

Arizona 140 - Full Year Resident Return						
TY 2012 FIELD NO	TY 2013 FIELD NO	FIELD NAME	LENGT H	TYPE	FORM & Line Number	BUSINESS RULE
1	1	Header version	2	A		T1
2	2	Software Developer Code	4	A		NACTP assigned code
3	3	Specification Version Number	2	N		01; use 2 digits (leading zero)
4	4	Form Type	6	A		140
5	5	Form Year	4	N	140, TOP	NEW 2013
6	6	Tax Year Ending Date	8	A	140, 66	MMDDCCYY (Enter only if fiscal year filer)
7	7	Primary First Name	10	A	140, 1	
8	8	Primary Middle Initial	1	A	140, 1	
9	9	Primary Last Name	35	A	140, 1	
10	10	Primary SSN	9	N	140, 1	No hyphens
11	11	Spouse First Name	10	A	140, 1	Spouse Name required when MFJ or MFS
12	12	Spouse Middle Initial	1	A	140, 1	Spouse Name required when MFJ or MFS
13	13	Spouse Last Name	35	A	140, 1	Spouse Name required when MFJ or MFS
14	14	Spouse SSN	9	N	140, 1	Spouse Name required when MFJ or MFS; No hyphens
15	15	Address line 1	35	A/N	140, 2	Address line 1 or % (care of) line or recipient name if TP is deceased
16	16	Address line 2	35	A/N	140, 2	Address line 2 or Address line if 1 is % or deceased TP
17	17	City	21	A	140, 3	
18	18	State	2	A	140, 3	
19	19	Zip Code	9	N	140, 3	Include zip plus 4 in last 4 digits or zero fill if not available
20	20	Daytime Number	10	N	140, 94	
21	21	Home Phone Number	10	N	140, 94	NEW Removed for 2013
22	21	Married/Joint	1	A	140, 4	X or null
23	22	Head of Household	1	A	140, 5	X or null
24	23	Married filing Separate	1	A	140, 6	X or null
25	24	Single	1	A	140, 7	X or null
26	25	Age 65 or over	1	N	140, 8	
27	26	Blind	1	N	140, 9	
28	27	Dependents	2	N	140, 10	
29	28	Parents/Ancestors	1	N	140, 11	
30	29	6 Month Extension	1	A	140, 82F	X or null
31	30	Fed Adjusted Gross Income	12	N	140 Line 12	
32	31	Additions to Income	12	N	140 Line 13	
	32	Subtotal	12	N	140 Line 14	NEW
33	33	Subtractions From Inc	12	N	140 Line 15	
	34	Net Capital Gain/Loss	12	N	140 Line 16A	NEW
	35	Net Long-Term Capital Gain Subtraction	12	N	140 Line 16	NEW
34	36	AZ Adjusted Gross	12	N	140 Line 17	
35	37	Itemized Deduction	1	A	140 Box 18 - I	X or null
36	38	Standard Deduction	1	A	140 Box 18 - S	X or null
37	39	Deduction Amount	12	N	140 Line 18	NEW Single, Married Filing Separate = \$4,833 \$4,945 Head of Household and Married Filing Joint = \$9,665 \$9,883
38	40	Personal Exemptions	12	N	140 Line 19	
39	41	AZ Taxable Income	12	N	140 Line 20	
40	42	Compute Tax	12	N	140 Line 21	
41	43	Tax from Recapture Credits	12	N	140 Line 22	
42	44	Subtotal Tax	12	N	140 Line 23	
43	45	Family Income Credit	12	N	140 Line 24	
44	46	Credits from Arizona Credit Forms	12	N	140 Line 25	
45	47	Credit box 1	3	N	140 Line 26	Valid 300 series form nbr or null

BLUE Changes for TY2013
ORANGE Changes for DRAFT_D

TY 2012 FIELD NO	TY 2013 FIELD NO	FIELD NAME	LENGT H	TYPE	FORM & Line Number	CHANGE	BUSINESS RULE
46	48	Credit box 2	3	N	140 Line 26		Valid 300 series form nbr or null
47	49	Credit box 3	3	N	140 Line 26		Valid 300 series form nbr or null
48	50	Credit box 4	3	N	140 Line 26		Valid 300 series form nbr or null
49		Clean Elect Credit	12	N	140 Line 25	NEW	Deleted for TY2013
50	51	Balance of Tax	12	N	140 Line 27		Cannot be less than Zero
51	52	Withholding	12	N	140 Line 28		
52	53	Estimated Payments	12	N	140 Line 29		
53	54	Extension Amount	12	N	140 Line 30		
54	55	Increase Excise Tax Credit	12	N	140 Line 31		Use worksheet to determine amount.
55	56	Property Tax Credit	12	N	140 Line 32		
56	57	Refundable Credit Form 308-I	1	A	140 Line 33 1		value "1" if checked; "0" or null if blank
57	58	Refundable Credit Form 342	1	A	140 Line 33 2		value "2" if checked; "0" or null if blank
	59	Refundable Credit Form 349	1	A	140 Line 33 3	NEW	value "3" if checked; "0" or null if blank
	60	Refundable Credit Form 350	1	A	140 Line 33 4	NEW	value "4" if checked; "0" or null if blank
58	61	Other Refundable Credits	12	N	140 Line 33		
59	62	Total Payments	12	N	140 Line 34		
60	63	Tax Due	12	N	140 Line 35		
61	64	Overpayment	12	N	140 Line 36		
62	65	Next Year Est Payment	12	N	140 Line 37		
63	66	Balance Overpayment	12	N	140 Line 38		
64	67	Aid to Education Contrib	12	N	140 Line 39		
65	68	AZ Wildlife Contrib	12	N	140 Line 40		
66	69	Child Abuse Contrib	12	N	140 Line 41		
67	70	Domestic Violence Contrib	12	N	140 Line 42		
73	71	Political Gift	12	N	140 Line 43	NEW	Line number/position change
69	72	National Guard Relief Fund	12	N	140 Line 44	NEW	Line number/position change
70	73	Neighbors Help Contrib	12	N	140 Line 45	NEW	Line number/position change
71	74	Spec Olympic Contrib	12	N	140 Line 46	NEW	Line number/position change
72	75	Veterans' Donations Fund	12	N	140 Line 47	NEW	Line number/position change
68	76	I Didn't Pay Enough Fund	12	N	140 Line 48	NEW	Line number/position change
74	77	Americans Elect Party	1	N	140 Line 49 1		"1" or null
75	78	Democratic Party	1	A	140 Line 49 2		"2" or null
76	79	Green Party	1	A	140 Line 49 3		"3" or null
77	80	Libertarian Party	1	A	140 Line 49 4		"4" or null
78	81	Republican Party	1	A	140 Line 49 5		"5" or null
79	82	Est Underpay / MSA Penalties	12	N	140 Line 50		
80	83	Annualized Other	1	A	140 Line 51 1		Y or null
81	84	Farmer/Fisherman	1	A	140 Line 51 2		Y or null
82	85	Form 221 Attached	1	A	140 Line 51 3		Y or null
83	86	MSA Penalty	1	A	140 Line 51 4		Y or null
	87	AZLTHSA Penalty	1	A	140 Line 51 5	NEW	Y or null
84	88	Total Contributions & Penalty	12	N	140 Line 52		
85	89	Refund Amount	12	N	140 Line 53		
86	90	Amount Owed	12	N	140 Line 54		
87	91	Foreign Account	1	A	140 Line 53 A		Y or Null; If "Y", Fields 88-91 should be disabled.
88	92	Dir Dep Routing Nbr	9	N	140 Line 98		For direct deposit; direct debit is not supported.
89	93	Dir Dep Account Nbr	17	A/N	140 Line 98		For direct deposit; direct debit is not supported.
90	94	Dir Dep Checking	1	A	140 Line 98		X or null; direct deposit only
91	95	Dir Dep Savings	1	A	140 Line 98		X or null; direct deposit only
92	96	Dependent 1 Name	20	A	140, A1		
93	97	Dependent 1 SSN	9	N	140, A1		No hyphens
94	98	Dependent 1 Relationship	12	A	140, A1		

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TY 2012 FIELD NO	TY 2013 FIELD NO	FIELD NAME	LENGT H	TYPE	FORM & Line Number	CHANGE	BUSINESS RULE
95	99	Dependent 1 Months	2	N	140, A1		
96	100	Dependent 2 Name	20	A	140, A1		
97	101	Dependent 2 SSN	9	N	140, A1		No hyphens
98	102	Dependent 2 Relationship	12	A	140, A1		
99	103	Dependent 2 Months	2	N	140, A1		
100	104	Dependent 3 Name	20	A	140, A1		
101	105	Dependent 3 SSN	9	N	140, A1		No hyphens
102	106	Dependent 3 Relationship	12	A	140, A1		
103	107	Dependent 3 Months	2	N	140, A1		
104	108	Dependent 1 Name Not Qualifying	20	A	140, A3a		
105	109	Dependent 2 Name Not Qualifying	20	A	140, A3a		
106	110	Dependent 3 Name Not Qualifying	20	A	140, A3a		
107	111	Dependent 1 Name Education	20	A	140, A3b		
108	112	Dependent 2 Name Education	20	A	140, A3b		
109	113	Dependent 3 Name Education	20	A	140, A3b		
110	114	Parent 1 Name	20	A	140, A4		
111	115	Parent 1 SSN	9	N	140, A4		No hyphens
112	116	Parent 1 Relationship	12	A	140, A4		
113	117	Parent 1 Months	2	N	140, A4		
114	118	Non-AZ Mun Interest	12	N	140, B6		
115	119	Lump Sum	12	N	140, B7		
116	120	Total federal depreciation	12	N	140, B8		
117	121	Med Sav Distrb	12	N	140, B9		
118	122	IRC 179 expense in excess of allowable amount Reserved			140, B10	NEW	Do not enter any value
119	123	Other Additions	12	N	140, B11		
120	124	Total Additions	12	N	140, B12		
121	125	Total Exemptions	12	N	140, C17		
122	126	Int Savings Bond	12	N	140, C18		
123	127	Exclusive Govt Pens	12	N	140, C19		
124	128	AZ Lottery Winnings	12	N	140, C20		
125	129	SS or RR Benefits	12	N	140, C21		
126	130	Recalculated Arizona depreciation	12	N	140, C22		
127	131	Wages Native American	12	N	140, C23		
128	132	Inc Tax Refund Other States	12	N	140, C24		
129	133	Med Savings Deposit	12	N	140, C25		
130	134	Adjustment for IRC 179 Expense Not Allowed	12	N	140, C26		
131	135	Active Duty Military Pay	12	N	140, C27		
132	136	Net Operating Loss Adjust	12	N	140, C28		
133	137	Other Subtractions	12	N	140, C29		
134	138	Total Subtractions	12	N	140, C30		
135	139	Prior Last Names	20	A	Front Page	NEW	Comma delimited, Line number removed on form; field moved to front page
	140	Total net Short-Term Capital Gains	12	N	140, D31	NEW	
	141	Total net Long-Term Capital Gains	12	N	140, D32	NEW	
	142	Total Capital gains from Assets	12	N	140, D33	NEW	
	143	Allowable Subtraction calculation	12	N	140, D34	NEW	10% of D3
136	144	Primary Occupation	16	A	140,bkpg		
137	145	Spouse Occupation	16	A	140,bkpg		
138	146	Preparer Name	35	A/N	140,bkpg		
139	147	Preparer FEIN	9	N	140,bkpg		No hyphens
140	148	Preparer Address	35	A/N	140,bkpg		
141	149	Preparer City	21	A	140,bkpg		
142	150	Preparer State	2	A	140,bkpg		
143	151	Preparer Zip Code	9	N	140,bkpg		

