Arizona Form DO NOT STAPLE ANY ITEMS TO THE RETURN.

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Individual Amended Income Tax Return For Forms 140, 140A, 140EZ, 140NR and 140PY	FOR CALENDAR YEAR 2021
NAMES OF THE PROPERTY OF THE P	66

		OR FISCAL YEAR BEGINNING [M.]	<u>VID.DIŽ</u>	2,0,2,1, AND	ENDING 📗	IMID DIY Y Y	Υ.	66
1		r First Name and Middle Initial		Last Name		Enter	Your	Social Security Number
1	Spc	use's First Name and Middle Initial (if box 4 or 6 che	cked)	Last Name Spouse's S			se's Social Security No.	
	Cur	rent Home Address - number and street, rural route			Apt. No.	Daytime P	hone	(with area code)
2		, Town or Post Office	State	ZIP Code			st Fou	r Prior Year(s) (if different)
3								97
	တ	Check a box to indicate both filing and residence	y status:				DO N	OT MARK IN THIS AREA.
	STATUS	 4 ☐ Married filing joint return 5 ☐ Head of household: Enter name of qualifying chil 			erpayment	88		
	FILING S		id of depende	ent on next line.				
	₽	 6 ☐ Married filing separate return: Enter spouse's n. 7 ☐ Single 	ame and Soc	cial Security Number	above.			
	ζ	8 Resident		ber claimed. Do n				
	RESIDENCY	9a ☐ Nonresident 9b ☐ Composite ☐ 13 A 10 ☐ Nonresident active military 11 ☐ Part-year resident	Age 65 or d Blind	over		81 PM		80 RCVD
	ESII	11 Part-year resident	Dependents	Under 17 15b	17 & over			
	8	12 🔲 Part-year resident active military 🗓 16 (Qualifying p	parents or grandpa	arents			
		Federal adjusted gross income (from your feder	al retu <u>rn</u>).			_	. 17	00
	18	Small Business Income: Residents only : check be		-	_			00
		check box 18C if you are changing the original a						00
		Modified federal adjusted gross income: Residents						00
		Nonresidents and part-year residents only: Enter A						00
		Arizona income ratio: If you checked box 9a, 10, 11		-	_			
	21	Small Business Income: Nonresidents and part-y 21S for a new election; check box 21C if you		00				
×.	22	Modified Arizona Gross Income: Nonresidents and	_					00
140X		Additions to Income. See instructions						00
Ξ		Subtotal: Residents: Add lines 19 and 23. Nonres						00
Form		Subtractions from Income. See instructions						00
after		Total net capital gain or (loss). See instructions				00		
aft		Total net short-term capital gain or (loss). See instruc				00		
ıts	28	Total net long-term capital gain or (loss). See instructi	ions		28	00		
cuments	29	Net long-term capital gain from assets acquired after	r Decembei	r 31, 2011. See ins	ructions 29	00		
ä	30	Multiply line 29 by 25% (.25) and enter the result					30	00
р	31	Net capital gain derived from investment in qualified					31	00
				b 529A (ABLE accounts		00 add 32a and 32b		00
Ħ	33	Arizona adjusted gross income: Subtract lines 25,	30, 31, and	32c from line 24. If	ess than zero, e	enter "0"	33	00
or other	ا	Deductions: Check box and enter amount. See inst			ı□ ı±∈\∧ız∈ı		24	00
		If you checked box 34S and claim charitable contributions: Checked box 34S and claim charitable contributions.						00
∄		Arizona taxable income: Subtract lines 34 and 35 from		-				00
schedules		Tax from tax table: Table X and Y (140, 140NR						00
Scl		If line 34 is \$250,001 or more (single/mfs) or \$500,0				·		00
AZ		Tax from recapture of credits from Arizona Form 30				-		00
and /		Subtotal of tax: Add lines 37a, 37b and 38. Enter the to						00
a		Family income tax credit (AZ residents only) 40a		00 Depen	dent Tax Credit. 40b		40c	00
<u>ra</u>		Nonrefundable credits from Arizona Form 301, Part						00
ède	42	Balance of tax: Subtract lines 40c and 41 from line 39.	If the sum of	of lines 40c and 41 is	more than line	39, enter "0"	. 42	00
required federal	43	Withholding, Estimated, and Extension Payments 43a			n of Right 43 b		43c	00
<u>ie</u>		Arizona residents only: Increased Excise Tax Credit 44a			ty Tax Credit 44b		44c	00
nb		Other refundable credits: Check the box(es) and enter						00
ē		Payment with original return plus all payments after						00
any	47	Total payments and refundable credits: Add lines	43c, 44c, 4	5 and 46. Enter the	total		47	00
ė								
Place								
_								

