

DO NOT STAPLE ANY ITEMS TO THE RETURN.

OR FISCAL YEAR BEGINNING MM/DD/2014 AND ENDING MM/DD/YYYY 66

Personal information section including name, SSN, address, and contact details.

Filing status and residency section with checkboxes for marital status and residency types.

Main tax calculation section with lines 17 through 49, including income, deductions, and tax amounts.

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

Your Name (as shown on page 1)	Your Social Security Number
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Complete Part 1 *only* if you are making a change to the number of dependents or qualifying parents or grandparents you are claiming on line 15 or line 16. Even if not making a change, enter the total number you are claiming on page 1, line 15 and line 16. Do not list yourself or your spouse as dependents on line 15.

PART 1: Dependent Exemptions

(Box 15): 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 2014	(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	(g) A= Add D= Delete
15a					<input type="checkbox"/>	<input type="checkbox"/>	
15b					<input type="checkbox"/>	<input type="checkbox"/>	
15c					<input type="checkbox"/>	<input type="checkbox"/>	

(Box 16): 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 2014	(e) ✓ if age 65 or over	(f) ✓ if died in 2014	(g) A= Add D= Delete
16a					<input type="checkbox"/>	<input type="checkbox"/>	
16b					<input type="checkbox"/>	<input type="checkbox"/>	

PART 2 (A)

INCOME, DEDUCTIONS, CREDITS: In column (a), list the items you are changing. In column (b), enter the amount claimed on your original return or most recent amended return. In column (c), enter the amount of the change. In column (d), enter the corrected amount for the item you are changing.

	(a) ITEMS YOU ARE CHANGING	(b) ORIGINAL AMOUNT REPORTED	(c) AMOUNT TO ADD OR SUBTRACT	(d) CORRECTED AMOUNT
50a		\$	\$	\$
50b		\$	\$	\$
50c		\$	\$	\$

PART 2 (B)

LONG-TERM CAPITAL GAIN: If you are changing the amount of the allowable subtraction from income for any **net long-term capital gains included in your federal adjusted gross income from assets acquired after December 31, 2011**, complete columns (b), (c), and (d).

	(a) ITEM	(b) ORIGINAL AMOUNT REPORTED	(c) AMOUNT TO ADD OR SUBTRACT	(d) CORRECTED AMOUNT
51a	Total net short-term capital gain or (loss) reported on Form 140, line 19; Form 140NR, line 32; Form 140PY, line 33	\$	\$	\$
51b	Total net long-term capital gain or (loss) reported on Form 140, line 20; Form 140NR, line 33; Form 140PY, line 34	\$	\$	\$
51c	Net long-term capital gains from assets acquired after December 31, 2011 reported on Form 140, line 21; Form 140NR, line 34; Form 140PY, line 35	\$	\$	\$
51d	Amount of allowable subtraction reported on Form 140, line 22; Form 140NR, line 35; Form 140PY, line 36	\$	\$	\$

PART 3

52 REASON FOR THE CHANGE: Give the reason for each change listed in Part 2:

PART 4

If your address is the same on this amended return as it was on your original return, write "same" on the line below.

53a Name	53b Number and Street, R.R.	Apt. No.
53c City, Town or Post Office	State	ZIP Code

PLEASE SIGN HERE

I have read this return and any documents 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 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 140X.

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

Dependent Information - Continuation Sheet from Page 2 Dependents

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

Complete this form *only* if you need additional space from page 2, Part 1 to list changes to your dependents.

Children and other dependents, continued from page 2, Part 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 2014	(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	(g) A= Add D= Delete
15d					<input type="checkbox"/>	<input type="checkbox"/>	
15e					<input type="checkbox"/>	<input type="checkbox"/>	
15f					<input type="checkbox"/>	<input type="checkbox"/>	
15g					<input type="checkbox"/>	<input type="checkbox"/>	
15h					<input type="checkbox"/>	<input type="checkbox"/>	
15i					<input type="checkbox"/>	<input type="checkbox"/>	
15j					<input type="checkbox"/>	<input type="checkbox"/>	
15k					<input type="checkbox"/>	<input type="checkbox"/>	
15l					<input type="checkbox"/>	<input type="checkbox"/>	
15m					<input type="checkbox"/>	<input type="checkbox"/>	
15n					<input type="checkbox"/>	<input type="checkbox"/>	
15o					<input type="checkbox"/>	<input type="checkbox"/>	
15p					<input type="checkbox"/>	<input type="checkbox"/>	
15q					<input type="checkbox"/>	<input type="checkbox"/>	
15r					<input type="checkbox"/>	<input type="checkbox"/>	
15s					<input type="checkbox"/>	<input type="checkbox"/>	
15t					<input type="checkbox"/>	<input type="checkbox"/>	
15u					<input type="checkbox"/>	<input type="checkbox"/>	

Qualifying parents and grandparents, continued from page 2, Part 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 2014	(e) ✓ if age 65 or over	(f) ✓ if died in 2014	(g) A= Add D= Delete
16c					<input type="checkbox"/>	<input type="checkbox"/>	
16d					<input type="checkbox"/>	<input type="checkbox"/>	
16e					<input type="checkbox"/>	<input type="checkbox"/>	
16f					<input type="checkbox"/>	<input type="checkbox"/>	
16g					<input type="checkbox"/>	<input type="checkbox"/>	
16h					<input type="checkbox"/>	<input type="checkbox"/>	
16i					<input type="checkbox"/>	<input type="checkbox"/>	
16j					<input type="checkbox"/>	<input type="checkbox"/>	