

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)

FILING STATUS: 4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment 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: Enter the number claimed. Do not put a check mark. 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

REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88 81 PM 80 RCVD 97

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

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2017, (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.

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

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2017, (e) if age 65 or over, (f) if died in 2017. Rows 11a, 11b, 11c.

Summary table with 3 columns: Line number, Description, Amount. Rows 12-30 including Federal adjusted gross income, Exemptions, Balance of Tax, Total payments and refundable credits, and TAX DUE/OVERPAYMENT.

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

Continued on page 2 ->

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

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

Voluntary Gifts

31 Enter the amount from page 1, line 29 (Tax Due) or 30 (Overpayment) **31** _____ **00**

32 - 42 Voluntary Gifts to:

| | | | | | | | |
|--|-----------|-------|-----------|--|-----------|-------|-----------|
| Solutions Teams Assigned to Schools..... | 32 | _____ | 00 | Arizona Wildlife..... | 33 | _____ | 00 |
| Child Abuse Prevention | 34 | _____ | 00 | Domestic Violence Shelter | 35 | _____ | 00 |
| Neighbors Helping Neighbors.. | 37 | _____ | 00 | Political Gift..... | 36 | _____ | 00 |
| I Didn't Pay Enough Fund..... | 40 | _____ | 00 | Special Olympics..... | 38 | _____ | 00 |
| | | | | Veterans' Donations Fund | 39 | _____ | 00 |
| | | | | Sustainable State Parks and Road Fund..... | 41 | _____ | 00 |
| | | | | Spay/Neuter of Animals.. | 42 | _____ | 00 |

43 Political Party (if amount is entered on line 36 - check only one box):
431 Democratic **432** Green Party **433** Libertarian **434** Republican

44 Total voluntary gifts: Add lines 32 through 42..... **44** _____ **00**

Refund or Amount Owed

45 REFUND: If line 31 is an overpayment, subtract line 44 from line 31. If less than zero, enter amount owed on line 46 **45** _____ **00**

Direct Deposit of Refund: **Check box 45A** if your deposit will be ultimately placed in a **foreign account**; see instructions. **45A**

98 C Checking or S Savings

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

46 AMOUNT OWED: If line 31 is a tax due, add lines 31 and 44. Make check payable to Arizona Department of Revenue; write your SSN on payment, and include with your return..... **46** _____ **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

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 2017 | (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 2017 | (e) ✓ if age 65 or over | (f) ✓ if died in 2017 |
|-----|---|----------------------------|---------------------|---|-------------------------------|-----------------------------|
| 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"/> |