

140

Or fiscal year beginning MMDD 2004 and ending MMDD 2005 66

YOUR FIRST NAME AND INITIAL, LAST NAME, YOUR SOCIAL SECURITY NO., IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL, LAST NAME, SPOUSE'S SOCIAL SECURITY NO., PRESENT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE, APT. NO., DAYTIME PHONE, HOME PHONE, CITY, TOWN OR POST OFFICE, STATE, ZIP CODE

IMPORTANT You must enter your SSNs.

FOR DOR USE ONLY

Filing Status (4-7), Exemptions (8-11), 88, 81, 80, 82, CHECK ONE if filing under an extension: 4 month extension 82D, 6 month extension 82F

12 Federal adjusted gross income, 13 Additions to income, 14 Add lines 12 and 13, 15 (This line not used.), 16 Subtractions from income, 17 Arizona AGI, 18 Deductions, 19 Personal exemptions, 20 AZ taxable income, 21 Compute the tax, 22 Tax from recapture of credits, 23 Subtotal of tax, 24-25 Clean Elections Fund Tax Reduction, 26 Reduced tax, 27 Family income tax credit, 28 Credits from Arizona Form 301, 29 Credit type, 30 Clean Elections Fund Tax Credit, 31 Balance of tax, 32 Arizona income tax withheld, 33 Arizona estimated tax payments, 34 Amount paid with 2004 Arizona extension request, 35 Increased Excise Tax Credit, 36 Property Tax Credit, 37 Other refundable credits, 38 Total payments/refundable credits, 39 TAX DUE, 40 OVERPAYMENT, 41 Amount of line 40 to be applied to 2005 estimated tax, 42 Balance of overpayment, 43-50 Voluntary Gifts to: Aid to Education, Arizona Wildlife, Citizens Clean Elections, Child Abuse Prevention, Domestic Violence Shelter, Neighbors Helping Neighbors, Special Olympics, Political Gift, 51 Check only one if making a political gift, 52 Estimated payment penalty and MSA withdrawal penalty, 53 Check applicable boxes, 54 Total of lines 43, 44, 45, 46, 47, 48, 49, 50 and 52, 55 REFUND, 56 AMOUNT OWED

PART A: Dependents and Qualifying Parents - do not list yourself or spouse

If completing Part A, also complete Part C, lines C16 and/or C17 and C18.

A1	LIST CHILDREN AND OTHER DEPENDENTS. If more space is needed, attach a separate sheet.	NO. OF MONTHS LIVED IN YOUR HOME IN 2004
FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP

A2 Enter total number of persons listed in A1 here and on the front of this form, box 10. **Also complete Part C below**..... TOTAL **A2**

A3 Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:

A4 List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 5 of the instructions.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2004

A5 Enter total number of persons listed in A4 here and on the front of this form, box 11. TOTAL **A5**

PART B: Additions to Income

B6 Non-Arizona municipal interest	B6	
B7 Early withdrawal of Arizona Retirement System contributions not included on your federal return	B7	
B8 Ordinary income portion of lump-sum distributions excluded on your federal return	B8	
B9 Total federal depreciation	B9	
B10 Medical savings account (MSA) distributions. See page 6 of the instructions	B10	
B11 I.R.C. §179 expense in excess of allowable amount. See page 6 of the instructions	B11	
B12 Other additions to income. See instructions and attach your own schedule	B12	
B13 Total. Add lines B6 through B12. Enter here and on the front of this form, line 13	B13	

PART C: Subtractions from Income

C14 Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100	C14	
C15 Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500	C15	
C16 Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300	C16	
C17 Exemption: Qualifying parents and ancestors of your parents. Multiply the number in box 11, page 1, by \$10,000	C17	
C18 Total exemptions: Add lines C14 through C17. If you have no other subtractions from income, skip lines C19 through C29 and enter the amount on line C18 on Form 140, Page 1, line 16.	C18	
C19 Interest on U.S. obligations such as U.S. savings bonds and treasury bills	C19	
C20 Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer)	C20	
C21 Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)	C21	
C22 U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return	C22	
C23 Recalculated Arizona depreciation	C23	
C24 Certain wages of American Indians	C24	
C25 Income tax refund from other states. See instructions	C25	
C26 Deposits and employer contributions into MSAs. See pages 9 and 10 of the instructions	C26	
C27 Construction of an energy efficient residence. See page 10 of the instructions. Enter number: C27a <input type="text"/> , then amount.....	C27	
C28 Other subtractions from income. See instructions and attach your own schedule	C28	
C29 Total: Add lines C18 through C28. Enter here and on the front of this form, line 16.....	C29	

Part D: Last Name(s) Used in Prior Years if different from name(s) used in current year

D30

I have read this return and any attachments with it. Under penalties of perjury, I declare that 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.

PLEASE SIGN HERE

▶ YOUR SIGNATURE _____ DATE _____

▶ SPOUSE'S SIGNATURE _____ DATE _____

▶ PAID PREPARER'S SIGNATURE _____ FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) _____

PAID PREPARER'S TIN _____ DATE _____ PAID PREPARER'S ADDRESS _____

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 29204, Phoenix, AZ, 85038-9204.
 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 29205, Phoenix, AZ, 85038-9205.