

DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING MM,DD,YY 2,0,1,8 AND ENDING MM,DD,YY,YY,YY 66F

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

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

2 Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) 94

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

4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88
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

EXEMPTIONS FILING STATUS
8 Age 65 or over (you and/or spouse) If completing lines 8 through 11, also complete lines 39 through 42. 81 PM 80 RCVD
9 Blind (you and/or spouse)
10 Dependents: Do not include self or spouse.
11 Qualifying parents and grandparents

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2018, (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. Rows 10a, 10b, 10c.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2018, (e) if age 65 or over, (f) if died in 2018. Rows 11a, 11b.

Table with 3 columns: Line number, Description, Amount. Rows 12-18: Federal adjusted gross income, Non-Arizona municipal interest, Partnership Income adjustment, Total federal depreciation, Net capital (loss) derived from the exchange of legal tender, Other Additions to Income, Subtotal.

Table with 3 columns: Line number, Description, Amount. Rows 19-37: Total net capital gain or (loss), Total net short-term capital gain or (loss), Total net long-term capital gain or (loss), Net long-term capital gain from assets acquired after December 31, 2011, Multiply line 22 by 25% (.25) and enter the result, Net capital gain derived from investment in qualified small business, Net capital gain derived from the exchange of legal tender, Recalculated Arizona depreciation, Partnership Income adjustment, Interest on U.S. obligations such as U.S. savings bonds and treasury bills, Exclusion for federal, Arizona state or local government pensions, Arizona state lottery winnings included as income on your federal return, U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return, Certain wages of American Indians, Pay received for active service as a member of the reserves, national guard or the U.S. armed forces, Net operating loss adjustment, Contributions to 529 College Savings Plans, Other Subtractions from Income, Subtract lines 23 through 36 from line 18 and enter the difference.

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

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

Exemptions	38	Enter the amount from page 1, line 37	38		00	
	39	Age 65 or over: Multiply the number in box 8 by \$2,100.....	39		00	
	40	Blind: Multiply the number in box 9 by \$1,500	40		00	
	41	Dependents: Multiply the number in box 10 by \$2,300	41		00	
	42	Qualifying parents and grandparents: Multiply box 11 by \$10,000	42		00	
	43	Arizona adjusted gross income: Subtract lines 39 through 42 from line 38 and enter the difference	43		00	
Balance of Tax	44	Deductions: Check box and enter amount. See instructions..... 44 <input type="checkbox"/> ITEMIZED 44 <input type="checkbox"/> STANDARD 44	44		00	
	45	Personal exemptions: See instructions.....	45		00	
	46	Arizona taxable income: Subtract lines 44 and 45 from line 43. If less than zero, enter "0"	46		00	
	47	Compute the tax using amount on line 46 and Tax Table X, Y or Optional Tax Tables.....	47		00	
	48	Tax from recapture of credits from Arizona Form 301, Part 2, line 36	48		00	
	49	Subtotal of tax: Add lines 47 and 48 and enter the total	49		00	
	50	Family income tax credit (from the worksheet - see instructions)	50		00	
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 69.....	51		00	
	52	Balance of tax: Subtract lines 50 and 51 from line 49. If the sum of lines 50 and 51 is greater than line 49, enter "0".....	52		00	
	Total Payments and Refundable Credits	53	2018 AZ income tax withheld.....	53		00
54		2018 AZ estimated tax payments.. 54a <input type="text" value="00"/> Claim of Right 54b <input type="text" value="00"/> Add 54a and 54b.. 54c	54		00	
55		2018 AZ extension payment (Form 204)	55		00	
56		Increased Excise Tax Credit (from the worksheet - see instructions)	56		00	
57		Property Tax Credit from Form 140PTC.....	57		00	
58		Other refundable credits: Check the box(es) and enter the total amount..... 58 <input type="checkbox"/> 308-I 58 <input type="checkbox"/> 349	58		00	
59		Total payments and refundable credits: Add lines 53 through 58 and enter the total.....	59		00	
Tax Due or Overpayment	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52 and enter amount of tax due. Skip lines 61, 62 and 63.....	60		00	
	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpayment.....	61		00	
	62	Amount of line 61 to be applied to 2019 estimated tax.....	62		00	
	63	Balance of overpayment: Subtract line 62 from line 61 and enter the difference	63		00	
Voluntary Gifts	64 - 74 Voluntary Gifts to:					
		Solutions Teams Assigned to Schools..... 64	<input type="text" value="00"/>	Arizona Wildlife..... 65	<input type="text" value="00"/>	
	Child Abuse Prevention..... 66	<input type="text" value="00"/>	Domestic Violence Shelter 67	<input type="text" value="00"/>	Political Gift..... 68	<input type="text" value="00"/>
	Neighbors Helping Neighbors.. 69	<input type="text" value="00"/>	Special Olympics..... 70	<input type="text" value="00"/>	Veterans' Donations Fund 71	<input type="text" value="00"/>
	I Didn't Pay Enough Fund..... 72	<input type="text" value="00"/>	Sustainable State Parks and Road Fund..... 73	<input type="text" value="00"/>	Spay/Neuter of Animals.. 74	<input type="text" value="00"/>
	75	Political Party (if amount is entered on line 68 - check only one): 75 <input type="checkbox"/> Democratic 75 <input type="checkbox"/> Green Party 75 <input type="checkbox"/> Libertarian 75 <input type="checkbox"/> Republican				
	76	Estimated payment penalty	76		00	
	77	77 <input type="checkbox"/> Annualized/Other 77 <input type="checkbox"/> Farmer or Fisherman 77 <input type="checkbox"/> Form 221 included				
78	Add lines 64 through 74 and 76; enter the total.....	78		00		
Refund or Amount Owed	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80	79		00	
		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account ; see instructions. 79A <input type="checkbox"/> <input type="checkbox"/> C <input type="checkbox"/> Checking or SAVINGS <input checked="" type="checkbox"/> S <input type="checkbox"/> Savings ROUTING NUMBER: <input type="text" value=""/> ACCOUNT NUMBER: <input type="text" value=""/>				
	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment, and include with your return.....	80		00	

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.

PLEASE SIGN HERE

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 the payment with Form 140.

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 2018	(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 2018	(e) ✓ if age 65 or over	(f) ✓ if died in 2018
11c					<input type="checkbox"/>	<input type="checkbox"/>
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"/>