Arizona Form
140A

Resident Personal Income Tax Return (Short Form) *STOP!* If your Arizona *taxable income* is \$50,000 or more, you *must* use Arizona Form 140.

L I Spc Spc Cur Cur	our F oous urrer	Check box 82F if irst Name and Middle In e's First Name and Midd	filing under itial		ble income is \$50,00					
You P	our F oous urrer	irst Name and Middle In	itial		Last Name					
	urrer	e's First Name and Midd	le Initial (if hay 4				Ent	Your S	Social Security N	lumber
			ouse's First Name and Middle Initial (if box 4 or 6 checked)				Vour			rity No.
	ty T	Current Home Address - number and street, rural route				Apt. No.			(with area code))
		own or Post Office	ZIP Code		94	ed in Last Four	Prior Year(s) (if di	ifferent)		
	(y, 1	Switch T ost Onice		tate	211 000	<u>,</u>				97
PILINGSTATUS	4 5				Protection of Joint O ependent on next line:	verpayment	REVENUE USE	E ONLY. DO NO	OT MARK IN THIS	AREA.
DO NO	6 7	Married filing separate return. Enter spouse's name and Social Security Number above. Single								
SNS			claimed. Do not	put a check n	nark.					
	8	Age 65 or over (you Blind (you and/or s	• •	, ,	ies 8, 9, and 11a, also co ines 10a and 10b, also co	•	81 PM		80 RCVD	
I IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Da	Dependents: Under	r age of 17.		pendents: Age 17 an	d over.				
<u> 11</u> 8	la	Qualifying parents a (Box 10a and 10b): Do			uctions For more	snace check f	he box 🗌 and	l complete n	age 3	
Dependents		FIRSTAI	(a) ND LAST NAME yourself or spouse.)		(b) SOCIAL SECURITY NUMBER	(c) RELATIONSHIF	(d)	(e)	Age (f) fi you did r this person of federal return	n due to
epen			1					(Box 10a) (Box	(10b)	
								┝┝╡┝	<u> </u>	
	10d 10e								╡┤──┤	
HOA		(Box 11a): Qualifying p	parents and grand	lparents. See	instructions. For mo	bre space, cheo	k the box 🗌 a	nd complete	page 3.	
ents after Form 140A. Qualitying Parentsand Grandparents			(a) ND LAST NAME yourself or spouse.)	(b) SOCIAL SECURITY NUMBER	(c) RELATIONSHIF	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2023		(f) ✓ if died in 20)23	
	11b									
								<u>⊢ </u>	<u></u> <u>⊢</u>	
	<u>11d</u>	Federal adjusted gross		f o do not no	4					00
		Age 65 or over: Multiply t								00
her docu Exemptions		Blind: Multiply the number		-					00	
		Other Exemptions: See			ultiply the number in bo					00
	16	Qualifying parents and g	grandparents: Mul	tiply the number	in box 11a by \$10,000			16		00
		Arizona adjusted gross								00
S A		Standard deduction: If y								00
dules of Tax		If you are a surviving spo Arizona taxable income:								00
Scheo Balance		Tax amount: Multiply line								00
Z S(21	Dependent Tax Credit.	See instruction					21		00
	22	Family income tax credit	t (from the workshee	et - see instruction	ns)			22		00
and tts and Credit		Balance of tax: Subtrac								00
federal Total Paymen Refundable of 5		Arizona income tax with	•							00
			izona extension payment (Form 204)							00
		Property Tax Credit from	-							00
		Total payments and ref								00
	29	TAX DUE: If line 23 is gre	eater than line 28, su	ıbtract line 28 fro	m line 23, and enter ar	nount of tax due.	Skip line 30	29		00
2 <u>3</u> (30	OVERPAYMENT: If line	28 is greater than lir	ne 23, subtract lir	ne 23 from line 28, and	enter the amoun	t of overpayment.			00
Place any required federal and AZ schedules or other docum Tax Due Total Payments and Balance of Tax Exemptions 0 verpay Refundable Credit Balance of Tax Exemptions E 7 2 2 2 2 2 2 2 2 2 2 2 2 1 1 1 1 1 1 1			Re PLE	ASE BE SURE	E TO SIGN ON PAG	E 2 OF THIS R	ETURN.	(Continued on pag	ge 2 →

	You	ar Name (as shown on page 1) Your Social S	Security Number	
	31	Enter the amount from page 1, line 29 Tax Due; or line 30 Overpayment		0
s	32	- 42 Voluntary Gifts to: Solutions Teams Assigned to Schools	00	
Voluntary Gifts		Neighbors Helping Neighbors 37 00 Special Olympics	00	
Volunt	43			
	44	Total voluntary gifts: Add lines 32 through 42	44 0	0
r /ed	45	REFUND: If line 31 is an overpayment, subtract line 44 from line 31. If less than zero, enter amount owed on line 46. Direct Deposit of Refund: <i>Check box 45A</i> if your deposit will be ultimately placed in a foreign account ; see instructions. 45 <i>A</i>		0
Refund or Amount Owed		98 C□ C□		
Amo	46			0
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which prep		*
HERE	Ÿ	YOUR SIGNATURE DATE OCCUPATION		
SIGN	-	SPOUSE'S SIGNATURE DATE SPOUSE'S OCCUPATION		
PLEASE SIGN HERI	F	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)		
đ	F	PAID PREPARER'S STREET ADDRESS PAID PREPARE	RER'S TIN	
	F	PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARE	RER'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 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.

2023 Form 140A Dependent and Other Exemptions Information

Include page 3 with your return if:

• You are listing additional dependents (for box 10a and 10b) from page 1.

You are listing additional qualifying parents and grandparents (for box 11a) from page 1.

• You are claiming Other Exemptions on page 1, line 15.

Part 1: Dependents (Box 10a and 10b) continued from page 1

Information used to compute your allowable **Dependent Tax Credit** on page 1, line 21.

NOTE: If you have more than three qualifying dependents, you *must* complete Part 1 *and* the worksheet in the instructions to compute your Dependent Tax Credit on line 21.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NUMBER	(C) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2023	(e) ✓ Dependent Age included in:		(f) ✓ IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL
					1 (Box 10a)	2 (Box 10b)	RETURN DUE TO EDUCATIONAL CREDITS
10f							
10g							
10h							
10i							
10j							
10k							
1 0 ı							
10 m							
10n							
10o							
10p							

Part 2: Qualifying parents and grandparents (Box 11a) continued from page 1

Additional qualifying parents and grandparents information used to compute your allowable exemption on page 1, line 16.

	(a)	(b)	(c)	(d)	(e)	(f)
		LAST NAME irself or spouse.)	SOCIAL SECURITY NUMBER	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2023	✓ IF AGE 65 OR OVER	✓ IF DIED IN 2023
11e							
11 f							
11g							
11h							
11 i							
11i							

Part 3: Other Exemptions

Information used to compute your allowable Other Exemptions on page 1, line 15.

	(a)	(a) (b) (c)		c)	(d)
	FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURITY NUMBER	✓ AGE 65 OR OVER (see instructions)		✓ STILLBORN CHILD IN 2023
			C1	C2	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Enter the total number of individuals listed in Part 3 in box 15E on page 1, line 15.