49 Bala 50 OVI 51 Amo 52 REF D 9	erpayment from original return or as later adjusted. See instructions ance of credits: Subtract line 48 from line 47. Enter the difference	I		
49 Bala 50 OVI 51 Amo 52 REF D 9	ance of credits: Subtract line 48 from line 47. Enter the difference			
50 OVI 51 Amo 52 REF D 9			48	
51 Amo 52 REF D 0 53 AM	ERPAYMENT: If line 42 is less than line 49, subtract line 42 from line 49. Enter a		49	
51 Amo 52 REF D 0 53 AM		mount of overpayment	50	
52 REF D 9 53 AM	ount of line 50 to be applied to 2022 estimated tax. See instructions. If z		F	
53 AM	FUND: Subtract line 51 from line 50. If less than zero, enter amount owed on line	•		
53 AM	Direct Deposit of Refund: Check box 52A if your deposit will be ultimately placed			
53 AM	C Checking or ROUTING NUMBER ACCOUNT NUMBER	₹		
	98 S□ Savings □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	er the amount owed	53	
	eck box 54 if this amended return is the result of a net operating loss, and		_	<u>,2,0,Y,Y</u>
or qualif	Complete Parts 1(A) and 1(B), Part 2 and Part 3 to repo or most recent amended tax return and the You <u>must</u> complete page 4, Dependent and Other Exemption Information for the parts and grandparents (page 1, box 16.) You must also complete	ne reason(s) for ea ation, if you are repo te page 4, Part 3 if you	nch change. Porting dependents (pagur claim Other Exemption	ge 1, box 15a or 1 ons on page 1, line
return or changing	E, DEDUCTIONS, CREDITS: In column (a), list the items you are charmost recent amended return. In column (c), enter the amount of the charg. (a) INCOME, DEDUCTIONS, AND CREDITS YOU ARE CHANGING to are rescinding your small business election, check box 55R	anging. In column (b), enter the amount cla	imed on your orig
See t	these instructions for more information regarding rescinding the election.			•
		\$	\$	\$
55 b		\$	\$	\$
55c	ADITAL CANADA (LOCA). K	\$	\$	\$
NEICA	APITAL GAIN OR (LOSS): If you are changing any amount on lines 56a (a) ITEM	(b) ORIGINAL AMOUNT	(c) AMOUNT TO	(d) CORRECTED
		REPORTED	ADD OR SUBTRACT	AMOUNT
	al net capital gain or (loss) reported on			
	m 140, line 20; Form 140NR, line 34; or Form 140PY, line 33	\$	\$	\$
	al net short-term capital gain or (loss) reported on			
	m 140, line 21; Form 140NR, line 35; or Form 140PY, line 34	\$	\$	\$
	al net long-term capital gain or (loss) reported on			
	m 140, line 22; Form 140NR, line 36; or Form 140PY, line 35	\$	\$	\$
	long-term capital gains from assets acquired after December 31, 2011			
	orted on Form 140, line 23; Form 140NR, line 37; or Form 140PY, line 36	\$	\$	\$
repo		l .		
repo	ount of allowable subtraction reported on Form 140, line 24; m 140NR, line 38; or Form 140PY, line 37		\$	\$

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

Sign and date your return. If you paid someone to prepare your return, that person must also sign and date the return. The paid preparer must provide their street address, Paid Preparer TIN and phone number.

ERE	Under penalties of perjury, I declare that I correct and complete. Declaration of pre						e best of my knowledge and belief, they are true lich preparer has any knowledge.
I	YOUR SIGNATURE			DAT	ΓE	OCCUPATION	ON
N U	→						
တ	SPOUSE'S SIGNATURE			DAT	ΓE	SPOUSE'S	OCCUPATION
Щ							
EASE	PAID PREPARER'S SIGNATURE		DATE	FIR	M'S NAME (PREPAR	ER'S IF SELF-E	MPLOYED)
Ē							
Ы	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. Make check payable to Arizona Department of Revenue; write your SSN, Form 140X and tax year on payment.

• 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

2021 Form 140X - Standard Deduction Increase for Charitable Contributions

You must complete this worksheet if you are taking an increased standard deduction for charitable contributions. Include the completed worksheet with your tax return, when filed. If you do not include the completed worksheet, your standard deduction will not be increased.

