

DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING MM, DD, 2018 AND ENDING MM, DD, 20YY 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) 97

FILING STATUS: 4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment 5 Head of household... 6 Married filing separate return... 7 Single. EXEMPTIONS: 8 Age 65 or over... 9 Blind... 10 Dependents... 11 Qualifying parents and grandparents. Includes box 88 and 97.

Table for Dependents (Box 10) with columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2018, (e) if this person did not qualify as a dependent, (f) if you did not claim this person.

Table for Qualifying parents and grandparents (Box 11) with columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2018, (e) if age 65 or over, (f) if died in 2018.

Table for Additions (Lines 12-18) including Federal adjusted gross income, Non-Arizona municipal interest, Partnership Income adjustment, Total federal depreciation, Net capital (loss) derived from the exchange of legal tender, Other Additions to Income, and Subtotal.

Table for Subtractions (Lines 19-37) including Total net capital gain or (loss), Total net short-term capital gain or (loss), Total net long-term capital gain or (loss), Net long-term capital gain from assets acquired after December 31, 2011, Multiply line 22 by 25%, Net capital gain derived from investment in qualified small business, Net capital gain derived from the exchange of legal tender, Recalculated Arizona depreciation, Partnership Income adjustment, 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 from Income, and Subtract lines 23 through 36 from line 18.

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

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

| | | | | | | |
|------------------------|---|--|--|---------------------------------|------------------------------------|---------------------------------|
| Exemptions | 38 | Enter the amount from page 1, line 37 | 38 | | 00 | |
| | 39 | Age 65 or over: Multiply the number in box 8 by \$2,100..... | 39 | | 00 | |
| | 40 | Blind: Multiply the number in box 9 by \$1,500 | 40 | | 00 | |
| | 41 | Dependents: Multiply the number in box 10 by \$2,300 | 41 | | 00 | |
| | 42 | Qualifying parents and grandparents: Multiply box 11 by \$10,000 | 42 | | 00 | |
| | 43 | Arizona adjusted gross income: Subtract lines 39 through 42 from line 38 and enter the difference | 43 | | 00 | |
| Balance of Tax | 44 | Deductions: Check box and enter amount. See instructions..... 44I <input type="checkbox"/> ITEMIZED 44S <input type="checkbox"/> STANDARD 44 | | | 00 | |
| | 45 | Personal exemptions: See instructions..... | 45 | | 00 | |
| | 46 | Arizona taxable income: Subtract lines 44 and 45 from line 43. If less than zero, enter "0" | 46 | | 00 | |
| | 47 | Compute the tax using amount on line 46 and Tax Table X, Y or Optional Tax Tables..... | 47 | | 00 | |
| | 48 | Tax from recapture of credits from Arizona Form 301, Part 2, line 36 | 48 | | 00 | |
| | 49 | Subtotal of tax: Add lines 47 and 48 and enter the total | 49 | | 00 | |
| | 50 | Family income tax credit (from the worksheet - see instructions) | 50 | | 00 | |
| | 51 | Nonrefundable Credits from Arizona Form 301, Part 2, line 69..... | 51 | | 00 | |
| | 52 | Balance of tax: Subtract lines 50 and 51 from line 49. If the sum of lines 50 and 51 is greater than line 49, enter "0"..... | 52 | | 00 | |
| | Total Payments and Refundable Credits | 53 | 2018 AZ income tax withheld..... | 53 | | 00 |
| 54 | | 2018 AZ estimated tax payments.. 54a <input type="text" value="00"/> Claim of Right 54b <input type="text" value="00"/> Add 54a and 54b.. 54c | | | 00 | |
| 55 | | 2018 AZ extension payment (Form 204) | 55 | | 00 | |
| 56 | | Increased Excise Tax Credit (from the worksheet - see instructions) | 56 | | 00 | |
| 57 | | Property Tax Credit from Form 140PTC | 57 | | 00 | |
| 58 | | Other refundable credits: Check the box(es) and enter the total amount..... 581 <input type="checkbox"/> 308-I 582 <input type="checkbox"/> 349 58 | | | 00 | |
| 59 | | Total payments and refundable credits: Add lines 53 through 58 and enter the total | 59 | | 00 | |
| Tax Due or Overpayment | 60 | TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52 and enter amount of tax due. Skip lines 61, 62 and 63..... | 60 | | 00 | |
| | 61 | OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpayment..... | 61 | | 00 | |
| | 62 | Amount of line 61 to be applied to 2019 estimated tax..... | 62 | | 00 | |
| | 63 | Balance of overpayment: Subtract line 62 from line 61 and enter the difference | 63 | | 00 | |
| Voluntary Gifts | 64 - 74 Voluntary Gifts to: | | | | | |
| | | Solutions Teams Assigned to Schools..... 64 | <input type="text" value="00"/> | Arizona Wildlife..... 65 | <input type="text" value="00"/> | |
| | Child Abuse Prevention..... 66 | <input type="text" value="00"/> | Domestic Violence Shelter 67 | <input type="text" value="00"/> | Political Gift..... 68 | <input type="text" value="00"/> |
| | Neighbors Helping Neighbors.. 69 | <input type="text" value="00"/> | Special Olympics..... 70 | <input type="text" value="00"/> | Veterans' Donations Fund 71 | <input type="text" value="00"/> |
| | I Didn't Pay Enough Fund..... 72 | <input type="text" value="00"/> | Sustainable State Parks and Road Fund..... 73 | <input type="text" value="00"/> | Spay/Neuter of Animals.. 74 | <input type="text" value="00"/> |
| | 75 Political Party (if amount is entered on line 68 - check only one): 751 <input type="checkbox"/> Democratic 752 <input type="checkbox"/> Green Party 753 <input type="checkbox"/> Libertarian 754 <input type="checkbox"/> Republican | | | | | |
| | 76 | Estimated payment penalty | 76 | | 00 | |
| | 77 | 771 <input type="checkbox"/> Annualized/Other 772 <input type="checkbox"/> Farmer or Fisherman 773 <input type="checkbox"/> Form 221 included | | | | |
| 78 | Add lines 64 through 74 and 76; enter the total..... | 78 | | 00 | | |
| Refund or Amount Owed | 79 | REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80 | 79 | | 00 | |
| | Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account ; see instructions. 79A <input type="checkbox"/> | | | | | |
| | <input type="checkbox"/> C <input type="checkbox"/> Checking or <input type="checkbox"/> S <input type="checkbox"/> Savings | ROUTING NUMBER <input type="text"/> | ACCOUNT NUMBER <input type="text"/> | | | |
| 80 | AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment, and include with your return | 80 | | 00 | | |

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.

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 <small>(Do not list yourself or spouse.)</small> | (b) SOCIAL SECURITY NO. | (c) RELATIONSHIP | (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2018 | (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 <small>(Do not list yourself or spouse.)</small> | (b) SOCIAL SECURITY NO. | (c) RELATIONSHIP | (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2018 | (e) ✓ if age 65 or over | (f) ✓ if died in 2018 |
|-----|--|----------------------------|---------------------|---|-------------------------------|-----------------------------|
| 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"/> |