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TY 2012 FIELD NO	TY 2013 FIELD NO	FIELD NAME	LENGT H	TYPE	FORM & Line Number	CHANGE	BUSINESS RULE
144	152	Paid Preparer Phone Number	10	N	140,bkpg		
145	153	Medical/Dental Expenses	9	N	FedSchA(2D)1		from Federal 1040 Schedule A
146	154	Adjusted Gross Income	9	N	FedSchA(2-D)2		from Federal 1040 Schedule A
147	155	Medical Allowance	9	N	FedSchA(2-D)3		from Federal 1040 Schedule A
148	156	Total Medical/Dental	9	N	FedSchA(2-D)4		from Federal 1040 Schedule A
149	157	State and Local Taxes	9	N	FedSchA(2-D)5		from Federal 1040 Schedule A
150	158	Real Estate Taxes	9	N	FedSchA(2-D)6		from Federal 1040 Schedule A
151	159	Personal Property Taxes	9	N	FedSchA(2-D)7		from Federal 1040 Schedule A
152	160	Other Taxes	9	N	FedSchA(2-D)8		from Federal 1040 Schedule A
153	161	Total Other Taxes	9	N	FedSchA(2-D)9		from Federal 1040 Schedule A
154	162	Mortgage Interest from 1098	9	N	FedSchA(2-D)10		from Federal 1040 Schedule A
155	163	Other Mortgage Interest	9	N	FedSchA(2-D)11		from Federal 1040 Schedule A
156	164	Deductible Points	9	N	FedSchA(2-D)12		from Federal 1040 Schedule A
157	165	Qualified Mortgage Insurance Premiums	9	N	FedSchA(2-D)13		from Federal 1040 Schedule A
158	166	Investment Interest	9	N	FedSchA(2-D)14		from Federal 1040 Schedule A
159	167	Total Interest	9	N	FedSchA(2-D)15		from Federal 1040 Schedule A
160	168	Total Cash/Check Contrib	9	N	FedSchA(2-D)16		from Federal 1040 Schedule A
161	169	Non-Cash/Check Contrib	9	N	FedSchA(2-D)17		from Federal 1040 Schedule A
162	170	Carryover Prior Year	9	N	FedSchA(2-D)18		from Federal 1040 Schedule A
163	171	Total Contrib	9	N	FedSchA(2-D)19		from Federal 1040 Schedule A
164	172	Casualty/Theft Loss	9	N	FedSchA(2-D)20		from Federal 1040 Schedule A
165	173	Unreimb Emp Exp	9	N	FedSchA(2-D)21		from Federal 1040 Schedule A
166	174	Tax Preparation Fees	9	N	FedSchA(2-D)22		from Federal 1040 Schedule A
167	175	Tot Other Exp	9	N	FedSchA(2-D)23		from Federal 1040 Schedule A
168	176	Gross Misc Ded	9	N	FedSchA(2-D)24		from Federal 1040 Schedule A
169	177	Miscellaneous Allow	9	N	FedSchA(2-D)26		from Federal 1040 Schedule A
170	178	Total Misc Deduct	9	N	FedSchA(2-D)27		from Federal 1040 Schedule A
171	179	Tot Other Misc Deduct	9	N	FedSchA(2-D)28		from Federal 1040 Schedule A
172	180	Total Item Deduct	9	N	FedSchA(2-D)29		from Federal 1040 Schedule A
173	181	Med/Dent Expenses	9	N	AzSchA 1		
174	182	MSA Distribut Used	9	N	AzSchA 2		
175	183	Fed Med Deductions	9	N	AzSchA 3		
176	184	Total Med Deducts	9	N	AzSchA 4		
177	185	Medical Add Adjust	9	N	AzSchA 5		
178	186	Medical Subt Adjust	9	N	AzSchA 6		
179	187	Fed Credit Int Paid	9	N	AzSchA 7		
180	188	Wagering Loss Fed	9	N	AzSchA 8		
181	189	Gambling Winnings	9	N	AzSchA 9		
182	190	AZ Lottery Subt	9	N	AzSchA 10		
183	191	Max Gamble Loss Deduct	9	N	AzSchA 11		
184	192	Gamble Subt Adjust	9	N	AzSchA 12		
185	193	Contribution Adjust	9	N	AzSchA 13		
186	194	Other Adjustments	9	N	AzSchA 14		
187	195	Sum Add Adjust	9	N	AzSchA 15		
188	196	Sum Subt Adjust	9	N	AzSchA 16		
189	197	Tot Fed Item Deduct	9	N	AzSchA 17		
190	198	Sum Az Item Deduct	9	N	AzSchA 19		
191	199	Az Item Deductions	9	N	AzSchA 21		
192	200	Employer ID (1)	9	N	W-2		1st Wage Statement
193	201	Employees SSN	9	N	W-2		1st Wage Statement
194	202	Arizona Wages	9	N	W-2		1st Wage Statement
195	203	Arizona Withholding (1)	9	N	W-2		1st Wage Statement
196	204	Employer ID (2)	9	N	W-2		2nd Wage Statement
197	205	Employees SSN (2)	9	N	W-2		2nd Wage Statement

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ORANGE Changes for DRAFT_D

TY 2012 FIELD NO	TY 2013 FIELD NO	FIELD NAME	LENGT H	TYPE	FORM & Line Number	CHANGE	BUSINESS RULE
198	206	Arizona Wages (2)	9	N	W-2		2nd Wage Statement
199	207	Arizona Withholding (2)	9	N	W-2		2nd Wage Statement
200	208	Employer ID (3)	9	N	W-2		3rd Wage Statement
201	209	Employees SSN (3)	9	N	W-2		3rd Wage Statement
202	210	Arizona Wages (3)	9	N	W-2		3rd Wage Statement
203	211	Arizona Withholding (3)	9	N	W-2		3rd Wage Statement
204	212	Employer ID (4)	9	N	W-2		4th Wage Statement
205	213	Employees SSN (4)	9	N	W-2		4th Wage Statement
206	214	Arizona Wages (4)	9	N	W-2		4th Wage Statement
207	215	Arizona Withholding (4)	9	N	W-2		4th Wage Statement
208	216	Payer's ID (1)	9	N	1099-R		1st 1099 R Statement
209	217	Recipient's SSN (1)	9	N	1099-R		1st 1099 R Statement
210	218	1099 Gross Amt (1)	9	N	1099-R		1st 1099 R Statement
211	219	1099 Taxable Amount (1)	9	N	1099-R		1st 1099 R Statement
212	220	1099 Az WH (1)	9	N	1099-R		1st 1099 R Statement
213	221	Payer's ID (2)	9	N	1099-R		2nd 1099 R Statement
214	222	Recipient's SSN (2)	9	N	1099-R		2nd 1099 R Statement
215	223	1099 Gross Amt (2)	9	N	1099-R		2nd 1099 R Statement
216	224	1099 Taxable Amount (2)	9	N	1099-R		2nd 1099 R Statement
217	225	1099 Az WH (2)	9	N	1099-R		2nd 1099 R Statement
218	226	Cost of Solar Energy Device	10	N	310, Line 2		AZ Credit Form 310
219	227	Enter Lesser of Line 3 or \$1000	10	N	310, Line 4		AZ Credit Form 310
220		Claiming Itemized Deduction YES	1	A		NEW	
221		Claiming Itemized Deduction NO	1	A		NEW	
222	228	Name of Qualifying Charity	30	A	321, Line 1a (a)		AZ Credit Form 321
223	229	Location of Qualifying Charity (City State)	10	N	321, Line 1a (b)		
224	230	Cash Amount	10	N	321, Line 1a (c)		
225	231	Name of Qualifying Charity	30	A	321, Line 1b (a)		
226	232	Location of Qualifying Charity (City State)	10	N	321, Line 1b (b)		
227	233	Cash Amount	10	N	321, Line 1b (c)		
228	234	Name of Qualifying Charity	30	A	321, Line 1c (a)		
229	235	Location of Qualifying Charity (City State)	10	N	321, Line 1c (b)		
230	236	Cash Amount	10	N	321, Line 1c (c)		
231	237	Total	10	N	321, Line 1d		
232	238	Smaller of Line 1d or line 2	10	N	321, Line 3		
	239	Name of Foster Care Qualifying Charity	30	A	321, Line 4a (a)	NEW	
	240	Location of Foster Care Qualifying Charity (City State)	10	N	321, Line 4a (b)	NEW	
	241	Cash Amount	10	N	321, Line 4a (c)	NEW	
	242	Name of Foster Care Qualifying Charity	30	A	321, Line 4b (a)	NEW	
	243	Location of Foster Care Qualifying Charity (City State)	10	N	321, Line 4b (b)	NEW	
	244	Cash Amount	10	N	321, Line 4b (c)	NEW	
	245	Name of Foster Care Qualifying Charity	30	A	321, Line 4c (a)	NEW	
	246	Location of Foster Care Qualifying Charity (City State)	10	N	321, Line 4c (b)	NEW	
	247	Cash Amount	10	N	321, Line 4c (c)	NEW	
	248	Total	10	N	321, Line 4d	NEW	
	249	Smaller of line 6 or line 7	10	N	321, Line 8	NEW	
233	250	Available Carryover	10	N	321, Line 9d	NEW	Line number change
234	251	Available Carryover	10	N	321, Line 10d	NEW	Line number change
235	252	Available Carryover	10	N	321, Line 11d	NEW	Line number change
236	253	Available Carryover	10	N	321, Line 12d	NEW	Line number change
237	254	Available Carryover	10	N	321, Line 13d	NEW	Line number change
238	255	Total Available Carryover	10	N	321, Line 14	NEW	Line number change

