

DO NOT STAPLE ANY ITEMS TO THE RETURN.

Arizona Form 140PY

Part-Year Resident Personal Income Tax Return

FOR CALENDAR YEAR 2017

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING [M,M,D,D] 2,0,1,7 AND ENDING [M,M,D,D] 2,0,Y,Y. 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. 88R
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) 81P PM 80R RCVD
9 Blind (you and/or spouse)
10 Dependents: Do not include self or spouse.
11 Qualifying parents and grandparents
If completing lines 8 through 11, also complete lines 48 through 53.

12-13 Residency Status (check one): 12 Part-Year Resident Other than Active Military 13 Part-Year Resident Active Military

(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.

(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.

14 Dates of Arizona residency: From [M,M,D,D] Y,Y,Y,Y to [M,M,D,D] Y,Y,Y,Y. List other state(s) of residency: 2017 FEDERAL Amount from Federal Return 2017 ARIZONA Amount Only

Main income table with columns for 2017 FEDERAL and 2017 ARIZONA. Rows 15-38 including Wages, Interest, Dividends, Arizona income tax refunds, Alimony received, Business income, Gains, Rents, Other income, Total income, Federal adjusted gross income, Arizona gross income, Arizona income ratio, Total depreciation, Other Additions to Income, Subtotal, Total Arizona sourced net capital gain, Total net short-term capital gain, Total net long-term capital gain, Net long-term capital gain, Multiply line 35 by 25%, Net capital gain derived from investment, Subtract lines 36 and 37.

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

Subtractions - cont. on page 2



|                                |                             |
|--------------------------------|-----------------------------|
| 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)<br>FIRST AND LAST NAME<br>(Do not list yourself or spouse.) | (b)<br>SOCIAL SECURITY NO. | (c)<br>RELATIONSHIP | (d)<br>NO. OF MONTHS<br>LIVED IN YOUR<br>HOME IN 2017 | (e)<br>✓ if this person<br>did not qualify as a<br>dependent on your<br>federal return | (f)<br>✓ if you did not claim<br>this person on your<br>federal return due to<br>educational credits |
|-----|---|----------------------------|---------------------|---|--|--|
| 10c |   |                            |                     |   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 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"/>   |

**Qualifying parents and grandparents, continued from page 1.**

|     | (a)<br>FIRST AND LAST NAME<br>(Do not list yourself or spouse.) | (b)<br>SOCIAL SECURITY NO. | (c)<br>RELATIONSHIP | (d)<br>NO. OF MONTHS<br>LIVED IN YOUR<br>HOME IN 2017 | (e)<br>✓ if<br>age 65 or over | (f)<br>✓ if<br>died in 2017 |
|-----|---|----------------------------|---------------------|---|-------------------------------|-----------------------------|
| 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"/>    |