Test 7502
From 140NR

ARIZONA

SSN: 400-00-7502

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

Arizona Information:

Forms used: Form 140NR (resident of UT)

Other:

Clean Election Deduction = 10

Payment made with Extension = 100

Routing Number: 021234567

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, National Guard Relief: 25, Neighbors Helping Neighbors: 30, Special Olympics: 35, Veterans' Fund: 40, Political Gift (Green Party): 50, Total contributions: 230

Income Information:		**Total**	**Arizona**
Wages from two W-2 Forms		50,000	40,000
Pension (From 1099R) Taxable:	Total: 15,000	12,000	—
Social Security Taxable:	Total: 2,200	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

ARIZONA FORM
140NR

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

FOR CALENDAR YEAR **2009**

82F ☒ ◀ **Check box 82F if filing under extension**

ONE STAPLE ONLY IN UPPER LEFT CORNER. NO TAPE.

Your First Name and Initial 1 GEORGE I	Last Name JOSEPH	**You must enter your SSN(s).**	Your Social Security No. 400-00-7502
Spouse's First Name and Initial *(if box 4 or 6 checked)* 1 ISABEL H	Last Name JOSEPH		Spouse's Social Security No. 400-00-7567
Present Home Address - number and street, rural route Apt. No. 2 3414 E SEAGULL W	Daytime Phone (*with area code*)		Home Phone (*with area code*) 94
City, Town or Post Office: 3 SALT LAKE CITY; State: UT; Zip Code: 84101			

Filing Status

4 ☒ Married filing joint return

5 ☐ Head of household ..... ▶ NAME OF QUALIFYING CHILD OR DEPENDENT

6 ☐ Married filing separate return. *Enter spouse's name and Social Security No. above.*

7 ☐ Single

Exemptions

↓ ***Enter the number claimed. Do not put a check mark.***

8 2 Age 65 or over (you and/or spouse)

9 Blind (you and/or spouse)

10 1 Dependents. *From page 2, line A2 – **Do not include self or spouse**.*

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88 81 80

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

Attach W-2 as last page of the return.

14	Federal adjusted gross income (from your federal return)	14	63,870 00
15	Arizona income *(from page 2, line B15)*	15	40,000 00
16	Additions to income *(from page 2, line C20)*	16	00
17	*Add* lines 15 and 16	17	40,000 00
18	Subtractions from income *(from page 2, line D31): Enter the number from line D29a* 181	18	4,069 00
19	Arizona adjusted gross income: *Subtract* line 18 from line 17	19	35,931 00
20	**Deductions: *Check box and enter amount.*** *See instructions, page 11* 20I ☐ **ITEMIZED** 20S ☒ **STANDARD**	20	9,354 00
21	Personal exemptions. *See page 12 of the instructions.*	21	6,300 00
22	Arizona taxable income: *Subtract* lines 20 and 21 from line 19	22	20,277 00
23	Compute the tax using Tax Table X or Y	23	526 00
24	Tax from recapture of credits from Arizona Form 301, line 31	24	00
25	Subtotal of tax: *Add* lines 23 and 24	25	526 00
26 - 27	Clean Elections Fund Tax Reduction: *See instructions, pages 12 and 13* 261 ☒ **YOURSELF** 262 ☒ **SPOUSE**	27	10 00
28	Reduced tax: *Subtract* line 27 from line 25	28	516 00
29	Credits from Arizona Form 301, line 59, or Forms 321, 322 and 323 if Form 301 is not required	29	00
30	Credit type: *Enter form number* of each credit claimed: 30 3 3 3 3		
31	Clean Elections Fund Tax Credit. *From worksheet on page 14 of the instructions*	31	00
32	Balance of tax: *Subtract* lines 29 and 31 from line 28. If the sum of lines 29 and 31 is more than line 28, *enter zero*	32	516 00
33	Arizona income tax withheld during 2009	33	1,500 00
34	Arizona estimated tax payments for 2009	34	00
35	2009 Arizona extension payment (Form 204)	35	100 00
36	Total payments: *Add* lines 33 through 35	36	1,600 00
37	**TAX DUE:** If line 32 is larger than line 36, *subtract* line 36 from line 32, and *enter amount of tax due. Skip lines 38, 39 and 40*	37	00
38	**OVERPAYMENT:** If line 36 is larger than line 32, *subtract* line 32 from line 36, and *enter amount of overpayment*	38	1,084 00
39	Amount of line 38 to be applied to 2010 estimated tax	39	00
40	Balance of overpayment: *Subtract* line 39 from line 38	40	1,084 00

Attach your federal Schedule A and Arizona Schedule A if required.

41 - 50 Voluntary Gifts to:

Aid to Education (*entire* refund only)	41	00	Arizona Wildlife	42	5 00
Citizens Clean Elections	43	10 00	Child Abuse Prevention	44	15 00
Domestic Violence Shelter	45	20 00	National Guard Relief Fund	46	25 00
Neighbors Helping Neighbors	47	30 00	Special Olympics	48	35 00
Veterans' Donations Fund	49	40 00	Political Gift	50	50 00

51 *Check only one* if making a political gift: 511 ☐ Democratic 512 ☒ Green 513 ☐ Libertarian 514 ☐ Republican