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239	256	Current Yr's Credit	10	N	321, Line 15	NEW	Line number change
240	257	Available Carryover	10	N	321, Line 16	NEW	Line number change
241	258	Total Available Credit	10	N	321, Line 17		
242	259	Name of Public School	30	A	322, Line 1		AZ Credit Form 322
243	260	School District	30	A	322, Line 1		
244	261	Amt of Fees Paid	10	N	322, Line 1		
245	262	Name of Public School	30	A	322, Line 2		
246	263	School District	30	A	322, Line 2		
247	264	Amt of Fees Paid	10	N	322, Line 2		
	265	Name of Public School	30	A	322, Line 3	NEW	New Line for the third school
	266	School District	30	A	322, Line 3	NEW	New Line for the third school
	267	Amt of Fees Paid	10	N	322, Line 3	NEW	New Line for the third school
248	268	Current Yr's Credit	10	N	322, Line 6	NEW	Line number change
249	269	Total Available Carryover	10	N	322, Line 12	NEW	Line number change
250	270	Current Yr's Credit	10	N	322, Line 13	NEW	Line number change
251	271	Available Carryover	10	N	322, Line 14	NEW	Line number change
252	272	Total Available Credit	10	N	322, Line 15	NEW	Line number change
253	273	Name of School	30	A	323, Line 1		AZ Credit Form 323
254	274	Amt of Contribution	10	N	323, Line 1c		
255	275	Name of School	30	A	323, Line 2		
256	276	Amt of Contribution	10	N	323, Line 2c		
257	277	Current Yr's Credit	10	N	323, Line 5		
258	278	Total Available carryover	10	N	323, Line 11		
259	279	Current Yr's Credit	10	N	323, Line 12		
260	280	Available Carryover	10	N	323, Line 13		
261	281	Total Available Credit	10	N	323, Line 14		
262	282	ADVS Receipt Yes	1	A	340, Line 1		AZ Credit Form 340; X or null
263	283	ADVS Receipt No	1	A	340, Line 1		X or null
264	284	Total Qualified Donations	10	N	340, Line 2		
265	285	Current Year's Credit	10	N	340, Line 4		
266	286	Trailer	5	A	*EOD*		

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1	1	Header version	2	A			T1
2	2	Software Developer Code	4	N			NACTP assigned code
3	3	Version Number	2	N			01; use 2 digits (leading zero)
4	4	Form Type	6	A			140A
5	5	Form Year	4	N	140A	NEW	2013
6	6	Primary First Name	10	A	140A, 1		
7	7	Primary Middle Initial	1	A	140A, 1		
8	8	Primary Last Name	35	A	140A, 1		
9	9	Primary SSN	9	N	140A, 1		No hyphens
10	10	Spouse First Name	10	A	140A, 1		Spouse Name required when MFJ or MFS
11	11	Spouse Middle Initial	1	A	140A, 1		Spouse Name required when MFJ or MFS
12	12	Spouse Last Name	35	A	140A, 1		Spouse Name required when MFJ or MFS
13	13	Spouse SSN	9	N	140A, 1		Spouse Name required when MFJ or MFS; No hyphens
14	14	Address line 1	35	A/N	140A, 2		Address line 1 or % (care of) line or recipient name if TP is deceased
15	15	Address line 2	35	A/N	140A, 2		Address line 2 or Address line if 1 is % or deceased TP
16	16	City	21	A	140A, 3		
17	17	State	2	A	140A, 3		
18	18	Zip Code	9	N	140A, 3		Include zip plus 4 in last 4 digits or zero fill if not available
19	19	Day Phone Number	10	N	140A		
20	20	Home Phone Number	40	N	140A, 94	NEW	Removed for 2013
21	20	Married/Joint	1	A	140A, 4		X or null
22	21	Head of Household	1	A	140A, 5		X or null
23	22	Married filing Separate	1	A	140A, 6		X or null
24	23	Single	1	A	140A, 7		X or null
25	24	Age 65 or over	1	N	140A, 8		
26	25	Blind	1	N	140A, 9		
27	26	Dependents	2	N	140A, 10		
28	27	Parents/Ancestors	1	N	140A, 11		
29	28	6 Month Extension	1	A	140A, 82F		X or null
30	29	Federal Adjusted Gross	9	N	140A, 12		
31	30	Over 65 Exemption	9	N	140A, 13		
32	31	Blind Exemption	9	N	140A, 14		
33	32	Dependent Exemption	9	N	140A, 15		
34	33	Parent Exemption	9	N	140A, 16		
35	34	Total Subtractions	9	N	140A, 17		
36	35	Az Adjusted Gross	9	N	140A, 18		
37	36	Std Deduction Amount	9	N	140A, 19	NEW	Single, Married Filing Separate = \$4,833 \$4,945 Head of Household and Married Filing Joint = \$9,665 \$9,883
38	37	Personal Exemptions	9	N	140A, 20		
39	38	Az Taxable Income	9	N	140A, 21		
40	39	Computed Tax	9	N	140A, 22		
41	40	Family Income Tax Credit	9	N	140A, 23		
42		Tax minus Credits	9	N	140A, 24		Deleted for TY2013
43		Clean Election Fund Credit	9	N	140A, 25		Deleted for TY2013
44	41	Balance of Tax	9	N	140A, 24		
45	42	Withholding	9	N	140A, 25		
46	43	Extension Payments	9	N	140A, 26		
47	44	Increased Excise Tax Credit	9	N	140A, 27		Use worksheet to determine amount.
48	45	Property Tax Credit	9	N	140A, 28		
49	46	Total Payments	9	N	140A, 29		
50	47	Tax Due	9	N	140A, 30		
51	48	Overpayment	9	N	140A, 31		

BLUE Changes for TY2013
ORANGE Changes for DRAFT_D

TY 2012 FIELD NO	TY 2013 FIELD NO	FIELD NAME	LENGT H	TYPE	FORM & Line Number	CHANGE	BUSINESS RULE
52	49	Aid to Education Contrib	9	N	140A, 32		
53	50	Wildlife Contrib	9	N	140A, 33		
54	51	Child Abuse Contrib	9	N	140A, 34		
55	52	Domestic Violence Contrib	9	N	140A, 35		
56	53	I Didn't Pay Enough Fund	12	N	140A, 36		
57	54	National Guard Relief Fund	9	N	140A, 37		
58	55	Neighbors Helping Contrib	9	N	140A, 38		
59	56	Special Olympics Contrib	9	N	140A, 39		
60	57	Veterans' Donation Fund	9	N	140A, 40		
61	58	Political Contrib	9	N	140A, 41		
62	59	Americans Elect Party	1	N	140A, 42-1		"1" or null
63	60	Democratic Party	1	A	140A, 42-2		"2" or null
64	61	Green Party	1	A	140A, 42-3		"3" or null
65	62	Libertarian Party	1	A	140A, 42-4		"4" or null
66	63	Republican Party	1	A	140A, 42-5		"5" or null
67	64	Total Contribs	9	N	140A, 43		
68	65	Refund Amount	9	N	140A, 44		
69	66	Foreign Account	1	A	140A Line 44A		Y or Null; If "Y", Fields 70-73 should be disabled.
70	67	Dir Dep Routing Nbr	9	N	140A, 98		For direct deposit; direct debit is not supported.
71	68	Dir Dep Account Nbr	17	A/N	140A, 98		For direct deposit; direct debit is not supported.
72	69	Dir Dep Checking	1	A	140A, 98		X or null; direct deposit only
73	70	Dir Dep Savings	1	A	140A, 98		X or null; direct deposit only
74	71	Amount Owed	9	N	140A, 47		
75	72	Dependent 1 Name	20	A	140A A1		
76	73	Dependent 1 SSN	9	N	140A A1		No hyphens
77	74	Dependent 1 Relationship	12	A	140A A1		
78	75	Dependent 1 Months	2	N	140A A1		
79	76	Dependent 2 Name	20	A	140A A1		
80	77	Dependent 2 SSN	9	N	140A A1		No hyphens
81	78	Dependent 2 Relationship	12	A	140A A1		
82	79	Dependent 2 Months	2	N	140A A1		
83	80	Dependent 3 Name	20	A	140A A1		
84	81	Dependent 3 SSN	9	N	140A A1		No hyphens
85	82	Dependent 3 Relationship	12	A	140A A1		
86	83	Dependent 3 Months	2	N	140A A1		
87	84	Dependent 4 Name	20	A	140A A1		
88	85	Dependent 4 SSN	9	N	140A A1		No hyphens
89	86	Dependent 4 Relationship	12	A	140A A1		
90	87	Dependent 4 Months	2	N	140A A1		
91	88	Dependent 5 Name	20	A	140A A1		
92	89	Dependent 5 SSN	9	N	140A A1		No hyphens
93	90	Dependent 5 Relationship	12	A	140A A1		
94	91	Dependent 5 Months	2	N	140A A1		
95	92	Dependent 6 Name	20	A	140A A1		
96	93	Dependent 6 SSN	9	N	140A A1		No hyphens
97	94	Dependent 6 Relationship	12	A	140A A1		
98	95	Dependent 6 Months	2	N	140A A1		
99	96	Dependent 7 Name	20	A	140A A1		
100	97	Dependent 7 SSN	9	N	140A A1		No hyphens
101	98	Dependent 7 Relationship	12	A	140A A1		
102	99	Dependent 7 Months	2	N	140A A1		
103	100	Dependent 8 Name	20	A	140A A1		
104	101	Dependent 8 SSN	9	N	140A A1		No hyphens
105	102	Dependent 8 Relationship	12	A	140A A1		

