DO NOT STAPLE ANY ITEMS TO THE RETURN.

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

Arizona Form **140A**	**Resident Personal Income Tax Return (Short Form)** *STOP!* If your Arizona *taxable income* is $50,000 or more, you *must* use Arizona Form 140.	FOR CALENDAR YEAR **2020**

82F ☐ **Check box 82F if filing under extension**

	Your First Name and Middle Initial	Last Name	**Enter your SSN(s).**	Your Social Security Number
1				
1	Spouse's First Name and Middle Initial (if box 4 or 6 checked)	Last Name		Spouse's Social Security No.
2	Current Home Address - number and street, rural route	Apt. No.	Daytime Phone (with area code) **94**	
3	City, Town or Post Office State ZIP Code		Last Names Used in Last Four Prior Year(s) (if different) **97**	

FILING 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

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.
88

EXEMPTIONS

↓ *Enter the number claimed. Do not put a check mark.*

8	____	Age 65 or over (you and/or spouse)	*If completing lines 8, 9, and 11a, also complete lines 13, 14, and 16. For lines 10a and 10b, also complete line 21.*
9	____	Blind (you and/or spouse)	
10a	____	Dependents: Under age of 17. **10b** ☐ Dependents: Age 17 and over.	
11a	____	Qualifying parents and grandparents	

81 PM   **80** RCVD

Dependents

(**Box 10a and 10b**): Dependent Information. See instructions. **For more space, check the box ☐ and complete page 3.**

	(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 2020	(e) ✓ Dependent Age included in: 1 (Box 10a)	2 (Box 10b)	(f) ✓ if you did not claim this person on your federal return due to educational credits
10c					☐	☐	☐
10d					☐	☐	☐
10e					☐	☐	☐

(**Box 11a**): Qualifying parents and grandparents. See instructions. **For more space, check the box ☐ and complete page 3.**

	(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 2020	(e) ✓ IF AGE 65 OR OVER	(f) ✓ IF DIED IN 2020
11b					☐	☐
11c					☐	☐
11d					☐	☐

Exemptions

12	**Federal adjusted gross income (from your federal return)**	12		00
13	Age 65 or over: Multiply the number in box 8 by $2,100	13		00
14	Blind: Multiply the number in box 9 by $1,500..	14		00
15	Other Exemptions: See instructions. ......**15E** ____ Multiply the number in box **15E** by $2,300	15		00
16	Qualifying parents and grandparents: Multiply the number in box 11a by $10,000	16		00

Balance of Tax

17	**Arizona adjusted gross income:** Subtract lines 13, 14, 15, and 16 from line 12	17		00
18	Standard deduction: If you checked filing status box 4 enter $24,800; box 5 enter $18,650; or box 6 or 7 enter $12,400...........	18		00
19	Arizona taxable income: Subtract line 18 from line 17. If less than zero, enter "0"	19		00
20	Amount of tax from Optional Tax Tables...	20		00
21	Dependent Tax Credit. See instructions...	21		00
22	Family income tax credit (from the worksheet - see instructions)	22		00
23	**Balance of tax:** Subtract lines 21 and 22 from line 20. If less than zero, enter "0"	23		00

Tax Due Total Payments and Refundable Credit OverPay

24	Arizona income tax withheld during 2020..	24		00
25	2020 Arizona extension payment (Form 204)...	25		00
26	Increased Excise Tax Credit (from the worksheet - see instructions)	26		00
27	Property Tax Credit from Form 140PTC	27		00
28	**Total payments and refundable credits:** Add lines 24 through 27 and enter the total	28		00
29	**TAX DUE:** If line 23 is greater than line 28, subtract line 28 from line 23, and enter amount of tax due. Skip line 30	29		00
30	**OVERPAYMENT:** If line 28 is greater than line 23, subtract line 23 from line 28, and enter the amount of overpayment............	30		00

✍ **PLEASE BE SURE TO SIGN ON PAGE 2 OF THIS RETURN.**

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

31 Enter the amount from page 1, line 29 (Tax Due) or line 30 (Overpayment)... **31** | 00

Voluntary Gifts

32 - 42 Voluntary Gifts to:

Solutions Teams Assigned to Schools **32**	00	Arizona Wildlife **33**	00
Child Abuse Prevention **34**	00	Domestic Violence Services **35**	00	Political Gift.................... **36**	00
Neighbors Helping Neighbors.. **37**	00	Special Olympics **38**	00	Veterans' Donations Fund **39**	00
I Didn't Pay Enough Fund........ **40**	00	Sustainable State Parks and Road Fund......... **41**	00	Spay/Neuter of Animals .. **42**	00

43 Political Party (if amount is entered on line 36 - check only one box):
431 ☐ Democratic **432** ☐ Libertarian **433** ☐ Republican

44 Total voluntary gifts: Add lines 32 through 42 .... **44** | 00

Refund or Amount Owed

45 **REFUND:** If line 31 is an overpayment, subtract line 44 from line 31. If less than zero, enter amount owed on line 46 .... **45** | 00

Direct Deposit of Refund: *Check box 45A* if your deposit will be ultimately placed in a **foreign account**; see instructions. **45A** ☐

98 **C** ☐ Checking or **S** ☐ Savings

ROUTING NUMBER

ACCOUNT NUMBER

46 **AMOUNT OWED:** If line 31 is a tax due, add lines 31 and 44. Make check payable to Arizona Department of Revenue; write your SSN on payment, and include with your return.. **46** | 00

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 your payment with your return.**

- 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.

2020 Form 140A Dependent and Other Exemptions Information

Include page 3 with your return if:
- You are listing additional dependents (for box 10a and 10b) from page 1.
- You are listing additional qualifying parents and grandparents (for box 11a) from page 1.
- You are claiming Other Exemptions on page 1, line 15.

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

*Information used to compute your allowable **Dependent Tax Credit** on page 1, line 21.*

NOTE: If you have more than three qualifying dependents, you ***must*** complete Part 1 *and* the worksheet in the instructions, to compute your the Dependent Tax Credit on line 21.

	(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 2020	(e) ✓Dependent Age included in:		(f) ✓ IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL RETURN DUE TO EDUCATIONAL CREDITS
					1 (Box 10a)	2 (Box 10b)	
10f					☐	☐	☐
10g					☐	☐	☐
10h					☐	☐	☐
10i					☐	☐	☐
10j					☐	☐	☐
10k					☐	☐	☐
10l					☐	☐	☐
10m					☐	☐	☐
10n					☐	☐	☐
10o					☐	☐	☐
10p					☐	☐	☐

Part 2: Qualifying parents and grandparents (Box 11a) continued from page 1

Additional qualifying parents and grandparents information used to compute your allowable exemption on page 1, line 16.

	(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 2020	(e) ✓ IF AGE 65 OR OVER	(f) ✓ IF DIED IN 2020
11e					☐	☐
11f					☐	☐
11g					☐	☐
11h					☐	☐
11i					☐	☐
11j					☐	☐

Part 3: Other Exemptions

*Information used to compute your allowable **Other Exemptions** on page 1, line 15.*

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) ✓AGE 65 OR OVER (see instructions)		(d) ✓STILLBORN CHILD IN 2020
			C1	C2	
1			☐	☐	☐
2			☐	☐	☐
3			☐	☐	☐
4			☐	☐	☐
5			☐	☐	☐
6			☐	☐	☐
7			☐	☐	☐
8			☐	☐	☐
9			☐	☐	☐
10			☐	☐	☐

Enter the total number of individuals listed in Part 3 in box 15E on page 1, line 15.