_;	
DO NOT STAPLE ANY ITEMS TO THE RETURN	-
뿓	
MS TO	
IY ITE	
LE AN	
STAF	
LON C	
ă	

TUR!		140EZ	Resident Person	al Income	Tax Ret	urn (EZ Form)	2020	
TO THE RETURN	、 1]	Your First Name and Middle Initial		Last Name		Enter	r Social Security Numbe	
107	_	Spouse's First Name and Middle Initial (if box 4 is checked)		Last Name	Last Name		use's Social Security No	
TEMS	<u></u> 21	Current Home Address - number and street, rural route		<u> </u>	Apt. No.	Daytime Phon	e (with area code)	
ANY	 3]	City, Town or Post Office	State	ZIP Code		Last Names Used in Last F	our Prior Year(s) (if different	
DO NOT STAPLE ANY ITEMS 1		REVENUE USE ONLY. 82F Check box 82F if filing under extension You must use Arizona Form 140 if: • Your Arizona taxable income on line 8 is \$50,000 or more. • You are claiming estimated payments. • You are taking a subtraction for:					NOT MARK IN THIS AREA	
		 rou are taking a subtrement active duty military wages earned on Ir	pay			81 PM	80 RCVD	
		FILING STATUS: Check one box. 4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment						
		5 Single6 Federal adjusted gross incor	ne from your federal retur	n		(3 00	
		7 Standard deduction: If you o	hecked filing status box 4	, enter \$24,800); if you		00	
v.	8 Arizona taxable income: Subtract line 7 from line 6. If less than zero, enter "0"						00	
ments after Form 140EZ		10 Family income tax credit (fro						
14		11 Balance of tax: Subtract lin						
Ē	ı	12 Arizona income tax withheld					1	
ᅙ		13 2020 Arizona extension payr	nent (Form 204)			13	00	
ēr	14 Increased Excise Tax Credit (from worksheet see page 6 of the instructions)			14	1 00			
afi	15 Total payments/credits: Add lines 12 through 14					5 00		
nts		16 TAX DUE / AMOUNT OWER						
ne		Make check payable to Arizona Department of Revenue; include SSN on payment 1						
		17 OVERPAYMENT / REFUND					00	
ğ		Direct Deposit of Refund: Check &		Imately placed in a COUNT NUMBER	toreign accou	Int; see instructions. 17A		
ē		98 S Savings						
륁	ERE	Under penalties of perjury, I declar true, correct and complete. Declar		taxpayer) is bas	ed on all infor	rmation of which preparer l	. ,	
VZ sche	EN E	YOUR SIGNATURE		DATE		OCCUPATION		
and /	SES	SPOUSE'S SIGNATURE		DATE				
edera	PLEA	PAID PREPARER'S SIGNATURE	DATE	FIRM'S NAME	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)			
- bd		PAID PREPARER'S STREET ADDRESS		PAID PREPARER'S TIN				
١		PAID PREPARER'S CITY	STATE	ZIF	CODE		R'S PHONE NUMBER	
Place any required federal and AZ		 If you are sending a payment wi Arizona Department of Revenue Include the payment with Forr If you are expecting a refund or Arizona Department of Revenue 	, PO Box 52016, Phoenix n 140EZ. owe no tax, or owe tax bu	ıt are not sendi	ng a payme	nt, mail to:		

FOR CALENDAR YEAR