

DO NOT STAPLE ANY ITEMS TO THE RETURN.

OR FISCAL YEAR BEGINNING MM/DD/2015 AND ENDING MM/DD/YYYY 66

1-4 Your First Name and Middle Initial, Last Name, Social Security Number, Spouse's First Name and Middle Initial, Last Name, Social Security No., Current Home Address - number and street, rural route, Apt. No., Daytime Phone (with area code) 94, City, Town or Post Office, State, ZIP Code, Last Names Used in Last Four Prior Year(s) (if different) 97

5 FILING STATUS: Check a box to indicate both filing and residency status: 4 Married filing joint return, 5 Head of household, 6 Married filing separate return, 7 Single. RESIDENCY: 8 Resident, 9a Nonresident, 9b Composite, 10 Nonresident active military, 11 Part-year resident, 12 Part-year resident active military. EXEMPTIONS: 13 Age 65 or over, 14 Blind, 15 Dependents, 16 Qualifying parents or grandparents. 81 PM, 80 RCVD. REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88

17 Federal adjusted gross income (from your federal return) 17 00
18 Nonresidents and part-year residents only: Enter Arizona gross income here 18 00
18a Arizona income ratio: If you checked box 9a, 10, 11 or 12, divide line 18 by line 17 and enter the result (not over 1.000) 18a
19 Additions to income. See instructions 19 00
20 Subtotal: Residents: Add line 17 and line 19. Nonresidents and part-year residents: Add lines 18 and 19 20 00
21 Subtractions from income. See instructions 21 00
22 Net capital gain derived from Investment in Qualified Small Business 22 00
23 Net capital gain or (loss): See instructions 23A 00
24 Net long-term capital gain subtraction from assets acquired after December 31, 2011 24 00
25 Contributions to 529 College Savings Plans 25 00
26 Arizona adjusted gross income: Subtract lines 21, 22, 24, and 25 from line 20, and enter the difference 26 00
27 Deductions: Check box and enter amount. See instructions 27I ITEMIZED 27S STANDARD 27 00
28 Personal exemptions: See instructions 28 00
29 Arizona taxable income: Subtract lines 27 and 28 from line 26 29 00
30 Tax from tax table: Table X or Y (140, 140NR or 140PY) Optional Table (140, 140A or 140EZ) 30 00
31 Tax from recapture of credits from Arizona Form 301, Part 2, line 40 31 00
32 Subtotal of tax: Add lines 30 and 31 32 00
33 Family income tax credit (Arizona residents only) 33 00
34 Credits from Arizona Form 301, Part 2, line 76 34 00
35 Balance of tax: Subtract lines 33 and 34 from line 32. If less than zero, enter "zero" 35 00
36 Payments (withholding, estimated, or extension) 36 00
37 Increased Excise Tax Credit (Arizona residents only) 37 00
38 Property Tax Credit (Arizona residents only) 38 00
39 Other refundable credits: Check the box(es) and enter the total amount 391 308-I 392 342 393 349 39 00
40 Payment with original return plus all payments after it was filed 40 00
41 Total payments and refundable credits: Add lines 36 through 40 41 00
42 Overpayment from original return or as later adjusted. See instructions 42 00
43 Balance of credits: Subtract line 42 from line 41 43 00
44 OVERPAYMENT: If line 35 is less than line 43, subtract line 35 from line 43 and enter amount of overpayment 44 00
45 Amount of line 44 to be applied to 2016 estimated tax. If zero, enter "0" 45 00
46 REFUND: Subtract line 45 from line 44. If less than zero, enter amount owed on line 47 46 00
Direct Deposit of Refund: Check box 46A if your deposit will be ultimately placed in a foreign account; see instructions. 46A
ROUTING NUMBER ACCOUNT NUMBER C Checking or S Savings
98
47 AMOUNT OWED: If line 35 is more than line 43, subtract line 43 from line 35, and enter the amount owed. Make check payable to Arizona Department of Revenue; write your SSN on payment, and include with your return 47 00
48 Check box 48 if this amended return is the result of a net operating loss, and enter the year the loss was incurred 48 2,0, Y, Y

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 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	(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 2015	(e) ✓ if age 65 or over	(f) ✓ if died in 2015	(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
49a		\$	\$	\$
49b		\$	\$	\$
49c		\$	\$	\$

**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
50a	<b>Total net short-term capital gain or (loss)</b> reported on Form 140, line 19; Form 140NR, line 33; Form 140PY, line 33 .....	\$	\$	\$
50b	<b>Total net long-term capital gain or (loss)</b> reported on Form 140, line 20; Form 140NR, line 34; Form 140PY, line 34 .....	\$	\$	\$
50c	<b>Net long-term capital gains from assets acquired after December 31, 2011</b> reported on Form 140, line 21; Form 140NR, line 35; Form 140PY, line 35 .....	\$	\$	\$
50d	<b>Amount of allowable subtraction</b> reported on Form 140, line 22; Form 140NR, line 36; Form 140PY, line 36 .....	\$	\$	\$

**PART 3**

**51 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.

<b>52a</b> Name	<b>52b</b> Number and Street, R.R.	Apt. No.
<b>52c</b> City, Town or Post Office	State	ZIP Code

**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 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 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	(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 2015	(e) ✓ if age 65 or over	(f) ✓ if died in 2015	(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"/>	