

DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING AND ENDING 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 Enter your SSN(s) 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) 97

4 Married filing joint return REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

5 Head of household: Enter name of qualifying child or dependent on next line: 88R

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.

8 Age 65 or over (you and/or spouse) If completing lines 8 through 10, also complete lines 47 through 51. 81P PM 80R RCVD

9 Blind (you and/or spouse)

10 Dependents: Do not include self or spouse.

11-13 Residency Status (check one): 11 Nonresident 12 Nonresident Active Military 13 Composite Return

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

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2016, (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-10d.

14 Check box 14 if married and you are the spouse of an active duty military member who qualifies for relief under the Military Spouses Residency Relief Act 14

15 Wages, salaries, tips, etc 15 00 00

16 Interest 16 00 00

17 Dividends 17 00 00

18 Arizona income tax refunds 18 00 00

19 Business income or (loss) from federal Schedule C 19 00 00

20 Gains or (losses) from federal Schedule D 20 00 00

21 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E... 21 00 00

22 Other income reported on your federal return 22 00 00

23 Total income: Add lines 15 through 22 23 00 00

24 Other federal adjustments: Include your own schedule 24 00 00

25 Federal adjusted gross income: Subtract line 24 from line 23 in the FEDERAL column 25 00

26 Arizona gross income: Subtract line 24 from line 23 in the ARIZONA column 26 00

27 Arizona income ratio: Divide line 26 by line 25, and enter the result (not over 1.000) 27

28 Total depreciation included in Arizona gross income 28 00

29 Partnership Income adjustment: See instructions 29 00

30 Other Additions to Income: See instructions and include your own schedule 30 00

31 Subtotal: Add lines 26, 28, 29, and 30 31 00

32 AZ sourced gain/loss 32 00

33 Short-term gains 33 00

34 Long-term gain/loss 34 00

35 Net long-term gain after Dec. 31, 2011... 35 00

36 Multiply line 35 by 25% (.25) 36 00

37 Net capital gain from qualified small business 37 00

38 Recalculated Arizona depreciation 38 00

39 Adjustment for I.R.C. §179 expense not allowed 39 00

40 Partnership Income: See instructions 40 00

41 Subtract lines 36 through 40 from line 31 41 00

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

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	42	Enter the amount from page 1, line 41	42		00
	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills.....	43		00
	44	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)	44		00
	45	Agricultural crops contributed to Arizona charitable organizations.....	45		00
	46	Other Subtractions from Income: See instructions and include your own schedule.....	46		00
Exemptions	47	Age 65 or over: Multiply the number in box 8 by \$2,100.....	47		00
	48	Blind: Multiply the number in box 9 by \$1,500	48		00
	49	Dependents: Multiply the number in box 10 by \$2,300	49		00
	50	Add lines 47, 48, and 49 and enter the total.....	50		00
	51	Multiply line 50 by the Arizona ratio on line 27	51		00
	52	Arizona adjusted gross income: Subtract lines 43 through 46 and 51 from line 42.....	52		00
Balance of Tax	53	Deductions: Check box and enter amount. See instructions..... 53 <input type="checkbox"/> ITEMIZED 53 <input type="checkbox"/> STANDARD	53		00
	54	Personal exemptions: See instructions.....	54		00
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter zero	55		00
	56	Compute the tax using amount from line 55 and Tax Table X or Y.....	56		00
	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 40	57		00
	58	Subtotal of tax: Add lines 56 and 57 and enter the total	58		00
	59	Credits from Arizona Form 301, Part 2, line 76	59		00
