RETURN.			Arizona Form 140	Resident Personal Income Tax Return				Return	FOR CALENDAR YEAR 2017		
Æ	82F		heck box 82F filing under extension	OR FISCAL YEAR BEG	INNIN	IG IM,MID,D	12,0,1,7	AND ENDING	$M_1M_1D_1$	0 2 0 Y Y . 66F	
뿔			First Name and Middle Initial			Last Name			Your S	ocial Security Number	
Ė	1							Ente		1 1	
S T0		Spous	se's First Name and Middle Initi	al (if box 4 or 6 checked)		Last Name		your SSN(Spouse	e's Social Security No.	
E	_	Turro	nt Home Address - number and	etreet rural route			Apt. No.	Dayt	ime Phone (v	with area code)	
ANY ITEMS	2	Julie	iit Home Address - Humber and	Street, fural foute			Apt. No.	Daytime Phone (with area code)			
Ž	_	Citv. T	, Town or Post Office State			ZIP Code			d in Last Four	Prior Year(s) (if different)	
E/	3									97	
P	थि	4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment						ONLY. DO NO	Γ MARK IN THIS AREA.		
ST/	STATUS	5	Head of household: Enter name of qualifying child or dependent on next line:				88				
DO NOT STAPLE	S										
Ž	6 Married filing separate return: Enter spouse's name and Social Security Number above. 7 Single										
20		7									
	EXEMPTIONS		♦ Enter the number claime	· · · · · · · · · · · · · · · · · · ·	mark.						
	E	8	Age 65 or over (you and/o		1	lf completing lin	nes 8	81 PM		80 RCVD	
	¥	9	Blind (you and/or spouse)			through 11, also		611		00	
	Image: Control of the	10 11	Dependents: Do not inclu Qualifying parents and graduates.	•	1	lines 38 througl	h 41.				
			(Box 10): Dependent Informa		depe	ndents. For mo	re space, (ch	eck) 🔲 and co	mplete page	3.	
			(a)			(b) AL SECURITY NO.	(c)	(d)	(e)	(f)	
			FIRST AND LAS (Do not list yourself		SUCIA	AL SECURITY NO.	RELATIONSHI	LIVED IN YOUR	if this pers did not qualify a dependent on y	as a this person on your	
								HOME IN 2017	federal retur	n educational credits	
	ţ	10a							⊢井		
	nden	10 _b									
	Dependents	10c	(Box 11): Qualifying parents	and grandparents. See it	netruc	etions For more	enace (check	c) \square and comple	oto pago 3		
О.	ŏ		(a)			(b)	(c)	(d)	(e)	(f)	
14(FIRST AND LAST NAME (Do not list yourself or spouse.)		SOCIA	OCIAL SECURITY NO. RELATIONSH		LIVED IN YOUR		er died in 2017	
Ē			,	' '				HOME IN 2017	age 05 of 04	died iii 2017	
schedules or other documents after Form 140		11a							<u> </u>		
		11 _b							<u> </u>		
sai			Federal adjusted gross income (from your federal return)1200Non-Arizona municipal interest1300								
ent	ns		Partnership Income adjustment: See instructions							00	
Ĕ	Addition									00	
00		16	Other Additions to Income: See instructions and include your own schedule					16	00		
er d		17 Subtotal: Add lines 12 through 16 and enter the total								00	
ţ.			Total net capital gain or (loss):						00		
or 0		19	Total net short-term capital gain						00		
es		20 Total net long-term capital gain or (loss): See instructions							00		
In p		22 Multiply line 21 by 25% (.25) and enter the result								00	
he									00		
									00		
AZ	25 Partnership Income adjustment: See instructions							25	00		
pu	Subtractions	26 Reserved							00		
a			Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer)							00	
Place any required federal and AZ										00	
		30								00	
									00		
			· ·							00	
		33 Net operating loss adjustment: See instructions						00			
									00		
Se s			Other Subtractions from Incom							00	
Pla		36	Subtract lines 22 through 35 fr	on line 17 and enter the (untere	::::CE			36	00	