BLUE Changes for TY2013
ORANGE Changes for DRAFT_D

TY 2012 FIELD NO	TY 2013 FIELD NO	FIELD NAME	LENGT H	TYPE	FORM & Line Number	CHANGE	BUSINESS RULE
106	103	Dependent 8 Months	2	N	140A A1		
107	104	Total Dependents	2	N	140A A2		
108	105	Dependent 1 Name Not Qualifying	20	A	140A A3a		
109	106	Dependent 2 Name Not Qualifying	20	A	140A A3a		
110	107	Dependent 3 Name Not Qualifying	20	A	140A A3a		
111	108	Dependent 1 Name Education	20	A	140A A3b		
112	109	Dependent 2 Name Education	20	A	140A A3b		
113	110	Dependent 3 Name Education	20	A	140A A3b		
114	111	Parent 1 Name	20	A	140A A4		
115	112	Parent 1 SSN	9	N	140A A4		No hyphens
116	113	Parent 1 Relationship	12	A	140A A4		
117	114	Parent 1 Months	2	N	140A A4		
118	115	Parent 2 Name	20	A	140A A4		
119	116	Parent 2 SSN	9	N	140A A4		No hyphens
120	117	Parent 2 Relationship	12	A	140A A4		
121	118	Parent 2 Months	2	N	140A A4		
122	119	Total Parents	2	A	140A A5		
123	120	Prior Last Names	20	A	140A B6	NEW	Comma delimited, Line number removed on form; field moved to front page
124	121	Primary Occupation	16	A	140A back		
125	122	Spouse Occupation	16	A	140A back		
126	123	Preparer Name	35	A/N	140A back		
127	124	Preparer Address	35	A/N	140A back		
128	125	Preparer City	21	A	140A back		
129	126	Preparer State	2	A	140A back		
130	127	Preparer Zip Code	9	N	140A back		
131	128	Preparer FEIN	9	N	140A back		No hyphens
132	129	Paid Preparer Phone Number	10	N	140A,bkpg		
133	130	Employer ID (1)	9	N	W-2		1st Wage Statement
134	131	Employees SSN	9	N	W-2		1st Wage Statement
135	132	Arizona Wages	9	N	W-2		1st Wage Statement
136	133	Arizona Withholding (1)	9	N	W-2		1st Wage Statement
137	134	Employer ID (2)	9	N	W-2		2nd Wage Statement
138	135	Employees SSN (2)	9	N	W-2		2nd Wage Statement
139	136	Arizona Wages (2)	9	N	W-2		2nd Wage Statement
140	137	Arizona Withholding (2)	9	N	W-2		2nd Wage Statement
141	138	Employer ID (3)	9	N	W-2		3rd Wage Statement
142	139	Employees SSN (3)	9	N	W-2		3rd Wage Statement
143	140	Arizona Wages (3)	9	N	W-2		3rd Wage Statement
144	141	Arizona Withholding (3)	9	N	W-2		3rd Wage Statement
145	142	Employer ID (4)	9	N	W-2		4th Wage Statement
146	143	Employees SSN (4)	9	N	W-2		4th Wage Statement
147	144	Arizona Wages (4)	9	N	W-2		4th Wage Statement
148	145	Arizona Withholding (4)	9	N	W-2		4th Wage Statement
149	146	Payer's ID (1)	9	N	1099-R		1st 1099 R Statement
150	147	Recipient's SSN (1)	9	N	1099-R		1st 1099 R Statement
151	148	1099 Gross Amt (1)	9	N	1099-R		1st 1099 R Statement
152	149	1099 Taxable Amount (1)	9	N	1099-R		1st 1099 R Statement
153	150	1099 Az WH (1)	9	N	1099-R		1st 1099 R Statement
154	151	Payer's ID (2)	9	N	1099-R		2nd 1099 R Statement
155	152	Recipient's SSN (2)	9	N	1099-R		2nd 1099 R Statement
156	153	1099 Gross Amt (2)	9	N	1099-R		2nd 1099 R Statement
157	154	1099 Taxable Amount (2)	9	N	1099-R		2nd 1099 R Statement
158	155	1099 Az WH (2)	9	N	1099-R		2nd 1099 R Statement
159	156	Trailer	5	A	*EOD*		

BLUE Changes for 1Y2013
ORANGE Changes for DRAFT_D

TY 2012 FIELD NO	TY 2013 FIELD NO	FIELD NAME	LENGT H	TYPE	FORM & Line Number	CHANGE	BUSINESS RULE
Arizona 140NR - Non-Resident Return							
1	1	Header version	2	A			T1
2	2	Software Developer Code	4	N			NACTP assigned code
3	3	Version Number	2	N			01; use 2 digits (leading zero)
4	4	Form Type	6	A			140NR
5	5	Form Year	4	N	140NR, TOP	NEW	2013
6	6	Tax Year Ending Date	8	A	140NR, 66		MMDDCCYY (Enter only if fiscal year filer)
7	7	Primary First Name	10	A	140NR, 1		
8	8	Primary Middle Initial	1	A	140NR, 1		
9	9	Primary Last Name	35	A	140NR, 1		
10	10	Primary SSN	9	N	140NR, 1		No hyphens
11	11	Spouse First Name	10	A	140NR, 1		Spouse Name required when MFJ or MFS
12	12	Spouse Middle Initial	1	A	140NR, 1		Spouse Name required when MFJ or MFS
13	13	Spouse Last Name	35	A	140NR, 1		Spouse Name required when MFJ or MFS
14	14	Spouse SSN	9	N	140NR, 1		Spouse Name required when MFJ or MFS; No hyphens
15	15	Address line 1	35	A/N	140NR, 2		Address line 1 or % (care of) line or recipient name if TP is deceased
16	16	Address line 2	35	A/N	140NR, 2		Address line 2 or Address line if 1 is % or deceased TP
17	17	City	21	A	140NR, 3		
18	18	State	2	A	140NR, 3		
19	19	Zip Code	9	N	140NR, 3		Include zip plus 4 in last 4 digits or zero fill if not available
20	20	Daytime Number	10	N	140NR, 94		
21	21	Home Phone Number	10	N	140NR, 94	NEW	Removed for 2013
22	21	Married/Joint	1	A	140NR, 4		X or null
23	22	Head of Household	1	A	140NR, 5		X or null
24	23	Married filing Separate	1	A	140NR, 6		X or null
25	24	Single	1	A	140NR, 7		X or null
26	25	Age 65 or over	1	N	140NR, 8		
27	26	Blind	1	N	140NR, 9		
28	27	Dependents	2	N	140NR, 10		
29	28	6 Month Extension	1	A	140NR, 82F		X or null
30	29	Res Status Non (11)	1	A	140NR, 11		X or null
31	30	Res Non Active Military (12)	1	A	140NR, 12		X or null
32	31	Res Status Composite (13)	1	A	140NR, 13		X or null
33	32	Federal Adjusted Gross	9	N	140NR, 14		
34	33	Arizona Income	9	N	140NR, 15		
35	34	Additions to Income	9	N	140NR, 16		
	35	Subtotal	9	N	140NR, 17	NEW	
36	36	Subtractions from Income	9	N	140NR, 18		
	37	AZ Capital Gain	12	N	140NR 19A	NEW	
	38	Net Capital Gain	12	N	140NR 19	NEW	
37	39	Az Adjusted Gross	9	N	140NR, 20		
38	40	Itemized Deductions	1	A	140NR, 21 I		X or null
39	41	Standard Deductions	1	A	140NR, 21 S		X or null
40	42	Deduction Amount	9	N	140NR, 21		
41	43	Personal Exemptions	9	N	140NR, 22		
42	44	Az Taxable Income	9	N	140NR, 23		
43	45	Computed Tax	9	N	140NR, 24		
44	46	Tax from Recapture Credits	9	N	140NR, 25		
45	47	Subtotal of tax	9	N	140NR, 26		
46	48	Credits from Arizona Credit Forms	9	N	140NR, 27		
47	49	Credit box 1	3	N	140NR, 28		
48	50	Credit box 2	3	N	140NR, 28		
49	51	Credit box 3	3	N	140NR, 28		

BLUE Changes for 11/2013
ORANGE Changes for DRAFT_D

TY 2012 FIELD NO	TY 2013 FIELD NO	FIELD NAME	LENGT H	TYPE	FORM & Line Number	CHANGE	BUSINESS RULE
50	52	Credit box 4	3	N	140NR, 28		
51		Clean Election Fund Credit	9	N	140NR, 27	NEW	Deleted for TY2013
52	53	Balance of Tax	9	N	140NR, 29		
53	54	Withholding	9	N	140NR, 30		
54	55	Estimated Payments	9	N	140NR, 31		
55	56	Extension Payments	9	N	140NR, 32		
56	57	Refundable Credit Form 308-I	1	A	140NR, 33 1		value "1" if checked; "0" or null if blank
57	58	Refundable Credit Form 342	1	A	140NR, 33 2		value "2" if checked; "0" or null if blank
	59	Refundable Credit Form 349	1	A	140NR, 33 3	NEW	value "3" if checked; "0" or null if blank
	60	Refundable Credit Form 350	1	A	140NR, 33 4	NEW	value "4" if checked; "0" or null if blank
58	61	Other Refundable Credits	12	N	140NR, 33		
59	62	Total Payments	9	N	140NR, 34		
60	63	Tax Due	9	N	140NR, 35		
61	64	Overpayment	9	N	140NR, 36		
62	65	Next Year's Est Pmt	9	N	140NR, 37		
63	66	Bal of Overpayment	9	N	140NR, 38		
64	67	Aid to Ed Contrib	9	N	140NR, 39		
65	68	Wildlife Contrib	9	N	140NR, 40		
66	69	Child Abuse Contrib	9	N	140NR, 41		
67	70	Domestic Violence Contrib	9	N	140NR, 42		
73	71	Political Contrib	9	N	140NR, 43	NEW	
69	72	National Guard Relief Fund	9	N	140NR, 44	NEW	
70	73	Neighbors Helping Contrib	9	N	140NR, 45	NEW	
71	74	Special Olympics Contrib	9	N	140NR, 46	NEW	
72	75	Veterans' Donation Fund	9	N	140NR, 47	NEW	
68	76	I Didn't Pay Enough Fund	12	N	140NR, 48	NEW	
74	77	Americans Elect Party	1	N	140NR, 49-1		"1" or null
75	78	Democratic Party	1	A	140NR, 49-2		"2" or null
76	79	Green Party	1	A	140NR, 49-3		"3" or null
77	80	Libertarian Party	1	A	140NR, 49-4		"4" or null
78	81	Republican Party	1	A	140NR, 49-5		"5" or null
79	82	Est Pmt Pen/MSA Pen	9	N	140NR, 50		
80	83	Annualized Other	1	A	140NR, 51-1		Y or null
81	84	Farmer/Fisherman	1	A	140NR, 51-2		Y or null
82	85	Form 221 Attached	1	A	140NR, 51-3		Y or null
83	86	MSA Penalty	1	A	140NR, 51-4		Y or null
	87	AZLTHSA Penalty	1	A	140NR, 51-5	NEW	Y or null
84	88	Tot Contrib/Penalty	9	N	140NR, 52		
85	89	Refund Amount	9	N	140NR, 53		
86	90	Amount Owed	9	N	140NR, 54		
87	91	Foreign Account	1	A	140NR Line 53A		Y or Null; If "Y", Fields 83-86 should be disabled.
88	92	Dir Dep Routing Nbr	9	N	140NR, 98		For direct deposit; direct debit is not supported.
89	93	Dir Dep Account Nbr	17	A/N	140NR, 98		For direct deposit; direct debit is not supported.
90	94	Dir Dep Checking	1	A	140NR, 98		X or null; direct deposit only
91	95	Dir Dep Savings	1	A	140NR, 98		X or null; direct deposit only
92	96	Dependent 1 Name	20	A	140NR, A1		
93	97	Dependent 1 SSN	9	N	140NR, A1		No hyphens
94	98	Dependent 1 Relationship	12	A	140NR, A1		
95	99	Dependent 1 Months	2	N	140NR, A1		
96	100	Dependent 2 Name	20	A	140NR, A1		
97	101	Dependent 2 SSN	9	N	140NR, A1		No hyphens
98	102	Dependent 2 Relationship	12	A	140NR, A1		
99	103	Dependent 2 Months	2	N	140NR, A1		

