



2013 Arizona ATS Test

Test: 400-00-7504

Form: **140**

Description: Resident (Deceased), MFJ, Age 65, Blind, Investment & Retirement Income, No Dependents

Forms used

Form 140, 131, 1099-R (2)

Other

Income Information

	<u>Total</u>	<u>Arizona</u>
Income from Investments	33,500	33,500
Retirement Income	10,500	10,500
Social Security Benefits	10,880	10,880
Federal AGI	54,880	
Net Capital Gains		

Deductions and Adjustments

	<u>Total</u>	<u>Arizona</u>
AZ Standard Deduction		9,883

Preparer Information

Name = Kathleen Taxpro

Firm = H&R Block

Address = 599 Thunderbird Blvd, Dublin, OH 43017

Phone = 614-659-1505

Self Employed = No

SSN =

EIN = 43-1632899

Arizona Form 140 Resident Personal Income Tax Return

FOR
CALENDAR YEAR
2013

OR FISCAL YEAR BEGINNING MM,MD,DI,Y,Y,Y,Y AND ENDING MM,MD,DI,Y,Y,Y,Y 66

82F Check box 82F if filing under extension

1	Your First Name and Middle Initial PASSED (Dec 2013-10-15)	Last Name AWAY	Enter your SSN(s).	Your Social Security No. 400,00 7504
1	Spouse's First Name and Middle Initial (if box 4 or 6 checked) INVESTOR	Last Name WIDOW		Spouse's Social Security No. 400,00 1014
2	Current Home Address - number and street, rural route 111 MAIN STREET	Apt. No.	Daytime Phone (with area code) 94 (623) 487-9238	
3	City, Town or Post Office SURPRISE	State AZ	ZIP Code 85387	Last Names Used in Prior Year(s)

4	<input checked="" type="checkbox"/> Married filing joint return	REVENUE USE ONLY. DO NOT MARK IN THIS AREA.
5	<input type="checkbox"/> Head of household - Enter name of qualifying child or dependent on next line: _____	88
6	<input type="checkbox"/> Married filing separate return. Enter spouse's name and Social Security No. above.	
7	<input type="checkbox"/> Single	
↓ Enter the number claimed. Do not put a check mark.		
8	<input type="checkbox"/> Age 65 or over (you and/or spouse)	
9	<input type="checkbox"/> Blind (you and/or spouse)	81 PM
10	<input type="checkbox"/> Dependents. From page 2, line A2 - do not include self or spouse.	80 RCVD
11	<input type="checkbox"/> Qualifying parents and grandparents. From page 2, line A5.	

12	Federal adjusted gross income (from your federal return)	12	54,880	00
13	Additions to income (from page 2, line B12)	13		00
14	Subtotal: Add lines 12 and 13, and enter the total	14	54,880	00
15	Subtractions from income (from page 2, line C17 or line C30)	15	5,700	00
16	Net capital gain or (loss): 16A 9,500 00 . Net long-term capital gain subtraction (from page 2, line D34)	16		00
17	Arizona adjusted gross income. Subtract lines 15 and 16 from line 14, and enter the difference	17	49,180	00
18	Deductions: Check box and enter amount. See instructions	18	9,883	00
	18I <input type="checkbox"/> ITEMIZED 18S <input checked="" type="checkbox"/> STANDARD			
19	Personal exemptions. See instructions	19	4,200	00
20	Arizona taxable income: Subtract lines 18 and 19 from line 17. If less than zero, enter zero	20	35,097	00
21	Compute the tax using amount on line 20 and Tax Table X, Y or Optional Tax Tables	21	952	00
22	Tax from recapture of credits from Arizona Form 301, Part II, line 36	22		00
23	Subtotal of tax: Add lines 21 and 22	23	952	00
24	Family income tax credit (from worksheet in the instructions)	24		00
25	Credits from Arizona Form 301, Part II, line 69, or Forms 310, 321, 322, and 323 if Form 301 is not required	25		00
26	Credit type: Enter form number of each credit claimed	26	952	00
	26 13			
27	Balance of tax: Subtract lines 24 and 25 from line 23. If the sum of lines 24 and 25 is more than line 23, enter zero	27	341	00
28	Arizona income tax withheld during 2013	28	1,000	00
29	Arizona estimated tax payments for 2013	29		00
30	2013 Arizona extension payment (Form 204)	30		00
31	Increased Excise Tax Credit (from Form 140PTC or worksheet - see instructions)	31		00
32	Property Tax Credit from Form 140PTC	32		00
33	Other refundable credits: Check the box(es); enter the amount	33		00
	331 <input type="checkbox"/> 308-I 332 <input type="checkbox"/> 342 333 <input type="checkbox"/> 349 334 <input type="checkbox"/> 350			
34	Total payments/refundable credits: Add lines 28 through 33	34	1,341	00
35	TAX DUE: If line 27 is larger than line 34, subtract line 34 from line 27 and enter amount of tax due. Skip lines 36, 37 and 38	35		00
36	OVERPAYMENT: If line 34 is larger than line 27, subtract line 27 from line 34 and enter amount of overpayment	36	389	00
37	Amount of line 36 to be applied to 2014 estimated tax	37		00
38	Balance of overpayment: Subtract line 37 from line 36	38	389	00
39 - 48 Voluntary Gifts to:				
	Solutions Teams Assigned to Schools	39	00	00
41	Child Abuse Prevention	41	00	00
	Domestic Violence Shelter	42	00	00
44	National Guard Relief Fund	44	00	00
	Neighbors Helping Neighbors	45	00	00
47	Veterans' Donations Fund	47	00	00
	I Didn't Pay Enough Fund	48	00	00
49	Voluntary Political Gift (check only one): 491 <input type="checkbox"/> Americans Elect 492 <input type="checkbox"/> Democratic 493 <input type="checkbox"/> Green 494 <input type="checkbox"/> Libertarian 495 <input type="checkbox"/> Republican			
50	Estimated payment penalty; MSA penalty; and AZ Long-Term Health Care Savings Account (AZLTHSA) penalty	50		00
51	511 <input type="checkbox"/> Annualized/Other 512 <input type="checkbox"/> Farmer or Fisherman 513 <input type="checkbox"/> Form 221 attached 514 <input type="checkbox"/> MSA Penalty 515 <input type="checkbox"/> AZLTHSA Penalty			
52	Total of lines 39 through 48 and 50	52		00
53	REFUND: Subtract line 52 from line 38. If less than zero, enter amount owed on line 54	53	389	00
	Direct Deposit of Refund: Check box 53A if your deposit will be ultimately placed in a foreign account ; see instructions. 53A <input type="checkbox"/>			
	ROUTING NUMBER	ACCOUNT NUMBER	C <input type="checkbox"/> Checking or	
98			S <input type="checkbox"/> Savings	
54	AMOUNT OWED: Add lines 35 and 52. Make check payable to Arizona Department of Revenue; include SSN on payment.	54		00