	Your	Name (as shown on page 1)	Your Social Security Number				
	37	Enter the amount from page 1, line 36		37	00		
Exemptions	38	Age 65 or over: Multiply the number in box 8 by \$2,100			00		
	39	Blind: Multiply the number in box 9 by \$1,500			00		
	40	Dependents: Multiply the number in box 10 by \$2,300			00		
e m	41	Qualifying parents and grandparents: Multiply box 11 by \$10,000			00		
ш	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37 and enter the difference			00		
		Deductions: Check box and enter amount. See instructions			00		
	43				00		
J	44	Personal exemptions: See instructions			00		
of Tax	45	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables		- 1	00		
e O	46	Tax from recapture of credits from Arizona Form 301, Part 2, line 40			00		
Balance	47			00			
Bal	48	Subtotal of tax: Add lines 46 and 47 and enter the total		- 1	00		
	49	Family income tax credit (from the worksheet - see instructions)			00		
	50	Credits from Arizona Form 301, Part 2, line 76					
	51	Balance of tax: Subtract lines 49 and 50 from line 48. If the sum of lines 49 and 50 is greater than line 48,			00		
b s	52	2017 AZ income tax withheld.	00 Add 53a and 53b		00		
ts ar	53	2017 AZ estimated tax payments53a 00 Claim of Right 53b					
men le C	54	2017 AZ extension payment (Form 204)			00		
Pay	55	Increased Excise Tax Credit (from the worksheet - see instructions)			00		
Total Payments and Refundable Credits	56	Property Tax Credit from Form 140PTC		1	00		
- "	57	Other refundable credits: Check the box(es) and enter the total amount			00		
	58	Total payments and refundable credits: Add lines 52 through 57 and enter the total			00		
Tax Due or Overpayment	59	TAX DUE: If line 51 is larger than line 58, subtract line 58 from line 51 and enter amount of tax due. Skip line			00		
Tax Due or verpaymen	60	OVERPAYMENT: If line 58 is larger than line 51, subtract line 51 from line 58 and enter amount of overpay			00		
Tay Over	61	Amount of line 60 to be applied to 2018 estimated tax			00		
	62	Balance of overpayment: Subtract line 61 from line 60 and enter the difference		62	00		
Voluntary Gifts	63	- 73 Voluntary Gifts to: Assigned to Schools63 Arizona Wildlife					
2		Child Abuse Prevention		_			
nta		Neighbors Helping Neighbors 68 00 Special Olympics		_			
9							
		Political Party (if amount is entered on line 67 - check only one): 741 Democratic 742 Green Party 74 Estimated payment penalty and Arizona Long-Term Health Care Savings Account (AZLTHSA) pe			ublican 00		
Penalty	75 76	761 Annualized/Other 762 Farmer or Fisherman 763 Form 221 included 764 AZLTHSA Penalty	erially	/5			
Per	76	·	77	00			
		77 Add lines 63 through 73 and 75; enter the total					
r ed	10	Direct Deposit of Refund: Check box 78A if your deposit will be ultimately placed in a foreign account; see			00		
وقع		CD Cheeking or ROUTING NUMBER ACCOUNT NUMBER					
Refund or Amount Owec		98 S Savings					
A A	79	AMOUNT OWED: Add lines 59 and 77. Make check payable to Arizona Department of Revenue; write y	our SSN on paymen	t,			
		and include with your return		79	00		
	ı	Under penalties of perjury, I declare that I have read this return and any documents with it, and to	the best of my kn	owled	ge and belief, they are		
	t	rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information	on of which prepar	er has	any knowledge.		
Щ	_						
出出	7						
I	,	OUR SIGNATURE DATE OC	CCUPATION				
PLEASE SIGN HERE	→						
		SPOUSE'S SIGNATURE DATE SF	OUSE'S OCCUPATION				
	Ē	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF	SELF-EMPLOYED)				
		·	ŕ				
P	Ē	PAID PREPARER'S STREET ADDRESS	PAID PREPA	RER'S 1	ΓΙΝ		
			()			
	1 7	PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPA	RER'S E	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			

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.

11i 11j

	(a)		(b)	(c)	(d)	(e)	(f)
		DLAST NAME urself or spouse.)	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2017	if this person did not qualify as a dependent on your federal return	if you did not claim this person on your federal return due to educational credits
10d							
10e							
10f							
10g							
10h							
10i							
10j							
10 _k							
10ı							
10m							
10n							
10 _o							
10 _p							
10q							
10r							
10s							
10t							
1 0 u							
·		andparents, continued from	page 1.				
	FIRST AND	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)		(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2017	(e) ✓ if age 65 or over	(f) ✓ if died in 2017
11c							
11d							
11e							
11 _f							
11 g							
11 _h							