

DO NOT STAPLE ANY ITEMS TO THE RETURN.

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

Your First Name and Middle Initial _____ Last Name _____ **Enter your SSN(s).** Your Social Security Number _____

Spouse's First Name and Middle Initial (if box 4 or 6 checked) _____ Last Name _____ Spouse's Social Security No. _____

Current Home Address - number and street, rural route _____ Apt. No. _____ Daytime Phone (with area code) _____

City, Town or Post Office _____ State _____ ZIP Code _____ Last Names Used in Last Four Prior Year(s) (if different) **97**

- FILING STATUS**
- 4 Married filing joint return
 - 5 Head of household: Enter name of qualifying child or dependent on next line: _____
 - 6 Married filing separate return: Enter spouse's name and Social Security Number above.
 - 7 Single

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

- EXEMPTIONS**
- 8 Age 65 or over (you and/or spouse)
 - 9 Blind (you and/or spouse)
 - 10 Dependents: *Do not include self or spouse.*
 - 11 Qualifying parents and grandparents

If completing lines 8 through 11, also complete lines 13 through 16.

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

81 PM **80** RCVD

(Box 10): Dependent Information: Children and other dependents. For more space, (check) and complete page 3.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2015	(e) ✓ if this person did not qualify as a dependent on your federal return	(f) ✓ if you did not claim this person on your federal return due to educational credits
10a					<input type="checkbox"/>	<input type="checkbox"/>
10b					<input type="checkbox"/>	<input type="checkbox"/>
10c					<input type="checkbox"/>	<input type="checkbox"/>

(Box 11): Qualifying parents and grandparents. See instructions. For more space, (check) and complete page 3.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2015	(e) ✓ if age 65 or over	(f) ✓ if died in 2015
11a					<input type="checkbox"/>	<input type="checkbox"/>
11b					<input type="checkbox"/>	<input type="checkbox"/>
11c					<input type="checkbox"/>	<input type="checkbox"/>

12	Federal adjusted gross income (from your federal return)	12	00
13	Age 65 or over: Multiply the number in box 8 by \$2,100	13	00
14	Blind: Multiply the number in box 9 by \$1,500	14	00
15	Dependents: Multiply the number in box 10 by \$2,300	15	00
16	Qualifying parents and grandparents: Multiply the number in box 11 by \$10,000	16	00
17	Arizona adjusted gross income: Subtract lines 13, 14, 15, and 16 from line 12	17	00
18	Standard deduction: If you checked filing status box 4 or 5, enter \$10,173. If you checked box 6 or 7, enter \$5,091.	18	00
19	Personal exemptions: See instructions.....	19	00
20	Arizona taxable income: Subtract lines 18 and 19 from line 17.....	20	00
21	Amount of tax from Optional Tax Tables	21	00
22	Family income tax credit (from the worksheet - see instructions)	22	00
23	Balance of tax: Subtract line 22 from line 21. If less than zero, enter zero	23	00
24	Arizona income tax withheld during 2015.....	24	00
25	2015 Arizona extension payment (Form 204).....	25	00
26	Increased Excise Tax Credit (from the worksheet - see instructions)	26	00
27	Property Tax Credit from Form 140PTC	27	00
28	Total payments and refundable credits: Add lines 24 through 27 and enter the total	28	00
29	TAX DUE: If line 23 is larger than line 28, subtract line 28 from line 23, and enter amount of tax due. Skip line 30	29	00
30	OVERPAYMENT: If line 28 is larger than line 23, subtract line 23 from line 28, and enter the amount of overpayment.....	30	00

Continued on page 2 →

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

Place any required federal and AZ schedules or other documents after Form 140A.

