

| | |
|--------------------------------|--------------------------|
| Your Name (as shown on page 1) | Your Social Security No. |
|--------------------------------|--------------------------|

PART A: Dependents and Qualifying Parents - do not list yourself or spouse

A1 List children and other dependents. If more space is needed, attach a separate sheet.

| FIRST AND LAST NAME | SOCIAL SECURITY NO. | RELATIONSHIP | NO. OF MONTHS LIVED IN YOUR HOME IN 2008 |
|---------------------|---------------------|--------------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

A2 Enter total number of persons listed in A1 here and on the front of this form, box 10..... TOTAL **A2**

A3 a Enter the names of the dependents listed above who do not qualify as your dependent on your federal return. See pages 5 and 6 of the instructions.

| | |
|--|--|
| | |
|--|--|

b Enter dependents listed above who were not claimed on your federal return due to education credits:

| | |
|--|--|
| | |
|--|--|

A4 List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet.

You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 6 of the instructions.

| FIRST AND LAST NAME | SOCIAL SECURITY NO. | RELATIONSHIP | NO. OF MONTHS LIVED IN YOUR HOME IN 2008 |
|---------------------|---------------------|--------------|--|
| | | | |
| | | | |
| | | | |

A5 Enter total number of persons listed in A4 here and on the front of this form, box 11 TOTAL **A5**

PART B: Last Name(s) Used in Prior Years – if different from name(s) used in current year

B6

| | | | |
|-------------------------|---|---|-------------------------|
| PLEASE SIGN HERE | I have read this return and any attachments with it. Under penalties of perjury, I declare that 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 | FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) | |
| | PAID PREPARER'S TIN | DATE | PAID PREPARER'S ADDRESS |

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016.
 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.