ARIZONA FORM

140X

Individual Amended Income Tax Return - TAX RECOVERY

2004

For calendar year Y Y Y Y, or fiscal year beginning M M D D Y Y Y Y, and ending M M D D Y Y Y Y. 66

YOUR FIRST NAME AND INITIAL 1	LAST NAME	YOUR SOCIAL SECURITY NO.
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL 1	LAST NAME	SPOUSE'S SOCIAL SECURITY NO.
PRESENT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE 2 — APT. NO.	DAYTIME PHONE W/AREA CODE: 94 HOME PHONE W/AREA CODE:	↑ IMPORTANT ↑ You **must** enter your SSNs.
CITY, TOWN OR POST OFFICE 3 — STATE — ZIP CODE		

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Filing Status

Check box to indicate both filing and residency status:

		Original Return	This Return
4 Married filing joint return	4		
5 Head of household: *Name of qualifying child or dependent* _____	5		
6 Married filing separate return. *Enter spouse's Social Security Number above and full name here.* ► _____	6		
7 Single	7		

Residency

8 Resident	8		
9 Nonresident	9		
10 Part-year resident	10		
11 Part-year resident active military	11		
12 Nonresident active military	12		

Exemptions

13 Age 65 or over: *Enter the number claimed.*	13		
14 Blind: *Enter the number claimed.*	14		
15 Dependents: *Enter the number claimed.*	15		
16 Qualifying parents or ancestors: *Enter the number claimed.*	16		

Original Form Filed: *(Check only one)* 97

1 Form 140 ..... 1 ☐
2 Form 140A ..... 2 ☐
3 Form 140EZ ..... 3 ☐
4 Form 140NR ..... 4 ☐
5 Form 140PY ..... 5 ☐

If 140NR or 140PY, *enter corrected percentage of Arizona residency* ..... 86 ___ . ___ %

Enclose but do not attach any payments.

IMPORTANT: *You must enter an amount in columns (a), (b), and (c) for lines 17 and/or 18, lines 19 through 25, lines 27, 31, 32, 35, and lines 37 through 40.*

	ORIGINAL AMOUNT REPORTED (a)	AMOUNT TO BE ADDED OR SUBTRACTED (b)		CORRECTED AMOUNT (c)
17 Federal adjusted gross income	00	00	17	00
18 Form 140NR and 140PY filers only: *Enter Arizona gross income*	00	00	18	00
19 Additions to income	00	00	19	00
20 Subtotal: Form 140, 140A, 140EZ filers: *Add lines 17 and line 19.* Form 140NR or 140PY filers: *Add lines 18 and 19*	00	00	20	00
21 Subtractions from income	00	00	21	00
22 Arizona adjusted gross income. *Subtract line 21 from line 20.*	00	00	22	00
23 Deductions (itemized or standard)	00	00	23	00
24 Personal exemptions	00	00	24	00
25 Arizona taxable income. *Subtract lines 23 and 24 from line 22*	00	00	25	00
26 Tax from tax rate table: ☐ Table X or Y (140, 140NR or 140PY) ☐ Optional Table (140, 140A or 140EZ)			26	00
27 Tax from recapture of credits from Arizona Form 301, Part II	00	00	27	00
28 Subtotal of tax. *Add lines 26 and 27, column (c).*			28	00
29 Clean Elections Fund Tax Reduction claimed on original return	00		29	00
30 Reduced tax. *Subtract line 29 from line 28, column (c).*			30	00
31 Family income tax credit	00	00	31	00
32 Credits from Arizona Form 301 or Forms 310, 321, 322 or 323	00	00	32	00
33 Credit type: *Enter form number of each credit claimed:* 33 3 ___ 3 ___ 3 ___ 3 ___				
34 *Subtract lines 31 and 32 from line 30*			34	00
35 Clean Elections Fund Tax Credit. *See instructions*	00	00	35	00
36 Balance of tax. *Subtract line 35 from line 34. If line 35 is more than line 34, enter zero.*			36	00
37 Payments (withholding, estimated, or extension)	00	00	37	00
38 Increased Excise Tax Credit	00	00	38	00
39 Property Tax Credit	00	00	39	00
40 Other refundable credits. 40A1 ☐ 313 40A2 ☐ 326 40A3 ☐ 327 40A4 ☐ 329 40A5 ☐ 330	00	00	40	00
41 Payment with original return *plus all payments after it was filed*			41	00
42 Total payments and refundable credits. *Add lines 37 through 41, column (c).*			42	00
43 Overpayment from original return or as later adjusted. *See instructions*			43	00
44 Balance of credits: *Subtract line 43 from line 42*			44	00
45 **REFUND/CREDIT DUE:** *If line 36 is less than line 44, subtract line 36 from line 44, and enter amount of refund/credit.*			45	00
46 Amount of line 45 to be applied to 2005 estimated tax. If zero, enter "0"			46	00
47 **AMOUNT OWED:** *If line 36 is more than line 44, subtract line 44 from line 36, and enter the amount owed*			47	00
48 Is this amended return the result of a net operating loss? *If "yes", check the box:* 48 ☐ YES				

If attaching W-2s, attach to back of last page of the return.

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PART I: Dependent Exemptions - do not list yourself or spouse as dependents

List children and other dependents. If more space is needed, attach a separate sheet.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME DURING THE TAXABLE YEAR

Enter the names of any dependents age 65 or over listed above that you cannot claim as a dependent on your federal return:

_____ _____

_____ _____

PART II: Qualifying Parents and Ancestors of Your Parents Exemptions (Arizona residents only)

List below qualifying parents and ancestors of your parents for which you are claiming an exemption. If more space is needed, attach a separate sheet. Do not list the same person here that you listed in Part I, above, as a dependent. For information on who is a qualifying parent or ancestor of your parents, see the instructions for the original return that you filed.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME DURING THE TAXABLE YEAR

PART III: Income, Deductions, and Credits

List the line reference from page 1 for which you are reporting a change then give the reason for each change. Attach any supporting documents required. If the change(s) pertain(s) to an IRS audit, please attach a copy of the agent's report. If you filed an amended federal return with the IRS (Form 1040X), please attach a copy and all supporting schedules.

Part IV: Name and Address on Original Return

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

Name | Number and Street, etc. | City, State Zip

PLEASE SIGN HERE

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.

▶ 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 52016, Phoenix, AZ, 85072-2016.
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.