



**Description:** Nonresident (Military), MFJ, 1 Dependent, Direct Deposit Refund, Extension

**Arizona Information:**

**Forms used:** Form 140NR (resident of UT)

**Other:**

Clean Election Deduction =10

Routing Number: 021234567

Payment made with Extension =100

Checking Acct #: 123123123

Contributions to the following check-off funds: AZ Wildlife:5, Citizens' Clean Elections: 10, Child Abuse Prevention: 15, Domestic Violence Shelter: 20, I Didn't Pay Enough Fund: 25, National Guard Relief: 25, Neighbors Helping Neighbors: 30, Special Olympics: 35, Veterans' Fund: 40, Political Gift (Green Party): 50, Total contributions: 255

<b>Income Information:</b>	<b>Total</b>	<b>Arizona</b>
Wages from two W-2 Forms	50,000	40,000
Pension (From 1099R)	Total: 15,000 Taxable: 12,000	—
Social Security	Total: 2,200 Taxable: 1,870	—
Federal AGI	63,870	

**Deductions and Adjustments**

Both Spouses are Over 65

**Preparer Information:**

Firm = Taxes R Us  
 Address = 986 E SOUTH W  
 SALT LAKE CITY, UT 84601  
 Phone = 800-555-1212  
 Self Employed = No  
 SSN = 11-1111111

Nonresident Personal Income Tax Return

FOR CALENDAR YEAR 2010

OR FISCAL YEAR BEGINNING MM.D.D.Y.Y.Y.Y AND ENDING MM.D.D.Y.Y.Y.Y 66

82F Check box 82F if filing under extension

89 X

ONE STAPLE. NO TAPE.

Personal information section including name, address, and social security numbers.

Filing status and exemptions section with checkboxes for marital status and exemption types.

11-13 Residency Status (check one): 11 Nonresident 12 Nonresident Active Military 13 Composite Return

Table for tax calculations from line 14 to 28, including AGI, Arizona income, and various deductions.

Table for tax calculations from line 29 to 41, including credits, tax due, and overpayment.

Table for line 42-52: Voluntary Gifts to various organizations like Education, Wildlife, and Veterans.

Final calculation section from line 53 to 58, including refund calculation and payment instructions.

Your Name (as shown on page 1)	Your Social Security No.
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**PART A: Dependents - do not list yourself or spouse**

**A1** 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 IN 2010

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

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

**b** Enter dependents listed above who were not claimed on your federal return due to education credits:  
 

**PART B: Arizona Percent of Total Income**

**B4** Check box B4 if married and you are the spouse of an active duty military member who qualifies for relief under the Military Spouses Residency Relief Act..... **B4**

	2010 FEDERAL Amount from Federal Return	2010 ARIZONA Source Amount Only
<b>B5</b> Wages, salaries, tips, etc.....	00	00
<b>B6</b> Interest .....	00	00
<b>B7</b> Dividends.....	00	00
<b>B8</b> Arizona income tax refunds.....	00	00
<b>B9</b> Business income (or loss) from federal Schedule C .....	00	00
<b>B10</b> Gains (or losses) from federal Schedule D .....	00	00
<b>B11</b> Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E.....	00	00
<b>B12</b> Other income reported on your federal return .....	00	00
<b>B13 Total income:</b> Add lines B5 through B12 .....	00	00
<b>B14</b> Other federal adjustments. Attach your own schedule .....	00	00
<b>B15</b> Federal adjusted gross income. Subtract line B14 from line B13 in the FEDERAL column .....	00	
<b>B16</b> Arizona income: Subtract line B14 from line B13 in the ARIZONA column. Enter here and on the front of this form on line 15.....		00
<b>B17</b> Arizona percentage: Divide line B16 by line B15, and enter the result (not over 100%) .....		%

**PART C: Additions to Income**

<b>C18</b> I.R.C. §179 expense in excess of allowable amount.....	00
<b>C19</b> Total depreciation included in Arizona gross income.....	00
<b>C20</b> Other additions to income. See instructions and attach your own schedule .....	00
<b>C21 Total:</b> Add lines C18 through C20. Enter here and on the front of this form on line 16.....	00

