19 20		0			00
no		21	(<i>)</i>		rations from federal Schedule E				0			00	
r do		22	Other income reported on yo	our federal return. Include yo	ouro	wn schedule		22		0			00
the		23	Total income: Add lines 15 thr	-				23		0			00
O		24	Other federal adjustments: I	-				24		0			00
es c		25 26	Federal adjusted gross incom Arizona gross income: Subtr								1 I		00
qul		27	Arizona income ratio: Divid									•	
he	Additions	28	Total depreciation included in	n Arizona gross income						2	в		00
Z SC		29	Partnership Income adjustm										00
and AZ schedules or other docume	Addi	30 31	Net capital (loss) derived fro Other Additions to Income: s										00
anc	4		Subtotal: Add lines 26, 28, 29										00
	2	33	Total Arizona sourced net ca							0	0		
ede	page	34	Total net short-term capital g							0			
d fe	on p	35	Total net long-term capital ga							0			
lire	cont.	36 37	Net long-term capital gain fro Multiply line 36 by 25% (.25)							0 3			00
eqt	- 1	38	Net capital gain derived from										00
луг	tions	39	Net capital gain derived from										00
e al	Subtractions	40	Recalculated Arizona deprec										00
Place any required federal	Sut	41 42	Partnership Income adjustme										00
D		42	Subtract lines 37 through 41		-ieiiC	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					<u> </u>		100

[Your	Name (as shown on page 1) Your Social Security Nu	Imber					
Subtractions – cont. from page 1								
	43	Enter the amount from page 1, line 42		00				
	44	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	44	00				
	45	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)		00				
	46	Agricultural crops contributed to Arizona charitable organizations		00				
Sucon	47	Other Subtractions from Income: See instructions and include your own schedule	47	00				
	48	······································	48	00				
Exemptions	49	Age 65 or over: Multiply the number in box 8 by \$2,100	00					
	50	Blind: Multiply the number in box 9 by \$1,500 50	00					
	51	Dependents: Multiply the number in box 10 by \$2,300	00					
ă	52	Add lines 49, 50, and 51. Enter the total	00	00				
	53		53	00				
-	54		54	00				
	55	Deductions: Check box and enter amount. See instructions		00				
ax	56	Personal exemptions: See instructions		00				
Balance of Tax	57	Arizona taxable income: Subtract lines 55 and 56 from line 54. If less than zero, enter "0"	-	00				
Ce	58	Compute the tax using amount from line 57 and Tax Table X or Y		00				
alar	59 60	Tax from recapture of credits from Arizona Form 301, Part 2, line 36 Subtotal of tax: Add lines 58 and 59 and enter the total		00				
B	60 61	Nonrefundable credits from Arizona Form 301, Part 2, line 69		00				
	62	Balance of tax: Subtract line 61 from line 60. If line 61 is greater than line 60, enter "0"		00				
nd İts	63	2018 AZ income tax withheld		00				
Total Payments and Refundable Credits	64	2018 AZ estimated tax payments64a 00 Claim of Right 64b 00 Add 64a and 64b		00				
/mer	65		65	00				
l Pay	66	Other refundable credits: Check the box(es) and enter the total amount		00				
Tota Refu	67	Total payments and refundable credits: Add lines 63 through 66 and enter the total		00				
	68	TAX DUE: If line 62 is larger than line 67, subtract line 67 from line 62, and enter amount of tax due. Skip lines 69, 70 and 71		00				
ue o iyme	69	OVERPAYMENT: If line 67 is larger than line 62, subtract line 62 from line 67, and enter amount of overpayment		00				
Tax Due or Overpayment	70	Amount of line 69 to be applied to 2019 estimated tax		00				
۲ó	71		71	00				
fs	72	- 82 Voluntary Gifts to: Solutions Teams Assigned to Schools						
, Gifts		Child Abuse Prevention						
itary		Neighbors Helping Neighbors77 000 Special Olympics						
Voluntary		I Didn't Pay Enough Fund80 Sustainable State Parks and Road Fund						
>	83	Political Party (if amount is entered on line 76 - check only one): 831 Democratic 832 Green Party 833 Libertarian 834	Repub	lican				
łţ	84	Estimated payment penalty	84	00				
Pena	85							
•	86		86	00				
þ	87		87	00				
Refund or Amount Owed		Direct Deposit of Refund: Check box 87A if your deposit will be ultimately placed in a foreign account; see instructions. 87A						
efun ount		C Checking or Checking or Account Number S Savings Checking or Checking or						
A m				00				
	88	AMOUNT OWED: Add lines 68 and 86. Make check payable to Arizona Department of Revenue; write your SSN on payment Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my kno						
		true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare						
ш								
HERE	→							
Ξ		YOUR SIGNATURE DATE OCCUPATION						
SIGN	→							
	-	SPOUSE'S SIGNATURE DATE SPOUSE'S OCCUPATION						
ш								
AS		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)						
PLEASE								
Р		PAID PREPARER'S STREET ADDRESS PAID PREPARER'S	TIN					
		()						
		PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S	PHONE I	NUMBER				
	16	u are sending a navment with this return, mail to Arizona Denartment of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016						

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.

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.

	(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 2018	(e) if this person did not qualify as a dependent on your federal return	(f) f you did not claim this person on your federal return due to educational credits
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