

DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING [M, M, D, D] 2, 0, 1, 4 AND ENDING [M, M, D, D] 2, 0, Y, Y. 66F

1 Your First Name and Middle Initial Last Name Enter your SSN(s) Your Social Security Number

1 Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No.

2 Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) 94

3 City, Town or Post Office State ZIP Code Last Names Used in Last Four Prior Year(s) (if different)

4 Married filing joint return
5 Head of household: Enter name of qualifying child or dependent on next line:
6 Married filing separate return: Enter spouse's name and Social Security Number above.
7 Single
Enter the number claimed. Do not put a check mark.

REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88

8 Age 65 or over (you and/or spouse)
9 Blind (you and/or spouse)
10 Dependents: Do not include self or spouse.
11 Qualifying parents and grandparents
If completing lines 8 through 11, also complete lines 38 through 41. 81 PM 80 RCVD

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2014, (e) if this person did not qualify as a dependent on your federal return, (f) if you did not claim this person on your federal return due to educational credits. Rows 10a, 10b, 10c.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2014, (e) if age 65 or over, (f) if died in 2014. Rows 11a, 11b.

Table with 3 columns: Line number, Description, Amount. Rows 12-17: Federal adjusted gross income, Non-Arizona municipal interest, Ordinary income portion of lump-sum distributions excluded, Total federal depreciation, Other additions to income, Subtotal.

Table with 3 columns: Line number, Description, Amount. Rows 18-36: Capital gains, Net capital gain, Recalculated Arizona depreciation, 2013 Arizona depreciation adjustment, Adjustment for I.R.C. §179 expense, Interest on U.S. obligations, Exclusion for federal, Arizona state or local government pensions, Arizona state lottery winnings, U.S. Social Security or Railroad Retirement Act benefits, Certain wages of American Indians, Pay received for active service, Net operating loss adjustment, Contributions to 529 College Savings Plans, Other Subtractions, Subtract lines 22 through 35 from line 17.

Place any required federal and AZ schedules or other documents after Form 140.

Dependents

Additions

Subtractions

Your Name (as shown on page 1)	Your Social Security Number
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Exemptions	37 Enter the amount from page 1, line 36	37		00
	38 Age 65 or over: Multiply the number in box 8 by \$2,100.....	38		00
	39 Blind: Multiply the number in box 9 by \$1,500	39		00
	40 Dependents: Multiply the number in box 10 by \$2,300	40		00
	41 Qualifying parents and grandparents: Multiply box 11 by \$10,000	41		00
42 Arizona adjusted gross income: Subtract lines 38 through 41 from line 37	42		00	
Balance of Tax	43 Deductions: Check box and enter amount. See instructions on page 14	43	<input type="checkbox"/> ITEMIZED <input type="checkbox"/> STANDARD	00
	44 Personal exemptions: See instructions on page 15	44		00
	45 Arizona taxable income: Subtract lines 43 and 44 from line 42.	45		00
	46 Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables.....	46		00
	47 Tax from recapture of credits from Arizona Form 301, Part 2, line 38	47		00
	48 Subtotal of tax: Add lines 46 and 47 and enter the total	48		00
	49 Family income tax credit (from your worksheet in the instructions on page 15).....	49		00
	50 Credits from Arizona Form 301, Part 2, line 72	50		00
	51 Balance of tax: Subtract lines 49 and 50 from line 48. If the sum of lines 49 and 50 is more than line 48, enter zero	51		00
Total Payments and Refundable Credits	52 Arizona income tax withheld during 2014.....	52		00
	53 Arizona estimated tax payments for 2014	53		00
	54 2014 Arizona extension payment (Form 204).....	54		00
	55 Increased Excise Tax Credit (Form 140PTC or worksheet - see instructions on page 18).....	55		00
	56 Property Tax Credit from Form 140PTC	56		00
	57 Other refundable credits: Check the box(es) and enter the total amount.....	57	<input type="checkbox"/> 308-I <input type="checkbox"/> 342 <input type="checkbox"/> 349	00
58 Total payments and refundable credits: Add lines 52 through 57 and enter the total.....	58		00	
Tax Due or Overpayment	59 TAX DUE: If line 51 is larger than line 58, subtract line 58 from line 51 and enter amount of tax due. Skip lines 60, 61 and 62.....	59		00
	60 OVERPAYMENT: If line 58 is larger than line 51, subtract line 51 from line 58 and enter amount of overpayment.....	60		00
	61 Amount of line 60 to be applied to 2015 estimated tax.....	61		00
	62 Balance of overpayment: Subtract line 61 from line 60.....	62		00
Voluntary Gifts	63 - 73 Voluntary Gifts to:			
	Child Abuse Prevention 65	<input type="text"/>	<input type="text"/>	00
	National Guard Relief Fund. 68	<input type="text"/>	<input type="text"/>	00
	Veterans' Donations Fund ... 71	<input type="text"/>	<input type="text"/>	00
	Solutions Teams Assigned to Schools..... 63	<input type="text"/>	<input type="text"/>	00
	Domestic Violence Shelter 66	<input type="text"/>	<input type="text"/>	00
	Neighbors Helping Neighbors. 69	<input type="text"/>	<input type="text"/>	00
	I Didn't Pay Enough Fund..... 72	<input type="text"/>	<input type="text"/>	00
Arizona Wildlife..... 64	<input type="text"/>	<input type="text"/>	00	
Political Gift..... 67	<input type="text"/>	<input type="text"/>	00	
Special Olympics..... 70	<input type="text"/>	<input type="text"/>	00	
Sustainable State Parks and Road Fund..... 73	<input type="text"/>	<input type="text"/>	00	
74 Political Party (if amount is entered on line 67 - check only one): 741 <input type="checkbox"/> Americans Elect 742 <input type="checkbox"/> Democratic 743 <input type="checkbox"/> Libertarian 744 <input type="checkbox"/> Republican 745 <input type="checkbox"/> AZ Green Party				
Penalty	75 Estimated payment penalty and Arizona Long-Term Health Care Savings Account (AZLTHSA) penalty	75		00
	76 761 <input type="checkbox"/> Annualized/Other 762 <input type="checkbox"/> Farmer or Fisherman 763 <input type="checkbox"/> Form 221 included 764 <input type="checkbox"/> AZLTHSA Penalty			
	77 Add lines 63 through 73 and 75; enter the total.....	77		00
Refund or Amount Owed	78 REFUND: Subtract line 77 from line 62. If less than zero, enter amount owed on line 79	78		00
	Direct Deposit of Refund: Check box 78A if your deposit will be ultimately placed in a foreign account ; see instructions. 78A <input type="checkbox"/>			
	ROUTING NUMBER	ACCOUNT NUMBER	<input type="checkbox"/> Checking or	
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Savings	
79 AMOUNT OWED: Add lines 59 and 77. Make check payable to Arizona Department of Revenue; write your SSN on payment, and include with your return.....	79			00