Your Name (as shown on page 1)	Your Social Security Number
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Voluntary Gifts

31 Enter the amount from page 1, line 29 (Tax Due) or 30 (Overpayment)	31	00
32 - 41 Voluntary Gifts to:		
Solutions Teams Assigned to Schools.....	32	00
Arizona Wildlife.....	33	00
Child Abuse Prevention	34	00
Domestic Violence Shelter	35	00
Political Gift.....	36	00
Neighbors Helping Neighbors..	37	00
Special Olympics.....	38	00
Veterans' Donations Fund	39	00
I Didn't Pay Enough Fund.....	40	00
Sustainable State Parks and Road Fund.....	41	00

Refund or Amount Owed

42 Political Party (if amount is entered on line 36 - check only one box): 421 <input type="checkbox"/> Americans Elect 422 <input type="checkbox"/> AZ Green Party 423 <input type="checkbox"/> Democratic 424 <input type="checkbox"/> Libertarian 425 <input type="checkbox"/> Republican		
43 Total voluntary gifts: Add lines 32 through 41	43	00
44 REFUND: If line 31 is an overpayment, subtract line 43 from line 31. If less than zero, enter amount owed on line 45		
Direct Deposit of Refund: Check box 44A if your deposit will be ultimately placed in a foreign account ; see instructions. 44A <input type="checkbox"/>		
ROUTING NUMBER	ACCOUNT NUMBER	
98 []	[] []	C <input type="checkbox"/> Checking or S <input type="checkbox"/> Savings
45 AMOUNT OWED: If line 31 is a tax due, add lines 31 and 43. Make check payable to Arizona Department of Revenue; write your SSN on payment, and include with your return.....		
	45	00

PLEASE SIGN HERE

Under penalties of perjury, I declare that I have read this return and any documents with it, and 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 STREET ADDRESS _____ PAID PREPARER'S TIN _____

PAID PREPARER'S CITY _____ STATE _____ ZIP CODE _____ () _____ PAID PREPARER'S PHONE NUMBER _____

- If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016. **Include your payment with your return.**
- 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.

Your Name (as shown on page 1)	Your Social Security Number
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Dependent Information - Continuation Sheet from Page 1 Dependents

Include with your return **only** if listing additional dependents.

Complete this form *only* if you need additional space from page 1 to list your dependents.
If you do not list **all** dependents claimed on page 1 of your income tax return, you may lose the exemptions.

Children and other dependents, continued from page 1.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2015	(e) ✓ if this person did not qualify as a dependent on your federal return	(f) ✓ if you did not claim this person on your federal return due to educational credits
10d					<input type="checkbox"/>	<input type="checkbox"/>
10e					<input type="checkbox"/>	<input type="checkbox"/>
10f					<input type="checkbox"/>	<input type="checkbox"/>
10g					<input type="checkbox"/>	<input type="checkbox"/>
10h					<input type="checkbox"/>	<input type="checkbox"/>
10i					<input type="checkbox"/>	<input type="checkbox"/>
10j					<input type="checkbox"/>	<input type="checkbox"/>
10k					<input type="checkbox"/>	<input type="checkbox"/>
10l					<input type="checkbox"/>	<input type="checkbox"/>
10m					<input type="checkbox"/>	<input type="checkbox"/>
10n					<input type="checkbox"/>	<input type="checkbox"/>
10o					<input type="checkbox"/>	<input type="checkbox"/>
10p					<input type="checkbox"/>	<input type="checkbox"/>
10q					<input type="checkbox"/>	<input type="checkbox"/>
10r					<input type="checkbox"/>	<input type="checkbox"/>
10s					<input type="checkbox"/>	<input type="checkbox"/>
10t					<input type="checkbox"/>	<input type="checkbox"/>
10u					<input type="checkbox"/>	<input type="checkbox"/>

Qualifying parents and grandparents, continued from page 1.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2015	(e) ✓ if age 65 or over	(f) ✓ if died in 2015
11d					<input type="checkbox"/>	<input type="checkbox"/>
11e					<input type="checkbox"/>	<input type="checkbox"/>
11f					<input type="checkbox"/>	<input type="checkbox"/>
11g					<input type="checkbox"/>	<input type="checkbox"/>
11h					<input type="checkbox"/>	<input type="checkbox"/>
11i					<input type="checkbox"/>	<input type="checkbox"/>
11j					<input type="checkbox"/>	<input type="checkbox"/>
11k					<input type="checkbox"/>	<input type="checkbox"/>