	60	Balance of tax: Subtract line 59 from line 58. If line 59 is more than line 58, enter zero.....	60		00
Total Payments and Refundable Credits	61	2016 AZ income tax withheld.....	61		00
	62	2016 AZ estimated tax payments.. 62a <input type="text"/> 00 Claim of Right 62b <input type="text"/> 00 Add 62a and 62b..	62c		00
	63	2016 AZ extension payment (Form 204)	63		00
	64	Other refundable credits: Check the box(es) and enter the total amount..... 641 <input type="checkbox"/> 308-I 642 <input type="checkbox"/> 342 643 <input type="checkbox"/> 349	64		00
	65	Total payments and refundable credits: Add lines 61 through 64 and enter the total.....	65		00
Tax Due or Overpayment	66	TAX DUE: If line 60 is larger than line 65, subtract line 65 from line 60, and enter amount of tax due. Skip lines 67, 68 and 69.....	66		00
	67	OVERPAYMENT: If line 65 is larger than line 60, subtract line 60 from line 65, and enter amount of overpayment.....	67		00
	68	Amount of line 67 to be applied to 2017 estimated tax.....	68		00
	69	Balance of overpayment: Subtract line 68 from line 67.....	69		00
Voluntary Gifts	70	Solutions Teams Assigned to Schools.....	70		00
	71	Arizona Wildlife.....	71		00
	72	Child Abuse Prevention	72		00
	73	Domestic Violence Shelter	73		00
	74	Political Gift.....	74		00
	75	Neighbors Helping Neighbors.....	75		00
	76	Special Olympics	76		00
	77	Veterans' Donations Fund.....	77		00
78	I Didn't Pay Enough Fund.....	78		00	
79	Sustainable State Parks and Road Fund.....	79		00	
80	Political Party (if amount is entered on line 74 - check only one): 801 <input type="checkbox"/> Democratic 802 <input type="checkbox"/> Green Party 803 <input type="checkbox"/> Libertarian 804 <input type="checkbox"/> Republican				
Penalty	81	Estimated payment penalty and Arizona Long-Term Health Care Saving Account (AZLTHSA) penalty.....	81		00
	82	821 <input type="checkbox"/> Annualized/Other 822 <input type="checkbox"/> Farmer or Fisherman 823 <input type="checkbox"/> Form 221 included 824 <input type="checkbox"/> AZLTHSA Penalty			
	83	Add lines 70 through 79 and 81; enter the total.....	83		00
Refund or Amount Owed	84	REFUND: Subtract line 83 from line 69. If less than zero, enter amount owed on line 85	84		00
	85	AMOUNT OWED: Add lines 66 and 83. Make check payable to Arizona Department of Revenue; write your SSN on payment ...	85		00

PLEASE SIGN HERE

Under penalties of perjury, I declare that I have read this return and any documents with it, and 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 also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

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 2016	(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
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"/>
10v					<input type="checkbox"/>	<input type="checkbox"/>

2016
Arizona Tax Tables X and Y
For Form 140NR

Table X - Use Table X if your filing status is Single or Married Filing Separate

(a)		(b)	(c)	(d)	(e)	(f)
If taxable income from Form 140NR, line 55 is:		Enter the amount from Form 140NR, line 55	Multiply the amount entered in column (b) by	Enter the result	Subtract	Your tax. Round the difference and enter this amount on Form 140NR, line 56
Over	But Not over					
\$0	\$10,179	X	.0259 =	-	0.00 =	
\$10,179	\$25,445	X	.0288 =	-	\$ 30.00 =	
\$25,445	\$50,890	X	.0336 =	-	\$ 152.00 =	
\$50,890	\$152,668	X	.0424 =	-	\$ 599.00 =	
\$152,668	and over	X	.0454 =	-	\$ 1,057.00 =	

Table Y - Use Table Y if your filing status is Married Filing Joint or Head of Household

(a)		(b)	(c)	(d)	(e)	(f)
If taxable income from Form 140NR, line 55 is:		Enter the amount from Form 140NR, line 55	Multiply the amount entered in column (b) by	Enter the result	Subtract	Your tax. Round the difference and enter this amount on Form 140NR, line 56
Over	But Not over					
\$0	\$20,357	X	.0259 =	-	0.00 =	
\$20,357	\$50,890	X	.0288 =	-	\$ 59.00 =	
\$50,890	\$101,779	X	.0336 =	-	\$ 303.00 =	
\$101,779	\$305,336	X	.0424 =	-	\$ 1,199.00 =	
\$305,336	and over	X	.0454 =	-	\$ 2,115.00 =	