BLUE Changes for TY2013
ORANGE Changes for DRAFT_D

TY 2012 FIELD NO	TY 2013 FIELD NO	FIELD NAME	LENGT H	TYPE	FORM & Line Number	CHANGE	BUSINESS RULE
100	104	Dependent 3 Name	20	A	140NR, A1		
101	105	Dependent 3 SSN	9	N	140NR, A1		No hyphens
102	106	Dependent 3 Relationship	12	A	140NR, A1		
103	107	Dependent 3 Months	2	N	140NR, A1		
104	108	Dependent Total	2	A	140NR, A2		
105	109	Dependent 1 Name Not Qualifying	20	A	140NR, A3a		
106	110	Dependent 2 Name Not Qualifying	20	A	140NR, A3a		
107	111	Dependent 3 Name Not Qualifying	20	A	140NR, A3b		
108	112	Dependent 1 Name Education	20	A	140NR, A3b		
109	113	Dependent 2 Name Education	20	A	140NR, A3b		
110	114	Dependent 3 Name Education	20	A	140NR, A3b		
111	115	Married/spouse of active mil. qual. for MSRR Act	1	A	140NR, B4		value "1" if checked; "0" or null if blank
112	116	Wages, Salaries, Fed	9	N	140NR, B5 Fed		
113	117	Wages, Salaries, AZ	9	N	140NR, B5 AZ		
114	118	Interest Fed	9	N	140NR, B6 Fed		
115	119	Interest AZ	9	N	140NR, B6 AZ		
116	120	Dividends Fed	9	N	140NR, B7 Fed		
117	121	Dividends AZ 12	9	N	140NR, B7 AZ		
118	122	AZ Inc Tax Ref Fed	9	N	140NR, B8 Fed		
119	123	AZ Inc Tax Ref AZ	9	N	140NR, B8 AZ		
120	124	Business Inc (C) Fed	9	N	140NR, B9 Fed		
121	125	Business Inc (C) AZ	9	N	140NR, B9 AZ		
122	126	Gain/Loss (D) Fed	9	N	140NR, B10 Fed		
123	127	Gain/Loss (D) AZ	9	N	140NR, B10 AZ		
124	128	Rents etc (E) Fed	9	N	140NR, B11 Fed		
125	129	Rents etc (E) AZ	9	N	140NR, B11 AZ		
126	130	Other Fed Inc Fed	9	N	140NR, B12 Fed		
127	131	Other Fed Inc Z	9	N	140NR, B12 AZ		
128	132	Total Income Fed	9	N	140NR, B13 Fed		
129	133	Total Income AZ	9	N	140NR, B13 AZ		
130	134	Other Fed Adjust Fed	9	N	140NR, B14 Fed		
131	135	Other Fed Adjust AZ	9	N	140NR, B14 AZ		
132	136	Fed Adjusted Gross	9	N	140NR, B15		
133	137	Arizona Income	9	N	140NR, B16		
134	138	IRC 179 expense in excess of allowable amount Reserved			140NR, C18	NEW	Do not enter any value
135	139	Total Depreciation	9	N	140NR, C19		
136	140	Other Additions	9	N	140NR, C20		
137	141	Total Additions	9	N	140NR, C21		
138	142	Age 65 Exempt Amt	9	N	140NR, D22		
139	143	Blind Exempt Amt	9	N	140NR, D23		
140	144	Dep Exempt Amount	9	N	140NR, D24		
141	145	Total Exemptions	9	N	140NR, D25		
142	146	AZ Exempt Portion	9	N	140NR, D26		
143	147	Int. Savings Bond	9	N	140NR, D27		
144	148	AZ Lottery Winnings	9	N	140NR, D28		
145	149	Agric Crops Contrib	9	N	140NR, D29		
146	150	Adjustment for IRC 179 Expense Not Allowed	12	N	140NR, D30		
147	151	Other Subtractions	9	N	140NR, D31		
148	152	Total Subtractions	9	N	140NR, D32		
149	153	Prior Last Names	20	A		NEW	Comma delimited, Line number removed on form; field moved to front page
	154	Total net Short-Term Capital Gains	12	N	140NR, E33	NEW	
	155	Total net Long-Term Capital Gains	12	N	140NR, E34	NEW	
	156	Total Capital gains from Assets	12	N	140NR, E35	NEW	

BLUE Changes for TY2013
ORANGE Changes for DRAFT_D

TY 2012 FIELD NO	TY 2013 FIELD NO	FIELD NAME	LENGT H	TYPE	FORM & Line Number	CHANGE	BUSINESS RULE
	157	Allowable Subtraction calculation	12	N	140NR, E36	NEW	10% of D3
150	158	Primary Occupation	16	A	140NR,bkpg		
151	159	Spouse Occupation	16	A	140NR,bkpg		
152	160	Preparer Name	35	A/N	140NR,bkpg		
153	161	Preparer FEIN	9	N	140NR,bkpg		No hyphens
154	162	Preparer Address	35	A/N	140NR,bkpg		
155	163	Preparer City	21	A	140NR,bkpg		
156	164	Preparer State	2	A	140NR,bkpg		
157	165	Preparer Zip Code	9	N	140NR,bkpg		
158	166	Paid Preparer Phone Number	10	N	140NR,bkpg		
159	167	Medical/Dental Expenses	9	N	FedSchA(2D)1		from Federal 1040 Schedule A
160	168	Adjusted Gross Income	9	N	FedSchA(2-D)2		from Federal 1040 Schedule A
161	169	Medical Allowance	9	N	FedSchA(2-D)3		from Federal 1040 Schedule A
162	170	Total Medical/Dental	9	N	FedSchA(2-D)4		from Federal 1040 Schedule A
163	171	State and Local Taxes	9	N	FedSchA(2-D)5		from Federal 1040 Schedule A
164	172	Real Estate Taxes	9	N	FedSchA(2-D)6		from Federal 1040 Schedule A
165	173	Personal Property Taxes	9	N	FedSchA(2-D)7		from Federal 1040 Schedule A
166	174	Other Taxes	9	N	FedSchA(2-D)8		from Federal 1040 Schedule A
167	175	Total Other Taxes	9	N	FedSchA(2-D)9		from Federal 1040 Schedule A
168	176	Mortgage Interest from 1098	9	N	FedSchA(2-D)10		from Federal 1040 Schedule A
169	177	Other Mortgage Interest	9	N	FedSchA(2-D)11		from Federal 1040 Schedule A
170	178	Deductible Points	9	N	FedSchA(2-D)12		from Federal 1040 Schedule A
171	179	Qualified Mortgage Insurance Premiums	9	N	FedSchA(2-D)13		from Federal 1040 Schedule A
172	180	Investment Interest	9	N	FedSchA(2-D)14		from Federal 1040 Schedule A
173	181	Total Interest	9	N	FedSchA(2-D)15		from Federal 1040 Schedule A
174	182	Total Cash/Check Contrib	9	N	FedSchA(2-D)16		from Federal 1040 Schedule A
175	183	Non-Cash/Check Contrib	9	N	FedSchA(2-D)17		from Federal 1040 Schedule A
176	184	Carryover Prior Year	9	N	FedSchA(2-D)18		from Federal 1040 Schedule A
177	185	Total Contrib	9	N	FedSchA(2-D)19		from Federal 1040 Schedule A
178	186	Casualty/Theft Loss	9	N	FedSchA(2-D)20		from Federal 1040 Schedule A
179	187	Unreimb Emp Exp	9	N	FedSchA(2-D)21		from Federal 1040 Schedule A
180	188	Tax Preparation Fees	9	N	FedSchA(2-D)22		from Federal 1040 Schedule A
181	189	Tot Other Exp	9	N	FedSchA(2-D)23		from Federal 1040 Schedule A
182	190	Gross Misc Ded	9	N	FedSchA(2-D)24		from Federal 1040 Schedule A
183	191	Miscellaneous Allow	9	N	FedSchA(2-D)26		from Federal 1040 Schedule A
184	192	Total Misc Deduct	9	N	FedSchA(2-D)27		from Federal 1040 Schedule A
185	193	Tot Other Misc Deduct	9	N	FedSchA(2-D)28		from Federal 1040 Schedule A
186	194	Total Item Deduct	9	N	FedSchA(2-D)29		from Federal 1040 Schedule A
187	195	Med/Dent Expenses	9	N	AZSchA(NR) 1		
188	196	MSA Distribut Used	9	N	AZSchA(NR) 2		
189	197	Fed Med Deductions	9	N	AZSchA(NR) 3		
190	198	Total Med Deducts	9	N	AZSchA(NR) 4		
191	199	Medical Add Adjust	9	N	AZSchA(NR) 5		
192	200	Medical Subt Adjust	9	N	AZSchA(NR) 6		
193	201	Fed Credit Int Paid	9	N	AZSchA(NR) 7		
194	202	Wagering Loss Fed	9	N	AZSchA(NR) 8		
195	203	Gambling Winnings	9	N	AZSchA(NR) 9		
196	204	AZ Lottery Subt	9	N	AZSchA(NR) 10		
197	205	Max Gamble Loss Deduct	9	N	AZSchA(NR) 11		
198	206	Gamble Subt Adjust	9	N	AZSchA(NR) 12		
199	207	Contribution Adjust	9	N	AZSchA(NR) 13		
200	208	Sum Add Adjust	9	N	AZSchA(NR) 14		
201	209	Sum Subt Adjust	9	N	AZSchA(NR) 15		
202	210	Tot Fed Item Deduct	9	N	AZSchA(NR) 16		