52	Estimated payment penalty and MSA withdrawal penalty	52	00
53	*Check applicable boxes:* 531 ☐ Annualized/Other 532 ☐ Farmer or Fisherman 533 ☐ Form 221 attached 534 ☐ MSA Penalty		
54	Total of lines 41 through 50 and 52	54	230 00
55	**REFUND:** *Subtract* line 54 from line 40. If less than zero, *enter amount owed on line 56*	55	854 00
	Direct Deposit of Refund: ***Check box 55A*** if your deposit will be ultimately placed in a **foreign account**; *see instructions*. 55A ☐		
	98 ROUTING NUMBER 0 2 1 2 3 4 5 6 7 ACCOUNT NUMBER 1 2 3 1 2 3 1 2 3 C ☐ Checking or S ☐ Savings		
56	**AMOUNT OWED:** *Add* lines 37 and 54. ***Make check payable to* Arizona Department of Revenue; *include SSN* on payment**	56	00

☐ **Payment enclosed. *Check the box, and enclose but do not attach payment. PLEASE DO NOT SEND CASH.***

ADOR 91-0080 (09)

DRAFT

DRAFT #5, Aug-19-09

Your Name (as shown on page 1)	Your Social Security No.
GEORGE I & ISABEL H JOSEPH	400-00-7502

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 2009
GERTRUDE JOSEPH	111-22-2444	DAUGHTER	12

A2 *Enter total number of persons listed in A1* here and on the front of this form, box 10 ..... TOTAL **A2** 1

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

		2009 FEDERAL Amount from Federal Return		2009 ARIZONA Source Amount Only	
B4	Wages, salaries, tips, etc	50,000	00	40,000	00
B5	Interest		00		00
B6	Dividends		00		00
B7	Arizona income tax refunds		00		00
B8	Business income (or loss) from federal Schedule C		00		00
B9	Gains (or losses) from federal Schedule D		00		00
B10	Rents, royalties, partnerships, estates, trusts, small business corporations *from federal Schedule E*		00		00
B11	Other income reported on your federal return	13,870	00		00
B12	**Total income:** *Add* lines B4 through B11	63,870	00	40,000	00
B13	Other federal adjustments. *Attach your own schedule*		00		00
B14	Federal adjusted gross income. *Subtract* line B13 from line B12 in the FEDERAL column	63,870	00		

B15	Arizona income: *Subtract* line B13 from line B12 in the ARIZONA column. *Enter here and on the front of this form on line 15*	40,000	00
B16	Arizona percentage: *Divide* line B15 by line B14, and *enter the result (not over 100%)*	62.6	%

PART C: Additions to Income

C17	Early withdrawal of Arizona Retirement System contributions		00
C18	Total depreciation included in Arizona gross income		00
C19	Other additions to income. *See instructions and attach your own schedule*		00
C20	Total: *Add lines C17 through C19. Enter here and on the front of this form on line 16*		00

PART D: Subtractions from Income

D21	Exemption: Age 65 or over. *Multiply* the number in box 8, page 1, by $2,100	4,200	00		
D22	Exemption: Blind. *Multiply* the number in box 9, page 1, by $1,500		00		
D23	Exemption: Dependents. *Multiply* the number in box 10, page 1, by $2,300	2,300	00		
D24	Total exemptions: *Add* lines D21 through D23	6,500	00		
D25	*Multiply line D24 by the percentage on line B16, and enter the result*			4,069	00
D26	Interest on U.S. obligations such as U.S. savings bonds and treasury bills included in the ARIZONA column				00
D27	Arizona state lottery winnings included on line B11 in the ARIZONA column (up to $5,000 only)				00
D28	Agricultural crops contributed to Arizona charitable organizations				00
D29	Construction of an energy efficient residence. *See page 10 of the instructions. Enter number then amount* **D29a**				00
D30	Other subtractions from income. *See instructions and attach your own schedule*				00
D31	Total: *Add lines D25 through D30. Enter here and on the front of this form, line 18*			4,069	00

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

E32

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 FARMER

➔ SPOUSE'S SIGNATURE _____ DATE _____ SPOUSE'S OCCUPATION PILOT

PAID PREPARER'S SIGNATURE _____ DATE _____ FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) TAXES R US

PAID PREPARER'S TIN 11-1111111 PAID PREPARER'S ADDRESS 986 E SOUTH W, SALT LAKE CITY, UT 84601 PAID PREPARER'S PHONE NO. ( )

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.

DRAFT

DRAFT #5, Aug-19-09

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 Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d Code
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	11-1222333	40,000.00	1,500.00			

Form **W-2** **Wage and Tax Statement** 2009 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

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 Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d Code
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
UT	11-1222387	10,000.00	1,000.00			

Form **W-2** **Wage and Tax Statement** 2009 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
RETIREMENT FUNDS USA 542 51ST AVE LANCASTER WA 96501		$ 15,000.00	2009	
		2a Taxable amount $ 12,000.00	Form 1099-R	
		2b Taxable amount not determined ☐	Total distribution ☐	Copy 1 For State, City, or Local Tax Department
PAYER'S federal identification number 11-1222334	RECIPIENT'S identification number 400-00-7567	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name ISABEL H JOSEPH		5 Employee contributions /Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) 3414 E SEAGULL W		7 Distribution code(s) 1 — IRA/SEP/SIMPLE ☐	8 Other $ %	
City, state, and ZIP code SALT LAKE CITY UT 84101		9a Your percentage of total distribution %	9b Total employee contributions $	
	1st year of desig. Roth contrib.	10 State tax withheld $ 2,000.00 $	11 State/Payer's state no. UT/1489484	12 State distribution $ 12,000.00 $
Account number (see instructions)		13 Local tax withheld $ $	14 Name of locality	15 Local distribution $ $

Form **1099-R** Department of the Treasury - Internal Revenue Service