

DO NOT STAPLE ANY ITEMS TO THE RETURN.

OR FISCAL YEAR BEGINNING MM,DD,YY 2,0,1,7 AND ENDING MM,DD,YY 66

1 Your First Name and Middle Initial Last Name Enter your SSN(s) Your Social Security Number
2 Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No.
3 Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code)
City, Town or Post Office State ZIP Code Last Names Used in Last Four Prior Year(s) (if different)

4 Check a box to indicate both filing and residency status:
4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment
5 Head of household: Enter name of qualifying child or dependent on next line:
6 Married filing separate return: Enter spouse's name and Social Security Number above.
7 Single
8 Resident
9a Nonresident 9b Composite
10 Nonresident active military
11 Part-year resident
12 Part-year resident active military
EXEMPTIONS Enter the number claimed. Do not check
13 Age 65 or over
14 Blind
15 Dependents
16 Qualifying parents or grandparents
81 PM 80 RCVD

Table with 3 columns: Line number, Description, Amount. Includes lines 17-52 covering Federal adjusted gross income, deductions, credits, and refund information.

Place any required federal and AZ schedules or other documents after Form 140X.

Your Name (as shown on page 1)	Your Social Security Number
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**You must complete Part 1, *Dependent Exemptions*, for each person included in the number entered on page 1, in box(es) 15 or 16. If you do not complete Part 1, the exemption(s) may be denied. Do not count or list yourself or your spouse as dependents.**

**PART 1: Dependent Exemptions**

**(Box 15): Dependent Information: Children and other dependents. For more space, (check)  and complete page 3.**

	(a) FIRST AND LAST NAME <small>(Do not list yourself or spouse.)</small>	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2017	(e) <input type="checkbox"/> if this person did not qualify as a dependent on your federal return	(f) <input type="checkbox"/> if you did not claim this person on your federal return due to educational credits
15a					<input type="checkbox"/>	<input type="checkbox"/>
15b					<input type="checkbox"/>	<input type="checkbox"/>
15c					<input type="checkbox"/>	<input type="checkbox"/>

**(Box 16): Qualifying parents and grandparents. See instructions. For more space, (check)  and complete page 3.**

	(a) FIRST AND LAST NAME <small>(Do not list yourself or spouse.)</small>	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2017	(e) <input type="checkbox"/> if age 65 or over	(f) <input type="checkbox"/> if died in 2017
16a					<input type="checkbox"/>	<input type="checkbox"/>
16b					<input type="checkbox"/>	<input type="checkbox"/>

**PART 2 (A)**

**INCOME, DEDUCTIONS, CREDITS:** In column (a), list the items you are changing. In column (b), enter the amount claimed on your original return or most recent amended return. In column (c), enter the amount of the change. In column (d), enter the corrected amount for the item you are changing.

	(a) INCOME, DEDUCTIONS, AND CREDITS YOU ARE CHANGING	(b) ORIGINAL AMOUNT REPORTED	(c) AMOUNT TO ADD OR SUBTRACT	(d) CORRECTED AMOUNT
53a		\$	\$	\$
53b		\$	\$	\$
53c		\$	\$	\$

**PART 2 (B)**

**NET CAPITAL GAIN OR (LOSS):** If you are changing any amount on lines 54a through 54e, complete columns (b), (c), and (d).

	(a) ITEM	(b) ORIGINAL AMOUNT REPORTED	(c) AMOUNT TO ADD OR SUBTRACT	(d) CORRECTED AMOUNT
54a	<b>Total net capital gain or (loss)</b> reported on Form 140, line 18; Form 140NR, line 32; Form 140PY, line 32 .....	\$	\$	\$
54b	<b>Total net short-term capital gain or (loss)</b> reported on Form 140, line 19; Form 140NR, line 33; Form 140PY, line 33 .....	\$	\$	\$
54c	<b>Total net long-term capital gain or (loss)</b> reported on Form 140, line 20; Form 140NR, line 34; Form 140PY, line 34 .....	\$	\$	\$
54d	<b>Net long-term capital gains from assets acquired after December 31, 2011</b> reported on Form 140, line 21; Form 140NR, line 35; Form 140PY, line 35...	\$	\$	\$
54e	<b>Amount of allowable subtraction</b> reported on Form 140, line 22; Form 140NR, line 36; Form 140PY, line 36 .....	\$	\$	\$

**PART 3**

**55 REASON FOR THE CHANGE:** Give the reason for each change listed in Part 2:

**PART 4**

If your address is the same on this amended return as it was on your original return, write "same" on the line below.

<b>56a</b> Name	<b>56b</b> Number and Street, R.R.	Apt. No.
<b>56c</b> City, Town or Post Office	State	ZIP Code

**PLEASE SIGN HERE**

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.

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 STREET ADDRESS	PAID PREPARER'S TIN	
PAID PREPARER'S CITY	STATE	ZIP CODE
PAID PREPARER'S PHONE 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 140X. Make check payable to Arizona Department of Revenue; write your SSN on payment.

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 2, Part 1, Dependents

Complete this form *only* if you need additional space from page 2, Part 1 to list dependents or qualifying parents or grandparents.

### Children and other dependents, continued from page 2, Part 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 2017	(e) ✓ if this person did not qualify as a dependent on your federal return	(f) ✓ if you did not claim this person on your federal return due to educational credits
15d					<input type="checkbox"/>	<input type="checkbox"/>
15e					<input type="checkbox"/>	<input type="checkbox"/>
15f					<input type="checkbox"/>	<input type="checkbox"/>
15g					<input type="checkbox"/>	<input type="checkbox"/>
15h					<input type="checkbox"/>	<input type="checkbox"/>
15i					<input type="checkbox"/>	<input type="checkbox"/>
15j					<input type="checkbox"/>	<input type="checkbox"/>
15k					<input type="checkbox"/>	<input type="checkbox"/>
15l					<input type="checkbox"/>	<input type="checkbox"/>
15m					<input type="checkbox"/>	<input type="checkbox"/>
15n					<input type="checkbox"/>	<input type="checkbox"/>
15o					<input type="checkbox"/>	<input type="checkbox"/>
15p					<input type="checkbox"/>	<input type="checkbox"/>
15q					<input type="checkbox"/>	<input type="checkbox"/>
15r					<input type="checkbox"/>	<input type="checkbox"/>
15s					<input type="checkbox"/>	<input type="checkbox"/>
15t					<input type="checkbox"/>	<input type="checkbox"/>
15u					<input type="checkbox"/>	<input type="checkbox"/>

### Qualifying parents and grandparents, continued from page 2, Part 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 2017	(e) ✓ if age 65 or over	(f) ✓ if died in 2017
16c					<input type="checkbox"/>	<input type="checkbox"/>
16d					<input type="checkbox"/>	<input type="checkbox"/>
16e					<input type="checkbox"/>	<input type="checkbox"/>
16f					<input type="checkbox"/>	<input type="checkbox"/>
16g					<input type="checkbox"/>	<input type="checkbox"/>
16h					<input type="checkbox"/>	<input type="checkbox"/>
16i					<input type="checkbox"/>	<input type="checkbox"/>
16j					<input type="checkbox"/>	<input type="checkbox"/>