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TY 2012 FIELD NO	TY 2013 FIELD NO	FIELD NAME	LENGT H	TYPE	FORM & Line Number	CHANGE	BUSINESS RULE
203	211	Sum Az Item Deduct	9	N	AZSchA(NR) 20		
204	212	Az Itemized Deductions	9	N	AZSchA(NR) 22		
205	213	Employer ID (1)	9	N	W-2		1st Wage Statement
206	214	Employees SSN	9	N	W-2		1st Wage Statement; No hyphens
207	215	Arizona Wages	9	N	W-2		1st Wage Statement
208	216	Arizona Withholding (1)	9	N	W-2		1st Wage Statement
209	217	Employer ID (2)	9	N	W-2		2nd Wage Statement
210	218	Employees SSN (2)	9	N	W-2		2nd Wage Statement; No hyphens
211	219	Arizona Wages (2)	9	N	W-2		2nd Wage Statement
212	220	Arizona Withholding (2)	9	N	W-2		2nd Wage Statement
213	221	Employer ID (3)	9	N	W-2		3rd Wage Statement
214	222	Employees SSN (3)	9	N	W-2		3rd Wage Statement; No hyphens
215	223	Arizona Wages (3)	9	N	W-2		3rd Wage Statement
216	224	Arizona Withholding (3)	9	N	W-2		3rd Wage Statement
217	225	Employer ID (4)	9	N	W-2		4th Wage Statement
218	226	Employees SSN (4)	9	N	W-2		4th Wage Statement; No hyphens
219	227	Arizona Wages (4)	9	N	W-2		4th Wage Statement
220	228	Arizona Withholding (4)	9	N	W-2		4th Wage Statement
221	229	Payer's ID (1)	9	N	1099-R		1st 1099 R Statement
222	230	Recipient's SSN (1)	9	N	1099-R		1st Wage Statement; No hyphens
223	231	1099 Gross Amt (1)	9	N	1099-R		1st 1099 R Statement
224	232	1099 Taxable Amount (1)	9	N	1099-R		1st 1099 R Statement
225	233	1099 Az WH (1)	9	N	1099-R		1st 1099 R Statement
226	234	Payer's ID (2)	9	N	1099-R		2nd 1099 R Statement
227	235	Recipient's SSN (2)	9	N	1099-R		2nd Wage Statement; No hyphens
228	236	1099 Gross Amt (2)	9	N	1099-R		2nd 1099 R Statement
229	237	1099 Taxable Amount (2)	9	N	1099-R		2nd 1099 R Statement
230	238	1099 Az WH (2)	9	N	1099-R		2nd 1099 R Statement
231		Claiming Itemized Deduction YES	4	A	321, Line 4	NEW	removed for 2013
232		Claiming Itemized Deduction NO	4	A	321, Line 4	NEW	removed for 2014
233	239	Name of Qualifying Charity	30	A	321, Line 1a (a)		
234	240	Location of Qualifying Charity (City State)	10	N	321, Line 1a (b)		
235	241	Cash Amount	10	N	321, Line 1a (c)		
236	242	Name of Qualifying Charity	30	A	321, Line 1b (a)		
237	243	Location of Qualifying Charity (City State)	10	N	321, Line 1b (b)		
238	244	Cash Amount	10	N	321, Line 1b (c)		
239	245	Name of Qualifying Charity	30	A	321, Line 1c (a)		
240	246	Location of Qualifying Charity (City State)	10	N	321, Line 1c (b)		
241	247	Cash Amount	10	N	321, Line 1c (c)		
242	248	Total	10	N	321, Line 1d		
243	249	Current Yr's Credit	10	N	321, Line 3		
	250	Name of Foster Care Qualifying Charity	30	A	321, Line 4a (a)	NEW	
	251	Location of Foster Care Qualifying Charity (City State)	10	N	321, Line 4a (b)	NEW	
	252	Cash Amount	10	N	321, Line 4a (c)	NEW	
	253	Name of Foster Care Qualifying Charity	30	A	321, Line 4b (a)	NEW	
	254	Location of Foster Care Qualifying Charity (City State)	10	N	321, Line 4b (b)	NEW	
	255	Cash Amount	10	N	321, Line 4b (c)	NEW	
	256	Name of Foster Care Qualifying Charity	30	A	321, Line 4c (a)	NEW	
	257	Location of Foster Care Qualifying Charity (City State)	10	N	321, Line 4c (b)	NEW	
	258	Cash Amount	10	N	321, Line 4c (c)	NEW	
	259	Total	10	N	321, Line 4d	NEW	
	260	Smaller of line 6 or line 7	10	N	321, Line 8d	NEW	
244	261	Available Carryover	10	N	321, Line 9d	NEW	New Line number
245	262	Available Carryover	10	N	321, Line 10d	NEW	New Line number

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TY 2012 FIELD NO	TY 2013 FIELD NO	FIELD NAME	LENGT H	TYPE	FORM & Line Number	CHANGE	BUSINESS RULE
246	263	Available Carryover	10	N	321, Line 11d	NEW	New Line number
247	264	Available Carryover	10	N	321, Line 12d	NEW	New Line number
248	265	Available Carryover	10	N	321, Line 13d	NEW	New Line number
249	266	Total Available Carryover	10	N	321, Line 14	NEW	New Line number
250	267	Current Yr's Credit	10	N	321, Line 15	NEW	New Line number
251	268	Available Carryover	10	N	321, Line 16	NEW	New Line number
252	269	Total Available Credit	10	N	321, Line 17	NEW	New Line number
253	270	Name of Public School	30	A	322, Line 1		AZ Credit Form 322
254	271	School District	30	A	322, Line 1		
255	272	Amt of Fees Paid	10	N	322, Line 1		
256	273	Name of Public School	30	A	322, Line 2		
257	274	School District	30	A	322, Line 2		
258	275	Amt of Fees Paid	10	N	322, Line 2		
	276	Name of Public School	30	A	322, Line 3	NEW	New Line for the third school
	277	School District	30	A	322, Line 3	NEW	New Line for the third school
	278	Amt of Fees Paid	10	N	322, Line 3	NEW	New Line for the third school
259	279	Current Yr's Credit	10	N	322, Line 6	NEW	New Line number
260	280	Total Available Carryover	10	N	322, Line 12	NEW	New Line number
261	281	Current Yr's Credit	10	N	322, Line 13	NEW	New Line number
262	282	Available Carryover	10	N	322, Line 14	NEW	New Line number
263	283	Total Available Credit	10	N	322, Line 15	NEW	New Line number
264	284	Name of School	30	A	323, Line 1		AZ Credit Form 323
265	285	Amt of Contribution	10	N	323, Line 1c		
266	286	Name of School	30	A	323, Line 2		
267	287	Amt of Contribution	10	N	323, Line 2c		
268	288	Current Yr's Credit	10	N	323, Line 5		
269	289	Total Available carryover	10	N	323, Line 11		
270	290	Current Yr's Credit	10	N	323, Line 12		
271	291	Available Carryover	10	N	323, Line 13		
272	292	Total Available Credit	10	N	323, Line 14		
273	293	ADVS Receipt Yes	1	A	340, Line 1		AZ Credit Form 340; X or null
274	294	ADVS Receipt No	1	A	340, Line 1		X or null
275	295	Total Qualified Donations	10	N	340, Line 2		
276	296	Current Year's Credit	10	N	340, Line 4		
277	297	Trailer	5	A	*EOD*		

TY 2012 FIELD NO	TY 2013 FIELD NO	FIELD NAME	LENGT H	TYPE	FORM & Line Number	CHANGE	BUSINESS RULE
Arizona 140PY - Part Year Resident Return							
1	1	Header version	2	A			T1
2	2	Software Developer Code	4	N			NACTP assigned code
3	3	Version Number	2	N			01; use 2 digits (leading zero)
4	4	Form Type	6	A			140PY
5	5	Form Year	4	N	140PY, TOP	NEW	2013
6	6	Tax Year Ending Date	8	A	140PY, 66		MMDDCCYY (Enter only if fiscal year filer)
7	7	Primary First Name	10	A	140PY, 1		
8	8	Primary Middle Initial	1	A	140PY, 1		
9	9	Primary Last Name	35	A	140PY, 1		
10	10	Primary SSN	9	N	140PY, 1		
11	11	Spouse First Name	10	A	140PY, 1		Spouse Name required when MFJ or MFS
12	12	Spouse Middle Initial	1	A	140PY, 1		Spouse Name required when MFJ or MFS
13	13	Spouse Last Name	35	A	140PY, 1		Spouse Name required when MFJ or MFS
14	14	Spouse SSN	9	N	140PY, 1		Spouse Name required when MFJ or MFS; No hyphens
15	15	Address line 1	35	A/N	140PY, 2		Address line 1 or % (care of) line or recipient name if TP is deceased
16	16	Address line 2	35	A/N	140PY, 2		Address line 2 or Address line if 1 is % or deceased TP
17	17	City	21	A	140PY, 3		
18	18	State	2	A	140PY, 3		
19	19	Zip Code	9	N	140PY, 3		Include zip plus 4 in last 4 digits or zero fill if not available
20	20	Daytime Number	10	N	140PY, 94		
21	21	Home Phone Number	10	N	140PY, 94	NEW	Removed for 2013
22	21	Married/Joint	1	A	140PY, 4		X or null
23	22	Head of Household	1	A	140PY, 5		X or null
24	23	Married filing Separate	1	A	140PY, 6		X or null
25	24	Single	1	A	140PY, 7		X or null
26	25	Age 65 or over	1	N	140PY, 8		
27	26	Blind	1	N	140PY, 9		
28	27	Dependents	2	N	140PY, 10		
29	28	Parents/Ancestors	2	N	140PY, 11		
30	29	6 Month Extension	1	A	140PY, 82F		X or null
31	30	Part Year Other	1	A	140PY, 12		X or null
32	31	Part Year Active Military	1	A	140PY, 13		X or null
33	32	Federal Adjusted Gross	9	N	140PY, 14		
34	33	Arizona Income	9	N	140PY, 15		
35	34	Additions to Income	9	N	140PY, 16		
35	35	Subtotal	9	N	140PY, 17	NEW	
36	36	Subtractions from Income	9	N	140PY, 18		
	37	AZ Capital Gain	12	N	140PY 19A	NEW	
	38	Net Capital Gain	12	N	140PY 19	NEW	
37	39	Az Adjusted Gross	9	N	140PY, 20		
38	40	Itemized Deductions	1	A	140PY, 21 I		X or null
39	41	Standard Deductions	1	A	140PY, 21 S		X or null
40	42	Deduction Amount	9	N	140PY, 21		
41	43	Personal Exemptions	9	N	140PY, 22		
42	44	Az Taxable Income	9	N	140PY, 23		
43	45	Computed Tax	9	N	140PY, 24		
44	46	Tax from Recapture Credits	9	N	140PY, 25		
45	47	Subtotal of tax	9	N	140PY, 26		
46	48	Family Tax Credit	9	N	140PY, 27		

