

Or fiscal year beginning MM/DD/2002, and ending MM/DD/2003 66

Header section containing personal information: Your first name and initial, Last name, Your Social Security Number, If a joint return, spouse's first name and initial, Last name, Spouse's Social Security Number, Present home address, Daytime phone, Home phone, City, town or post office, State, Zip Code.

Filing Status and Exemptions section. Includes checkboxes for Married filing joint return, Head of household, Married filing separate return, Single, and various exemption categories like Age 65 or over, Blind, Dependents, and Qualifying parents.

Main tax calculation section with lines 12 through 56. Includes calculations for Federal adjusted gross income, Arizona adjusted gross income, deductions, tax due, overpayment, and voluntary gifts.

PART A: Dependents - do not list yourself or spouse

A1	LIST CHILDREN AND OTHER DEPENDENTS. IF MORE SPACE IS NEEDED, ATTACH A SEPARATE SHEET.	NO. OF MONTHS LIVED IN YOUR HOME IN 2002
FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP

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

A3 Enter the names of the dependents age 65 or over listed above who do not qualify as your dependent on your federal return:

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 5 of the instructions.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2002

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

PART B: Additions to Income

B6	Non-Arizona municipal interest	B6	00
B7	Early withdrawal of Arizona Retirement System contributions not included on your federal return	B7	00
B8	Ordinary income portion of lump-sum distributions excluded on your federal return	B8	00
B9	Bonus depreciation allowed under IRC §168(K)	B9	00
B10	Medical savings account (MSA) distributions. See page 6 of the instructions	B10	00
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

PART C: Subtractions from Income

C13	Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100	C13	00
C14	Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500	C14	00
C15	Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300	C15	00
C16	Exemption: Qualifying parents and ancestors of your parents. Multiply the number in 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 C28 and enter the amount on line C17 on Form 140, Page 1, line 15.	C17	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	C21	00
C22	Adjustment for bonus depreciation allowed under IRC §168(K) added to Arizona gross income	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 10 of the instructions	C25	00
C26	Construction of an energy efficient residence. See page 10 of the instructions. Enter number: C26a <input type="text"/> , then amount.	C26	00
C27	Other subtractions from income. See instructions and attach your own schedule	C27	00
C28	Total: Add lines C17 through C27. Enter here and on the front of this form, line 15.....	C28	00

Part D: Last Name(s) Used in Prior Years if different from name(s) used in current year

D29

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.