

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

Your First Name and Middle Initial Last Name Your Social Security Number

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

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

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

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

12-13 Residency Status (check one): 12 Part-Year Resident Other than Active Military 13 Part-Year Resident Active Military

(Box 10): Dependent Information: Children and other dependents. For more space, (check) and complete page 3.

(Box 11): Qualifying parents and grandparents. See instructions. For more space, (check) and complete page 3.

14 Dates of Arizona residency: From to List other state(s) of residency:

15 Wages, salaries, tips, etc. 16 Interest 17 Dividends 18 Arizona income tax refunds 19 Alimony received 20 Business income (or loss) from federal Schedule C 21 Gains (or losses) from federal Schedule D 22 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E 23 Other income reported on your federal return 24 Total income: Add lines 15 through 23 25 Other federal adjustments: Include your own schedule 26 Federal adjusted gross income: Subtract line 25 from line 24 in the FEDERAL column 27 Arizona income: Subtract line 25 from line 24 in the ARIZONA column 28 Arizona percentage: Divide line 27 by line 26, and enter the result (not over 100%) 29 Total depreciation included in Arizona gross income 30 Other additions to income: See instructions on page 8 and include your own schedule 31 Subtotal: Add lines 27, 29, and 30 32 Total Arizona sourced net capital gain or (loss) 33 Total net short-term capital gain or (loss) included on line 21, ARIZONA column 34 Total net long-term capital gain or (loss): Enter the amount from your worksheet, line 14, col. (c) 35 Net long-term capital gain from assets acquired after December 31, 2011. Enter the amount from your worksheet, line 14, col. (e) 36 Multiply line 35 by 20% (.20) and enter the result 37 Net capital gain derived from investment in qualified small business 38 Contributions to 529 College Savings Plans 39 Subtract lines 36, 37, and 38 from line 31. Enter the difference

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

Enter the number claimed. Do not put a check mark.

If completing lines 8 through 11, also complete lines 49 through 54. 81P PM 80R RCVD

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

FILING STATUS

EXEMPTIONS

Dependents

Arizona Income

Additions

Subtractions - cont. on page 2

Your Name (as shown on page 1) _____ Your Social Security Number _____

Subtractions - cont. from page 1	40	Enter the amount from page 1, line 39	40		00
	41	Recalculated Arizona depreciation	41		00
	42	2013 Arizona depreciation adjustment	42		00
	43	Adjustment for I.R.C. §179 expense not allowed	43		00
	44	Interest on U.S. obligations such as U.S. savings bonds and treasury bills.....	44		00
	45	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)	45		00
	46	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income	46		00
	47	Other subtractions: See instructions on page 12 and include your own schedule	47		00

Exemptions	48	Subtract lines 41 through 47 from line 40.....	48		00
	49	Age 65 or over: Multiply the number in box 8 by \$2,100.....	49		00
	50	Blind: Multiply the number in box 9 by \$1,500	50		00
	51	Dependents: Multiply the number in box 10 by \$2,300	51		00
	52	Qualifying parents and grandparents: Multiply the number in box 11 by \$10,000.....	52		00
	53	Add lines 49 through 52.....	53		00

Balance of Tax	54	Multiply line 53 by the Arizona percentage on line 28	54		00
	55	Arizona adjusted gross income: Subtract line 54 from line 48.....	55		00
	56	Deductions: Check box and enter amount. See instructions on page 15..... 56I <input type="checkbox"/> ITEMIZED 56S <input type="checkbox"/> STANDARD	56		00
	57	Personal exemptions: See instructions of page 16.....	57		00
	58	Arizona taxable income: Subtract lines 56 and 57 from line 55.....	58		00
	59	Compute the tax using amount from line 58 and Tax Table X or Y.....	59		00
	60	Tax from recapture of credits from Arizona Form 301, Part 2, line 38	60		00
	61	Subtotal of tax: Add lines 59 and 60 and enter the total	61		00

Total Payments and Refundable Credits	62	Family income tax credit (from your worksheet on page 17 in the instructions).....	62		00
	63	Credits from Arizona Form 301, Part 2, line 72	63		00
	64	Balance of tax: Subtract lines 62 and 63 from line 61. If the sum of lines 62 and 63 is more than line 61, enter zero	64		00
	65	Arizona income tax withheld during 2014.....	65		00
	66	Arizona estimated tax payments for 2014.....	66		00

Tax Due or Overpayment	67	2014 Arizona extension payment (Form 204).....	67		00
	68	Increased Excise Tax Credit from worksheet: See instructions on page 19	68		00
	69	Other refundable credits: Check the box(es) and enter the total amount..... 691 <input type="checkbox"/> 308-I 692 <input type="checkbox"/> 342 693 <input type="checkbox"/> 349	69		00
	70	Total payments and refundable credits: Add lines 65 through 69 and enter the total.....	70		00

Voluntary Gifts	71	TAX DUE: If line 64 is larger than line 70, subtract line 70 from line 64, and enter amount of tax due. Skip lines 72, 73 and 74.....	71		00
	72	OVERPAYMENT: If line 70 is larger than line 64, subtract line 64 from line 70, and enter amount of overpayment.....	72		00
	73	Amount of line 72 to be applied to 2015 estimated tax.....	73		00
	74	Balance of overpayment: Subtract line 73 from line 72.....	74		00
	75 - 85 Voluntary Gifts to:				
		Solutions Teams Assigned to Schools.....	75		00
		Arizona Wildlife.....	76		00
		Child Abuse Prevention	77		00

Penalty		Domestic Violence Shelter	78		00
		Political Gift.....	79		00
		National Guard Relief Fund.....	80		00

Refund or Amount Owed		Neighbors Helping Neighbors.....	81		00
		Special Olympics.....	82		00
		Veterans' Donations Fund	83		00

	86	Political Party (if amount is entered on line 79 - check only one): 861 <input type="checkbox"/> Americans Elect 862 <input type="checkbox"/> Democratic 863 <input type="checkbox"/> Libertarian 864 <input type="checkbox"/> Republican 865 <input type="checkbox"/> AZ Green Party			
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	87	Estimated payment penalty and Arizona Long-Term Health Care Savings Account (AZLTHSA) penalty	87		00
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	88	881 <input type="checkbox"/> Annualized/Other 882 <input type="checkbox"/> Farmer or Fisherman 883 <input type="checkbox"/> Form 221 included 884 <input type="checkbox"/> AZLTHSA Penalty			
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	89	Add lines 75 through 85 and 87; enter the total.....	89		00
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	90	REFUND: Subtract line 89 from line 74. If less than zero, enter amount owed on line 91	90		00
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	91	AMOUNT OWED: Add lines 71 and 89. Make check payable to Arizona Department of Revenue; write your SSN on payment, and include with your return.....	91		00
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PLEASE SIGN HERE

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.

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.
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
10c					<input type="checkbox"/>	<input type="checkbox"/>
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"/>

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"/>