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TY 2012 FIELD NO	TY 2013 FIELD NO	FIELD NAME	LENGT H	TYPE	FORM & Line Number	CHANGE	BUSINESS RULE
47	49	Credits from Arizona Credit Forms	9	N	140PY, 28		
48	50	Credit box 1	3	N	140PY, 29		Valid 300 series form nbr or null
49	51	Credit box 2	3	N	140PY, 29		Valid 300 series form nbr or null
50	52	Credit box 3	3	N	140PY, 29		Valid 300 series form nbr or null
51	53	Credit box 4	3	N	140PY, 29		Valid 300 series form nbr or null
52		Clean Election Fund Credit	9	N	140PY, 30	NEW	Deleted for TY2013
53	54	Balance of Tax	9	N	140PY, 30		
54	55	Withholding	9	N	140PY, 31		
55	56	Estimated Payments	9	N	140PY, 32		
56	57	Extension Payments	9	N	140PY, 33		
57	58	Increased Excise Tax Credit	9	N	140PY, 34		Use worksheet to determine amount.
58	59	Refundable Credit Form 308-I	1	A	140PY, 35 1		value "1" if checked; "0" or null if blank
59	60	Refundable Credit Form 342	1	A	140PY, 35 2		value "2" if checked; "0" or null if blank
61	61	Refundable Credit Form 349	1	A	140PY, 35 3	NEW	value "3" if checked; "0" or null if blank
62	62	Refundable Credit Form 350	1	A	140PY, 35 4	NEW	value "4" if checked; "0" or null if blank
60	63	Other Refundable Credits	12	N	140PY, 35		
61	64	Total Payments	9	N	140PY, 36		
62	65	Tax Due	9	N	140PY, 37		
63	66	Overpayment	9	N	140PY, 38		
64	67	Next Year's Est Pmt	9	N	140PY, 39		
65	68	Bal of Overpayment	9	N	140PY, 40		
66	69	Aid to Ed Contrib	9	N	140PY, 41		
67	70	Wildlife Contrib	9	N	140PY, 42		
68	71	Child Abuse Contrib	9	N	140PY, 43		
69	72	Domestic Violence Contrib	9	N	140PY, 44		
75	73	Political Contrib	12	N	140PY, 45	NEW	
71	74	National Guard Relief Fund	9	N	140PY, 46		
72	75	Neighbors Helping Contrib	9	N	140PY, 47		
73	76	Special Olympics Contrib	9	N	140PY, 48		
74	77	Veterans' Donation Fund	9	N	140PY, 49		
70	78	I Didn't Pay Enough Fund	12	N	140PY, 50	NEW	
76	79	Americans Elect Party	1	N	140PY, 51-1		"1" or null
77	80	Democratic Party	1	A	140PY, 51-2		"2" or null
78	81	Green Party	1	A	140PY, 51-3		"3" or null
79	82	Libertarian Party	1	A	140PY, 51-4		"4" or null
80	83	Republican Party	1	A	140PY, 51-5		"5" or null
81	84	Est Pmt Pen/MSA Pen	9	N	140PY, 52		
82	85	Annualized Other	1	A	140PY, 53-1		Y or null
83	86	Farmer/Fisherman	1	A	140PY, 53-2		Y or null
84	87	Form 221 Attached	1	A	140PY, 53-3		Y or null
85	88	MSA Penalty	1	A	140PY, 53-4		Y or null
89	89	AZLTHSA Penalty	1	A	140PY, 53-5	NEW	Y or null
86	90	Tot Contrib/Penalty	9	N	140PY, 54		
87	91	Refund Amount	9	N	140PY, 55		
88	92	Amount Owed	9	N	140PY, 56		
89	93	Foreign Account	1	A	140PY Line 55A		Y or Null; If "Y", Fields 90-94 should be disabled.
90	94	Dir Dep Routing Nbr	9	N	140PY, 98		For direct deposit; direct debit is not supported.
91	95	Dir Dep Account Nbr	17	A/N	140PY, 98		For direct deposit; direct debit is not supported.
92	96	Dir Dep Checking	1	A	140PY, 98		X or null; direct deposit only
93	97	Dir Dep Savings	1	A	140PY, 98		X or null; direct deposit only
94	98	Dependent 1 Name	20	A	140PY, A1		

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TY 2012 FIELD NO	TY 2013 FIELD NO	FIELD NAME	LENGT H	TYPE	FORM & Line Number	CHANGE	BUSINESS RULE
95	99	Dependent 1 SSN	9	N	140PY, A1		No hyphens
96	100	Dependent 1 Relationship	12	A	140PY, A1		
97	101	Dependent 1 Months	2	N	140PY, A1		
98	102	Dependent 2 Name	20	A	140PY, A1		
99	103	Dependent 2 SSN	9	N	140PY, A1		No hyphens
100	104	Dependent 2 Relationship	12	A	140PY, A1		
101	105	Dependent 2 Months	2	N	140PY, A1		
102		Dependent 3 Name	20	A	140PY, A1	NEW	Removed for 2013
103		Dependent 3 SSN	9	N	140PY, A1	NEW	Removed for 2013
104		Dependent 3 Relationship	12	A	140PY, A1	NEW	Removed for 2013
105		Dependent 3 Months	2	N	140PY, A1	NEW	Removed for 2014
106	106	Dependent Total	2	N	140PY, A2		
107	107	Dependent 1 Name Not Qualifying	20	A	140PY, A3a		
108	108	Dependent 2 Name Not Qualifying	20	A	140PY, A3a		
109	109	Dependent 3 Name Not Qualifying	20	A	140PY, A3a		
110	110	Dependent 1 Name Education	20	A	140PY, A3b		
111	111	Dependent 2 Name Education	20	A	140PY, A3b		
112	112	Dependent 3 Name Education	20	A	140PY, A3b		
113	113	Parent 1 Name	20	A	140PY, A4		
114	114	Parent 1 SSN	9	N	140PY, A4		
115	115	Parent 1 Relationship	12	A	140PY, A4		
116	116	Parent 1 Months	2	N	140PY, A4		
117	117	Date of AZ Residence	17	A	140PY, B6		MMDDCCYY,MMDDCCYY Comma Delimited
118	118	Wages, Salaries Fed	9	N	140PY, B7Fed		
119	119	Wages, Salaries AZ	9	N	140PY, B7AZ		
120	120	Interest Fed	9	N	140PY, B8Fed		
121	121	Interest AZ	9	N	140PY, B8AZ		
122	122	Dividends Fed	9	N	140PY, B9Fed		
123	123	Dividends AZ	9	N	140PY, B9AZ		
124	124	AZ Inc Tax Refnd Fed	9	N	140PY, B10Fed		
125	125	AZ Inc Tax Refund AZ	9	N	140PY, B10AZ		
126	126	Alimony Received Fed	9	N	140PY, B11Fed		
127	127	Alimony Received AZ	9	N	140PY, B11AZ		
128	128	Business Inc (C) Fed	9	N	140PY, B12Fed		
129	129	Business Inc (C) AZ	9	N	140PY, B12AZ		
130	130	Gain/Loss (D) Fed	9	N	140PY, B13Fed		
131	131	Gain/Loss (D) AZ	9	N	140PY, B13AZ		
132	132	Rents etc (E) Fed	9	N	140PY, B14Fed		
133	133	Rents etc (E) AZ	9	N	140PY, B14AZ		
134	134	Other Fed Income Fed	9	N	140PY, B15Fed		
135	135	Other Fed Income AZ	9	N	140PY, B15 AZ		
136	136	Total Income Fed	9	N	140PY, B16 Fed		
137	137	Total Income AZ	9	N	140PY, B16 AZ		
138	138	Other Fed Adjust Fed	9	N	140PY, B17 Fed		
139	139	Other Fed Adjust AZ	9	N	140PY, B17 AZ		
140	140	Fed Adjusted Gross	9	N	140PY, B18		
141	141	Arizona Income	9	N	140PY, B19		
142	142	Arizona Percentage	4	N	140PY, B20		Enter 100.0% as 1000; 50.0% as 0500; 80.63% as 0806
143	143	IRC 179 expense in excess of allowable amount Reserved	9	N		NEW	no amt should be entered for 2013
144	144	Total Depreciation	9	N	140PY, C22		
145	145	Other Additions	9	N	140PY, C23		

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ORANGE Changes for DRAFT_D

TY 2012 FIELD NO	TY 2013 FIELD NO	FIELD NAME	LENGT H	TYPE	FORM & Line Number	CHANGE	BUSINESS RULE
146	146	Total Additions	9	N	140PY, C24		
147	147	Age 65 Exempt Amt	9	N	140PY, D25		
148	148	Blind Exempt Amount	9	N	140PY, D26		
149	149	Dep Exempt Amount	9	N	140PY, D27		
150	150	Qulfy Parent Exempt Amount	9	N	140PY, D28		
151	151	Total Exemptions	9	N	140PY, D29		
152	152	AZ Exemption Portion	9	N	140PY, D30		
153	153	Int. Savings Bond	9	N	140PY, D31		
154	154	AZ Lottery Winnings	9	N	140PY, D32		
155	155	US Social Security AZ	9	N	140PY, D33		
156	156	Adjustment for IRC 179 Expense Not Allowed	12	N	140PY, D34		
157	157	Other Subtractions	9	N	140PY, D35		
158	158	Total Subtractions	9	N	140PY, D36		
159	159	Prior Last Names	20	A	Front Page	NEW	Comma delimited, Line number removed on form; field moved to front page
160	160	Total net Short-Term Capital Gains	12	N	140PY, E37	NEW	
161	161	Total net Long-Term Capital Gains	12	N	140PY, E38	NEW	
162	162	Total Capital gains from Assets	12	N	140PY, E39	NEW	
163	163	Allowable Subtraction calculation	12	N	140PY, E40	NEW	10% of D3
160	164	Primary Occupation	16	A	140PY, bkpg		
161	165	Spouse Occupation	16	A	140PY, bkpg		
162	166	Preparer Name	35	A/N	140PY, bkpg		
163	167	Preparer FEIN	9	N	140PY, bkpg		No hyphens
164	168	Preparer Address	35	A/N	140PY, bkpg		
165	169	Preparer City	21	A	140PY, bkpg		
166	170	Preparer State	2	A	140PY, bkpg		
167	171	Preparer Zip Code	9	N	140PY, bkpg		
168	172	Paid Preparer Phone Number	10	N	140PY, bkpg		
169	173	Medical/Dental Expenses	9	N	FedSchA(2-D)1		from Federal 1040 Schedule A
170	174	Adjusted Gross Income	9	N	FedSchA(2-D)2		from Federal 1040 Schedule A
171	175	Medical Allowance	9	N	FedSchA(2-D)3		from Federal 1040 Schedule A
172	176	Total Medical/Dental	9	N	FedSchA(2-D)4		from Federal 1040 Schedule A
173	177	State and Local Taxes	9	N	FedSchA(2-D)5		from Federal 1040 Schedule A
174	178	Real Estate Taxes	9	N	FedSchA(2-D)6		from Federal 1040 Schedule A
175	179	Personal Property Taxes	9	N	FedSchA(2-D)7		from Federal 1040 Schedule A
176	180	Other Taxes	9	N	FedSchA(2-D)8		from Federal 1040 Schedule A
177	181	Total Other Taxes	9	N	FedSchA(2-D)9		from Federal 1040 Schedule A
178	182	Mortgage Interest from 1098	9	N	FedSchA(2-D)10		from Federal 1040 Schedule A
179	183	Other Mortgage Interest	9	N	FedSchA(2-D)11		from Federal 1040 Schedule A
180	184	Deductible Points	9	N	FedSchA(2-D)12		from Federal 1040 Schedule A
181	185	Qualified Mortgage Insurance Premiums	9	N	FedSchA(2-D)13		from Federal 1040 Schedule A
182	186	Investment Interest	9	N	FedSchA(2-D)14		from Federal 1040 Schedule A
183	187	Total Interest	9	N	FedSchA(2-D)15		from Federal 1040 Schedule A
184	188	Total Cash/Check Contrib	9	N	FedSchA(2-D)16		from Federal 1040 Schedule A
185	189	Non-Cash/Check Contrib	9	N	FedSchA(2-D)17		from Federal 1040 Schedule A
186	190	Carryover Prior Year	9	N	FedSchA(2-D)18		from Federal 1040 Schedule A
187	191	Total Contrib	9	N	FedSchA(2-D)19		from Federal 1040 Schedule A
188	192	Casualty/Theft Loss	9	N	FedSchA(2-D)20		from Federal 1040 Schedule A
189	193	Unreimb Emp Exp	9	N	FedSchA(2-D)21		from Federal 1040 Schedule A
190	194	Tax Preparation Fees	9	N	FedSchA(2-D)22		from Federal 1040 Schedule A
191	195	Tot Other Exp	9	N	FedSchA(2-D)23		from Federal 1040 Schedule A
192	196	Gross Misc Ded	9	N	FedSchA(2-D)24		from Federal 1040 Schedule A