ONE STAPLE. NO TAPE.

Place any required federal and AZ schedules or other documents after Form 140 page 2; staple to upper left corner.

EXEMPTIONS FILING STATUS

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

If completing Part A, also complete Part C, lines C15 and/or C16 and C17.

A1 List children and other dependents. Do not list yourself or spouse. 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 2013

A2 Enter total number of persons listed in A1 here and on the front of this form, box 10; **also complete Part C below**..... **A2** _____

A3 a Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:

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

A4 List qualifying parents and grandparents. 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 grandparent, see instructions.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2013

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

B6 Non-Arizona municipal interest..... **B6** _____ 00

B7 Ordinary income portion of lump-sum distributions excluded on your federal return..... **B7** _____ 00

B8 Total federal depreciation. Also see the instructions for line C22 **B8** _____ 00

B9 Medical savings account (MSA) distributions. See page 7 of the instructions..... **B9** _____ 00

B10 Reserved **B10** _____

B11 Other additions to income. See instructions and attach your own schedule..... **B11** _____ 00

B12 Total: Add lines B6 through B11. Enter here and on the front of this form, line 13 **B12** _____ 00

C13 Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100 **C13** 4,200 00

C14 Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500 **C14** 1,500 00

C15 Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300 **C15** _____ 00

C16 Exemption: Qualifying parents and grandparents. Multiply box 11, page 1, by \$10,000 **C16** _____ 00

C17 Total exemptions: Add lines C13 through C16. **If you have no other subtractions from income, skip lines C18 through C30 and enter the amount on line C17 on Form 140, Page 1, line 15**..... **C17** 5,700 00

C18 Interest on U.S. obligations such as U.S. savings bonds and treasury bills **C18** _____ 00

C19 Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer) **C19** _____ 00

C20 Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)..... **C20** _____ 00

C21 U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (taxable amount) **C21** _____ 00

C22 Recalculated Arizona depreciation **C22** _____ 00

C23 Certain wages of American Indians **C23** _____ 00

C24 Income tax refund from other states. See instructions..... **C24** _____ 00

C25 Deposits and employer contributions into MSAs. See page 11 of the instructions **C25** _____ 00

C26 Adjustment for I.R.C. §179 expense not allowed..... **C26** _____ 00

C27 Pay received for active service as a member of the reserves, national guard or the U.S. armed forces **C27** _____ 00

C28 Net operating loss adjustment. See instructions before you enter any amount here **C28** _____ 00

C29 Other subtractions from income. See instructions and attach your own schedule **C29** _____ 00

C30 Total: Add lines C17 through C29. **Enter here and on the front of this form, line 15**..... **C30** 5,700 00

D31 Enter the total net short-term capital gain or (loss) included on page 1, line 12..... **D31** 200 00

D32 Enter the total net long-term capital gain or (loss). Enter the amount from your worksheet, line 12, column (b) **D32** 9,300 00

D33 Enter the net long-term capital gain from assets acquired after December 31, 2011 (from your worksheet, line 12, column (d)) **D33** _____ 00

D34 Multiply line D33 by 10% (.10). Enter here and on page 1, line 16..... **D34** 0 00

PART A: Dependents

PART B: Additions to Income

PART C: Subtractions from Income

PART D: Cap Gain Subtr

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 **DECEASED**

SPOUSE'S SIGNATURE _____ DATE _____ SPOUSE'S OCCUPATION **RETIRED**

PAID PREPARER'S SIGNATURE _____ DATE _____ FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) **H&R BLOCK**

PAID PREPARER'S STREET ADDRESS **599 THUNDERBIRD BLVD** PAID PREPARER'S TIN **P7777777**

PAID PREPARER'S CITY **DUBLIN** STATE **OH** ZIP CODE **43017** PAID PREPARER'S PHONE NO. _____

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.

