



2011 Arizona PATS Test

Test: 400-00-7502

Form: **140NR**

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

Forms used

Form 140NR (resident of UT)

Other

Clean Election Deduction = \$10

Payments made w/ Extension = \$100

Direct Deposit: Routing No: 021234567 Checking Acct #: 123123123

Refund to: Aid to Education Fund

Voluntary Contributions to the following check-off funds:

AZ Wildlife	\$5	Citizens' Clean Elections:	\$10	Child Abuse Prevention:	\$15
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
Veteran's Fund:	\$40	Political Gift (Green Party):	\$50	Total Contributions:	\$255

Income Information

	<u>Total</u>	<u>Arizona</u>
Wages from two W-2 Forms	50,000	40,000
Pension (from 1099R) \$15,000 total \$12,000 taxable	12,000	--
Social Security \$2,200 total \$1,870 taxable	1,870	
Federal AGI	63,870	

Deductions and Adjustments

Both spouses over age 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 = 111-11-1111

Nonresident Personal Income Tax Return

OR FISCAL YEAR BEGINNING [M,M,D,D,Y,Y,Y,Y] AND ENDING [M,M,D,D,Y,Y,Y,Y] 66

82F [] Check box 82F if filing under extension

89 [X]

Form section for personal information: Your First Name and Initial, Last Name, Spouse's First Name and Initial, Last Name, Current Home Address, Daytime Phone, Home Phone, City, Town or Post Office, State, Zip Code.

You must enter your SSN(s).

Form section for filing status and exemptions: Filing Status (Married, Head of household, Married separate, Single), Exemptions (Age 65 or over, Blind, Dependents).

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

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

Main tax calculation table with columns for line number, description, and amount. Includes lines 14-59 for AGI, income, deductions, tax due, and refund.

ONE STAPLE IN UPPER LEFT CORNER. NO TAPE.

Attach required documents in upper left corner after page 2 of the return. Include any payment, federal and Arizona Schedules A.

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 2011

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**

	2011 FEDERAL Amount from Federal Return	2011 ARIZONA Source Amount Only
B5 Wages, salaries, tips, etc.....	00	00
B6 Interest	00	00
B7 Dividends.....	00	00
B8 Arizona income tax refunds.....	00	00
B9 Business income (or loss) from federal Schedule C	00	00
B10 Gains (or losses) from federal Schedule D	00	00
B11 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E.....	00	00
B12 Other income reported on your federal return	00	00
B13 Total income: Add lines B5 through B12	00	00
B14 Other federal adjustments. Attach your own schedule	00	00
B15 Federal adjusted gross income. Subtract line B14 from line B13 in the FEDERAL column	00	
B16 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
B17 Arizona percentage: Divide line B16 by line B15, and enter the result (not over 100%)		%

PART C: Additions to Income

C18 I.R.C. §179 expense in excess of allowable amount. Also see the instructions for line D30	00
C19 Total depreciation included in Arizona gross income.....	00
C20 Other additions to income. See instructions and attach your own schedule	00
C21 Total: Add lines C18 through C20. Enter here and on the front of this form on line 16	00

PART D: Subtractions from Income

D22 Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100	00
D23 Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500.....	00
D24 Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300.....	00
D25 Total exemptions: Add lines D22 through D24.....	00
D26 Multiply line D25 by the percentage on line B17, and enter the result	00
D27 Interest on U.S. obligations such as U.S. savings bonds and treasury bills included in the ARIZONA column	00
D28 Arizona state lottery winnings included on line B12 in the ARIZONA column (up to \$5,000 only)	00
D29 Agricultural crops contributed to Arizona charitable organizations.....	00
D30 Adjustment for I.R.C. §179 expense not allowed	00
D31 Other subtractions from income. See instructions and attach your own schedule	00
D32 Total: Add lines D26 through D31. Enter here and on the front of this form, line 17.....	00

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

E33

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.		
	→ _____	DATE _____	OCCUPATION _____
	→ _____	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
Copy 1—For State, City, or Local Tax Department

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 2008 Form 1099-R		Copy 1 For State, City, or Local Tax Department	
		2a Taxable amount \$					
		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>					
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 \$				
		1st year of desig. Roth contrib.	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 \$ \$			