**PART D: Subtractions from Income**

<b>D22</b> Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100 .....	00
<b>D23</b> Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500.....	00
<b>D24</b> Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300.....	00
<b>D25</b> Total exemptions: Add lines D22 through D24.....	00
<b>D26</b> Multiply line D25 by the percentage on line B17, and enter the result .....	00
<b>D27</b> Interest on U.S. obligations such as U.S. savings bonds and treasury bills included in the ARIZONA column .....	00
<b>D28</b> Arizona state lottery winnings included on line B12 in the ARIZONA column (up to \$5,000 only) .....	00
<b>D29</b> Agricultural crops contributed to Arizona charitable organizations.....	00
<b>D30</b> Construction of an energy efficient residence. See page 10 of the instructions. Enter number then amount..... <b>D30a</b> <input style="width: 50px;" type="text"/>	00
<b>D31</b> Other subtractions from income. See instructions and attach your own schedule .....	00
<b>D32 Total:</b> Add lines D26 through D31. Enter here and on the front of this form, line 18 .....	00

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

**E33**  

<b>PLEASE SIGN HERE</b>	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.		
	<b>→</b> _____	DATE _____	OCCUPATION _____
	<b>→</b> _____	DATE _____	SPOUSE'S OCCUPATION _____
	PAID PREPARER'S SIGNATURE _____	DATE _____	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) _____
	PAID PREPARER'S TIN _____	PAID PREPARER'S ADDRESS _____	PAID PREPARER'S PHONE NO. _____

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).  
 If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

22222		a Employee's social security number 400-00-7502		OMB No. 1545-0008										
b Employer identification number (EIN) 11-1222333			1 Wages, tips, other compensation 40,000.00		2 Federal income tax withheld									
c Employer's name, address, and ZIP code LIFELIKE TOYS 1671 ENID PLACE MURPHEESBORO KS 58632			3 Social security wages 40,000.00		4 Social security tax withheld 2,480.00									
			5 Medicare wages and tips 40,000.00		6 Medicare tax withheld 580.00									
			7 Social security tips		8 Allocated tips									
d Control number			9 Advance EIC payment		10 Dependent care benefits									
e Employee's first name and initial Last name Suff. GEORGE I JOSEPH 3414 E SEAGULL W SALT LAKE CITY UT 84101			11 Nonqualified plans		12a									
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b									
			14 Other		12c									
					12d									
f Employee's address and ZIP code			15 State Employer's state ID number AZ 11-1222333		16 State wages, tips, etc. 40,000.00		17 State income tax 1,500.00		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement  
Copy 1—For State, City, or Local Tax Department

2009

Department of the Treasury—Internal Revenue Service

22222		a Employee's social security number 400-00-7567		OMB No. 1545-0008										
b Employer identification number (EIN) 11-1222387			1 Wages, tips, other compensation 10,000.00		2 Federal income tax withheld 1,250.00									
c Employer's name, address, and ZIP code UNITED STATES AIR FORCE 1817 MOUNTAIN VISTA RD FT COLLINS CO 80521			3 Social security wages 10,000.00		4 Social security tax withheld 620.00									
			5 Medicare wages and tips 10,000.00		6 Medicare tax withheld 145.00									
			7 Social security tips		8 Allocated tips									
d Control number			9 Advance EIC payment		10 Dependent care benefits									
e Employee's first name and initial Last name Suff. ISABEL H JOSEPH 3414 E SEAGULL W SALT LAKE CITY UT 84101			11 Nonqualified plans		12a									
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b									
			14 Other		12c									
					12d									
f Employee's address and ZIP code			15 State Employer's state ID number UT 11-1222387		16 State wages, tips, etc. 10,000.00		17 State income tax 1,000.00		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement  
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2009

Department of the Treasury—Internal Revenue Service

VOID  CORRECTED

**Distributions From  
Pensions, Annuities,  
Retirement or  
Profit-Sharing  
Plans, IRAs,  
Insurance  
Contracts, etc.**

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119		<b>2008</b>	Form <b>1099-R</b>
		\$					
		2a Taxable amount		\$			
2b Taxable amount not determined <input type="checkbox"/>						<b>Copy 1 For State, City, or Local Tax Department</b>	
PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)		4 Federal income tax withheld			
		\$		\$			
RECIPIENT'S name  Street address (including apt. no.)  City, state, and ZIP code		5 Employee contributions /Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities			
		\$		\$			
		7 Distribution code(s)	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other			
		9a Your percentage of total distribution %		9b Total employee contributions			
		\$		\$			
		10 State tax withheld		11 State/Payer's state no.		12 State distribution	
		\$				\$	
		\$				\$	
Account number (see instructions)		13 Local tax withheld		14 Name of locality		15 Local distribution	
		\$				\$	
		\$				\$	