

ARIZONA

Test 7509
Form 140A

SSN: 400-00-7509

Description: Short Form, Head of Household, 4 dependents, Direct Deposit

Arizona Information:

Forms used: Form 140A, Schedule 1

Other:

Clean Election Deduction = 5

Clean Election Fund Tax Credit = 20

Routing Number: 422166894

Checking Acct #: 776538411

Contributions to the following check-off funds: AZ Wildlife: 2, Citizens' Clean Elections: 3, Child Abuse Prevention: 4, Domestic Violence Shelter: 5, National Guard Relief: 6, Neighbors Helping Neighbors: 7, Special Olympics: 8, Veterans' Fund: 9, Political Gift (Democratic Party): 50, Total contributions: 94

Income Information:

Wages from two W-2 Forms

Interest

Federal AGI

Total

25,500

50

25,550



STOP If your Arizona taxable income is \$50,000 or more, you must use Arizona Form 140.

82F Check box 82F if filing under extension

89 X

ONE STAPLE. NO TAPE.

Personal information section including fields for First Name and Initial, Last Name, Social Security No., Spouse's First Name and Initial, Last Name, Spouse's Social Security No., Current Home Address, Apt. No., Daytime Phone, Home Phone, City, Town or Post Office, State, and Zip Code.

Filing Status section with checkboxes for Married filing joint return, Head of household, Married filing separate return, and Single. Includes a field for NAME OF QUALIFYING CHILD OR DEPENDENT.

Exemptions section with checkboxes for Age 65 or over, Blind, Dependents, and Qualifying parents and ancestors.

REVENUE USE ONLY. DO NOT MARK IN THIS AREA. Includes boxes 88, 81, and 80.

Main tax calculation section with lines 12 through 51. Includes fields for Federal adjusted gross income, Arizona AGI, Standard deduction, Personal exemptions, AZ taxable inc., Tax from Optional Tax Tables, Reduced tax, Family income tax credit, Subtract line 26, Clean Elections Fund Tax Credit, Balance of tax, Arizona income tax withheld, 2010 Arizona extension payment, Increased Excise Tax Credit, Property Tax Credit, Total payments/credits, TAX DUE, OVERPAYMENT, Voluntary Gifts to (Aid to Education, Arizona Wildlife, Domestic Violence Shelter, Neighbors Helping Neighbors, Veterans' Donations Fund), Check only one if making a political gift, Total voluntary gifts, REFUND, and AMOUNT OWED. Includes checkboxes for Payment enclosed and Direct Deposit of Refund.

PLEASE BE SURE TO SIGN THE RETURN ON THE REVERSE SIDE OF THIS PAGE.

Your Name (as shown on page 1)	Your Social Security No.
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PART A: Dependents and Qualifying Parents - 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. See page 6 of the instructions.

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

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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 6 of the instructions.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2010

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

PART B: Last Name(s) Used in Prior Years – if different from name(s) used in current year

B6

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 _____	OCCUPATION _____
	→ SPOUSE'S SIGNATURE _____	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).

**Listing of Additional Dependents, Parents/Ancestors,
Other Additions, and Other Subtractions**

Name(s) as shown on Forms 140, 140A, 140NR, or 140PY	Social Security Number
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Additional Dependents

	FIRST AND LAST NAME	SSN	RELATIONSHIP	No. of Months Lived in Your Home in 2010
Dependent 4				
Dependent 5				
Dependent 6				
Dependent 7				
Dependent 8				
Dependent 9				
Dependent 10				
Dependent 11				
Dependent 12				
Dependent 13				
Dependent 14				

Additional Qualifying Parent/Ancestors

Parent/Ancessor 2			
Parent/Ancessor 3			
Parent/Ancessor 4			

Other Additions Listing

Description	Amount
Pension Adjustments	
Married Persons Filing Separate Returns	
Partnership Income	
Fiduciary Adjustment	
Net Operating Losses	
Items Previously Deducted for Arizona Purposes	
Non-Arizona Municipal Interest	
Ordinary Income Portion of Lump Sum Distribution Excluded on Your Federal Return	
Claim of Right Adjustment for Amounts Repaid in 2009	
Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years	
Medical Savings Account (MSA) Distributions	
Addition to S Corporation Income Due to Credits Claimed	
Solar Hot Water Heating Plumbing Stub Out And Electric Vehicle Recharge Outlet Expenses	
Wage Expense for Employers of TANF Recipients	
Motion Picture Production Expenses	
Agricultural Water Conservation System Credit	
Adj. Basis in Prop. for Which You Have Claimed a Credit For Investment In Qualified Small Businesses	
Depreciation or Amortization for a Water Conservation System	
Nonqualified Withdrawals from 529 College Savings Plans	
I.R.C. § 179 Expense in Excess of Allowable Amount	
Other Adjustments (see instructions)	
Total Other Additions	

Other Subtractions Listing

Description	Amount
Previously Reported Gain on Decedent's Installment Sale	
Fiduciary Adjustment	
Partnership Income	
Federally Taxable Arizona Municipal Interest	
Adoption Expenses	
Qualified Wood Stove, Wood Fireplace, or Gas Fired Fireplace	
Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years	
Certain Expenses Not Allowed for Federal Purposes	
Qualified State Tuition Program Distributions	
Subtraction for World War II Victims	
Installment Sale Income From Another State Taxed by the Other State in a Prior Taxable Year	
Agricultural Crops Given to Arizona Charities	
Contributions to 529 College Savings Plans	
Certain Wages of American Indians	
Deposits Made Into Your MSA	
Employer Contributions Made to Employee MSAs	
Basis Adjustment for Property Sold or Otherwise Disposed of During the Taxable Year	
Recalculated Arizona Depreciation	
Exclusion for U.S. Government, Arizona State, or Local Government Pensions	
Compensation Received for Active Service as a Member of the Reserves, National Guard, or the U.S. Armed Forces	
Adjustment for IRC § 179 Expense Not Allowed	
Displaced Pupil Choice Grant Awards	
Other Adjustments (see instructions)	
Total Other Subtractions	

22222		a Employee's social security number 400-00-7509		OMB No. 1545-0008			
b Employer identification number (EIN) 64-1234567			1 Wages, tips, other compensation 20,000.00		2 Federal income tax withheld 1,000.00		
c Employer's name, address, and ZIP code UCAN WINABUNDLE RIVERBOAT 12 QUEEN OF DIAMONDS BLVD TEMPE AZ 85280			3 Social security wages 20,000.00		4 Social security tax withheld 1,240.00		
			5 Medicare wages and tips 20,000.00		6 Medicare tax withheld 290.00		
			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. SAM Z SHORT 12 PICO DE GALLO ST TEMPE AZ 85280			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	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
AZ	64-1234567	20,000.00	900.00				

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 400-00-7509		OMB No. 1545-0008			
b Employer identification number (EIN) 11-1222334			1 Wages, tips, other compensation 5,500.00		2 Federal income tax withheld 1,000.00		
c Employer's name, address, and ZIP code SAND DUNES CASINO 2121 E SANTO DOMINGO WAY TEMPE AZ 85280			3 Social security wages 5,500.00		4 Social security tax withheld 341.00		
			5 Medicare wages and tips 5,500.00		6 Medicare tax withheld 80.00		
			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. SAM Z SHORT 12 PICO DE GALLO ST TEMPE AZ 85280			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	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
AZ	11-1222334	5,500.00					

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

2009

Department of the Treasury—Internal Revenue Service