Taxpayers electing to take the Standard Deduction may *increase* the standard deduction amount by 25% (.25) of the total amount of the taxpayer's charitable deductions that would have been allowed if the taxpayer elected to claim itemized deductions on the Arizona tax return.

Charitable contributions (lines 1C, 2C, and 3C) are those gifts allowed on federal Form 1040 Schedule A (Gifts to Charity) that you would have claimed had you elected to take itemized deductions on your federal return.

NOTE 1: A **part-year resident** taxpayer may only include those charitable contributions that are incurred and paid while an Arizona resident plus the amount of such gifts from Arizona sources incurred and paid during the part of the year while an Arizona nonresident. A **nonresident** taxpayer must prorate the increased standard deduction by his/her Arizona income ratio computed on page 1, line 20a.

NOTE 2: You **must** reduce your contribution amount by the total charitable contributions you made during January 1, 2021 through December 31, 2021 for which you are claiming an Arizona tax credit under Arizona law for the current tax year return or claimed on the prior tax year return. Enter this amount on line 5C.

NOTE 3: If you itemized deductions on your federal return (1040 Schedule A) and were required to adjust the amount of your allowable contributions on your federal 1040 Schedule A for the amount claimed as a tax credit on your Arizona income tax return, include the amount of the federal contribution adjustment to line 1C and enter the amount of the Arizona tax credit on line 5C.

Complete the worksheet to determine your allowable increased standard deduction for charitable contributions.

1C	2021 Gifts by cash or check	1C			00
2C	2021 Other than by cash or check	2C			00
3C	Carryover from prior year	3C			00
4C	Add lines 1C through 3C and enter the total	4C			00
5C	Total charitable contributions made in 2021 for which you are claiming a credit under Arizona law for the current (2021) or prior tax year (2020)	5C			00
6C	Subtract line 5C from line 4C and enter the difference. If less than zero, enter "0"	6C			00
7C	Multiply line 6C by 25% (.25) and enter the result	7C			00
8C	Nonresidents filing Form 140NR: Enter your Arizona income ratio from page 1, line 20a. All other taxpayers enter 1.000	8C			
9C	Multiply line 7C by the percentage on line 8C and enter the result	9C			00

- Enter the amount shown on line 9C on page 1, line 35
- Be sure to check box 34S for Standard Deduction on line 34.
- Check box 35C for charitable contributions on line 35. If you do not check this box, you may be denied the increased standard deduction.

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

2021 140X Dependent and Other Exemption Information

Include page 5 with your amended return if:

- You are reporting dependents (box 15a and 15b) on page 1.
- You are reporting qualifying parents and grandparents (box 16) on page 1.
- You are taking a deduction for *Other Exemptions* on page 1, line 25 (Subtractions from Income).

Part 1: Dependents (Box 15a and 15b) - (Forms 140, 140A, 140NR, and 140PY)

Information used to compute your allowable **Dependent Tax Credit** on page 1, line 40 (box 40b).

[(a)	(b)	(c)	(d)	(6)	(f)
	FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURITY NUMBER	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2021	✓ Dependent Age included in:		IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL RETURN DUE TO
					1 (Box 15a)	2 (Box 15b)	EDUCATIONAL
15c							
15d							
15e							
15f							
15g							
15h							
15i							
15j							
15k							
15ı							
15m							
15n							

Part 2: Qualifying parents and grandparents (Box 16) - (Forms 140, 140A, and 140PY)

Information used to compute your exemption included in Subtractions from Income, line 25.

	information about to compate your exemption included in capital actions from moome, line 20.											
	(a)		(b)	(c)	(d)	(e)	(f)					
	FIRST AND LAST NAME (Do not list yourself or spouse.)		SOCIAL SECURITY NUMBER	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2021	✓ IF AGE 65 OR OVER	✓ IF DIED IN 2021					
16a												
1 6 b												
1 6 c												
16 d												
16e												
16 _f												

Part 3: Other Exemptions - (Forms 140, 140A, 140NR, and 140PY)

Information used to compute your other exemptions included in Subtractions from Income, line 25.

	······································																												
	(a)	(b)		c)	(d)																								
	FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURITY NUMBER	✓ AGE 65 OR OVER (see instructions)														✓ AGE 65 OR OVER (see instructions)												✓ STILLBORN CHILD IN 2021
			C1	C2																									
1																													
2																													
3																													
1																													
5																													
3																													
7																													
3																													
9																													
)																													