Claim for Refund on Behalf of Deceased Taxpayer

Please print or type.

For calendar year decedent was due a refund: 2, 0, 1, 3, OR Fiscal year ending: MONTH YEAR 66

Form fields for decedent and claimant information: 1 Decedent's Name (last, first, middle initial) AWAY, PASSED; 2 Date of Death 1 0 1 5 2 0 1 3; 3 Decedent's Social Security No. 400 00 7504; 4 Name of Person Claiming Refund (last, first, middle initial) WIDOW, INVESTOR; 5 Claimant's Social Security or Federal I.D. No. 400-00-1014; 6 Home Address of Person Claiming Refund - number and street, rural route 111 MAIN STREET; 7 City, Town or Post Office SURPRISE State AZ ZIP Code 85387; 8 Claimant's Relationship to Decedent SPOUSE; 9a PM; 80 RCVD

Part I: Check the box that applies to you. Check only one box. Be sure to complete Part III below.

- 9a [X] Surviving spouse claiming a refund based on a joint return.
9b [] Court-appointed or certified personal representative. Attach a court certificate (issued after death) showing your appointment.
9c [] Person other than 9a or 9b claiming refund for the decedent's estate. See instructions and complete Part II below.

Part II: Complete Part II only if you checked box 9c in Part I above.

- 10a Did the decedent leave a will? YES NO
10a [] []
10b Has a personal representative been appointed for the estate of the decedent? YES NO
10b [] []
10c If you answered "No" on line 10b, will one be appointed? YES NO
10c [] []
11 As the person claiming the refund for the decedent's estate, will you pay out the refund according to the laws of the state where the decedent was a legal resident? YES NO
11 [] []

If you answered "No" on line 11, a refund cannot be made until you submit a court certificate showing your appointment as personal representative or until you submit other evidence that you are entitled under state law to receive the refund.

Part III:

I request a refund of taxes overpaid by, or on behalf of, the decedent. Under penalties of perjury, I declare that the statements made on this form have been examined by me and to the best of my knowledge, they are true, correct and complete.

Signature of Person Claiming Refund Date

VOID CORRECTED

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code DAGWOOD & BLONDIE'S SANDWICH JOINT 123 BLUEBIRD CIRCLE BETHLEHEM PA 40007		1 Gross distribution \$	OMB No. 1545-0119 2013 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		
PAYER'S federal identification number 61-6737341	RECIPIENT'S identification number 400-00-7504	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$		Copy 1 For State, City, or Local Tax Department
RECIPIENT'S name PASSED AWAY Street address (including apt. no.) 111 MAIN STREET City or town, province or state, country, and ZIP or foreign postal code SURPRISE, AZ 85387		5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s)	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	
		9a Your percentage of total distribution %	9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 State tax withheld \$	13 State/Payer's state no. AZ/61-6737341	14 State distribution \$ 11,000.00	
Account number (see instructions)		15 Local tax withheld \$	16 Name of locality	17 Local distribution \$	

VOID CORRECTED

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code DAGWOOD & BLONDIE'S SANDWICH JOINT 123 BLUEBIRD CIRCLE BETHLEHEM PA 40007		1 Gross distribution \$ _____		OMB No. 1545-0119 2013		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			
		2a Taxable amount \$ _____		Form 1099-R					
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>					
PAYER'S federal identification number 61-6737342		RECIPIENT'S identification number 400-00-1014		3 Capital gain (included in box 2a) \$ _____		4 Federal income tax withheld \$ _____		Copy 1 For State, City, or Local Tax Department	
RECIPIENT'S name INVESTOR WIDOW Street address (including apt. no.) 111 MAIN STREET City or town, province or state, country, and ZIP or foreign postal code SURPRISE, AZ 85387		5 Employee contributions /Designated Roth contributions or insurance premiums \$ _____		6 Net unrealized appreciation in employer's securities \$ _____					
		7 Distribution code(s) _____		IRA/SEP/SIMPLE <input type="checkbox"/>		8 Other \$ _____ %			
		9a Your percentage of total distribution _____ %		9b Total employee contributions \$ _____					
10 Amount allocable to IRR within 5 years \$ _____		11 1st year of desig. Roth contrib. _____		12 State tax withheld \$ _____		13 State/Payer's state no. AZ/61-6737342		14 State distribution \$ 13,000.00	
Account number (see instructions)		15 Local tax withheld \$ _____		16 Name of locality _____		17 Local distribution \$ _____			
		\$ _____		\$ _____		\$ _____			
		\$ _____		\$ _____		\$ _____			