I have read this return and any documents 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.

PLEASE SIGN HERE

→ YOUR SIGNATURE _____ DATE _____ OCCUPATION _____

→ SPOUSE'S SIGNATURE _____ DATE _____ SPOUSE'S OCCUPATION _____

PAID PREPARER'S SIGNATURE _____ DATE _____ FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) _____

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 140.

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

Dependent Information - Continuation Sheet from Page 1 Dependents

Include with your return **only** if listing additional dependents.

Complete this form **only** if you need additional space from page 1 to list your dependents.
If you do not list **all** dependents claimed on page 1 of your income tax return, you may lose the exemptions.

Children and other dependents, continued from page 1.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2014	(e) ✓ if this person did not qualify as a dependent on your federal return	(f) ✓ if you did not claim this person on your federal return due to educational credits
10d					<input type="checkbox"/>	<input type="checkbox"/>
10e					<input type="checkbox"/>	<input type="checkbox"/>
10f					<input type="checkbox"/>	<input type="checkbox"/>
10g					<input type="checkbox"/>	<input type="checkbox"/>
10h					<input type="checkbox"/>	<input type="checkbox"/>
10i					<input type="checkbox"/>	<input type="checkbox"/>
10j					<input type="checkbox"/>	<input type="checkbox"/>
10k					<input type="checkbox"/>	<input type="checkbox"/>
10l					<input type="checkbox"/>	<input type="checkbox"/>
10m					<input type="checkbox"/>	<input type="checkbox"/>
10n					<input type="checkbox"/>	<input type="checkbox"/>
10o					<input type="checkbox"/>	<input type="checkbox"/>
10p					<input type="checkbox"/>	<input type="checkbox"/>
10q					<input type="checkbox"/>	<input type="checkbox"/>
10r					<input type="checkbox"/>	<input type="checkbox"/>
10s					<input type="checkbox"/>	<input type="checkbox"/>
10t					<input type="checkbox"/>	<input type="checkbox"/>
10u					<input type="checkbox"/>	<input type="checkbox"/>

Qualifying parents and grandparents, continued from page 1.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2014	(e) ✓ if age 65 or over	(f) ✓ if died in 2014
11c					<input type="checkbox"/>	<input type="checkbox"/>
11d					<input type="checkbox"/>	<input type="checkbox"/>
11e					<input type="checkbox"/>	<input type="checkbox"/>
11f					<input type="checkbox"/>	<input type="checkbox"/>
11g					<input type="checkbox"/>	<input type="checkbox"/>
11h					<input type="checkbox"/>	<input type="checkbox"/>
11i					<input type="checkbox"/>	<input type="checkbox"/>
11j					<input type="checkbox"/>	<input type="checkbox"/>