BLUE Changes for TY2013
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TY 2012 FIELD NO	TY 2013 FIELD NO	FIELD NAME	LENGT H	TYPE	FORM & Line Number	CHANGE	BUSINESS RULE
193	197	Miscellaneous Allow	9	N	FedSchA(2-D)26		from Federal 1040 Schedule A
194	198	Total Misc Deduct	9	N	FedSchA(2-D)27		from Federal 1040 Schedule A
195	199	Tot Other Misc Deduct	9	N	FedSchA(2-D)28		from Federal 1040 Schedule A
196	200	Total Item Deduct	9	N	FedSchA(2-D)29		from Federal 1040 Schedule A
197	201	Medical/Dental Expenses	9	N	AZSchA(PY)/(PYN) 1		
198	202	Taxes Allowed	9	N	AZSchA(PY)/(PYN) 2		
199	203	Interest Expense	9	N	AZSchA(PY)/(PYN) 3		
200	204	Gifts Charity Allowed on Fed	9	N	AZSchA(PY)/(PYN) 4		
201	205	Casualty loss 1040	9	N	AZSchA(PY)/(PYN) 5		
202	206	Casualty Loss 4684	9	N	AZSchA(PY)/(PYN) 6		
203	207	Amount of Loss AZ	9	N	AZSchA(PY)/(PYN) 7		
204	208	Casualty Percentage	4	N	AZSchA(PY)/(PYN) 8		Enter 100.0% as 1000; 50.0% as 0500; 80.63% as 0806
205	209	Casualty Total	9	N	AZSchA(PY)/(PYN) 9		
206	210	Miscellaneous Fed	9	N	AZSchA(PY)/(PYN) 10		
207	211	Miscellaneous AZ	9	N	AZSchA(PY)/(PYN) 11		
208	212	Misc Percentage	4	N	AZSchA(PY)/(PYN) 12		Enter 100.0% as 1000; 50.0% as 0500; 80.63% as 0806
209	213	Misc Deduction Fed	9	N	AZSchA(PY)/(PYN) 13		
210	214	Misc Deduction %	9	N	AZSchA(PY)/(PYN) 14		
211	215	Other Miscellaneous	9	N	AZSchA(PY)/(PYN) 15		
212	216	Wagering losses	9	N	AZSchA(PY)/(PYN) 16		
213	217	Tot Gamble Wins AZ	9	N	AZSchA(PY)/(PYN) 17		
214	218	AllowGamble Subt	9	N	AZSchA(PY)/(PYN) 18		
215	219	Gamble Loss Deduct	9	N	AZSchA(PY)/(PYN) 19		
216	220	Gambling Total	9	N	AZSchA(PY)/(PYN) 20		
217	221	Gambling Calculate	9	N	AZSchA(PY)/(PYN) 21		
218	222	Tot Job Expense Misc	9	N	AZSchA(PY)/(PYN) 22		
219	223	Tentative AZ Item	9	N	AZSchA(PY)/(PYN) 23		
	224	FGI Reductions	9	N	AZSchA(PY)/(PYN) 24	NEW	
	225	Allowed itemized deductions	9	N	AZSchA(PY)/(PYN) 25	NEW	
	226	Percentage of itemized deductions	9	N	AZSchA(PY)/(PYN) 26	NEW	
	227	Multi Result	9	N	AZSchA(PY)/(PYN) 27	NEW	
	228	Sub Result	9	N	AZSchA(PY)/(PYN) 28	NEW	
220	229	Part2 Med/Dent Exp	9	N	AZSchA (PYN) 29		
221	230	Part2 MSA Distr Used	9	N	AZSchA (PYN) 30		
222	231	Part2 Fed Med Deduct	9	N	AZSchA (PYN) 31		
223	232	Part2 Tot Med Deduct	9	N	AZSchA (PYN) 32		
224	233	Part2 Med Add Adjust	9	N	AZSchA (PYN) 33		
225	234	Part2 Med Subt Adj	9	N	AZSchA (PYN) 34		
226	235	Part2 Fed Credit Int Paid	9	N	AZSchA (PYN) 35		
227	236	Part2 WagerLossFed	9	N	AZSchA (PYN) 36		
228	237	Part2 Gamble Win	9	N	AZSchA (PYN) 37		
229	238	Part2 AZ Lottery Subt	9	N	AZSchA (PYN) 38		
230	239	Part2 Max Gamble Loss Deduct	9	N	AZSchA (PYN) 39		
231	240	Part2 Gambling Subt Adj	9	N	AZSchA (PYN) 40		
232	241	Part2 Contrib Ad	9	N	AZSchA (PYN) 41		
233	242	Part2 Sum Add Adj	9	N	AZSchA (PYN) 42		
234	243	Part2 Sum Subt Adj	9	N	AZSchA (PYN) 43		
235	244	Part2 Tot Fed Item Deductions	9	N	AZSchA (PYN) 44		
236	245	Part2 Sum line 43	9	N	AZSchA (PYN) 45		
237	246	Part2 SumTotAzItem Deduct	9	N	AZSchA (PYN) 46		
238	247	Part2 Adj ItemDeduct	9	N	AZSchA (PYN) 47		

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TY 2012 FIELD NO	TY 2013 FIELD NO	FIELD NAME	LENGT H	TYPE	FORM & Line Number	CHANGE	BUSINESS RULE
239	248	Part2 Subt Subtotal	9	N	AZSchA (PYN) 48		
240	249	Part2 Tot Line 23	9	N	AZSchA (PYN) 49		
241	250	Part2 Subt Sum	9	N	AZSchA (PYN) 50		
242	251	Part2 Az Percentage	4	N	AZSchA (PYN) 51		Enter 100.0% as 1000; 50.0% as 0500; 80.63% as 0806
243	252	Part2 Multi Sum	9	N	AZSchA (PYN) 52		
244	253	Part2 Az Item Deduct	9	N	AZSchA (PYN) 53		
245	254	Employer ID (1)	9	N	W-2		1st Wage Statement
246	255	Employees SSN	9	N	W-2		1st Wage Statement; no hyphens
247	256	Arizona Wages	9	N	W-2		1st Wage Statement
248	257	Arizona Withholding (1)	9	N	W-2		1st Wage Statement
249	258	Employer ID (2)	9	N	W-2		2nd Wage Statement
250	259	Employees SSN (2)	9	N	W-2		2nd Wage Statement; no hyphens
251	260	Arizona Wages (2)	9	N	W-2		2nd Wage Statement
252	261	Arizona Withholding (2)	9	N	W-2		2nd Wage Statement
253	262	Employer ID (3)	9	N	W-2		3rd Wage Statement
254	263	Employees SSN (3)	9	N	W-2		3rd Wage Statement; no hyphens
255	264	Arizona Wages (3)	9	N	W-2		3rd Wage Statement
256	265	Arizona Withholding (3)	9	N	W-2		3rd Wage Statement
257	266	Employer ID (4)	9	N	W-2		4th Wage Statement
258	267	Employees SSN (4)	9	N	W-2		4th Wage Statement; no hyphens
259	268	Arizona Wages (4)	9	N	W-2		4th Wage Statement
260	269	Arizona Withholding (4)	9	N	W-2		4th Wage Statement
261	270	Payer's ID (1)	9	N	1099-R		1st 1099 R Statement
262	271	Recipient's SSN (1)	9	N	1099-R		1st 1099 R Statement; no hyphens
263	272	1099 Gross Amt (1)	9	N	1099-R		1st 1099 R Statement
264	273	1099 Taxable Amount (1)	9	N	1099-R		1st 1099 R Statement
265	274	1099 Az WH (1)	9	N	1099-R		1st 1099 R Statement
266	275	Payer's ID (2)	9	N	1099-R		2nd 1099 R Statement
267	276	Recipient's SSN (2)	9	N	1099-R		2nd 1099 R Statement; no hyphens
268	277	1099 Gross Amt (2)	9	N	1099-R		2nd 1099 R Statement
269	278	1099 Taxable Amount (2)	9	N	1099-R		2nd 1099 R Statement
270	279	1099 Az WH (2)	9	N	1099-R		2nd 1099 R Statement
271	280	Cost of Solar Energy Device	10	N	310, Line 2		AZ Credit Form 310
272	281	Enter Lesser of Line 3 or \$1000	10	N	310, Line 4		
273		Claiming Itemized Deduction YES	4	A	321, Line 1	NEW	Removed for 2013
274		Claiming Itemized Deduction NO	4	A	321, Line 1	NEW	Removed for 2014
275	282	Name of Qualifying Charity	30	A	321, Line 1a (a)		
276	283	Location of Qualifying Charity (City State)	10	N	321, Line 1a (b)		
277	284	Cash Amount	10	N	321, Line 1a (c)		
278	285	Name of Qualifying Charity	30	A	321, Line 1b (a)		
279	286	Location of Qualifying Charity (City State)	10	N	321, Line 1b (b)		
280	287	Cash Amount	10	N	321, Line 1b (c)		
281	288	Name of Qualifying Charity	30	A	321, Line 1c (a)		
282	289	Location of Qualifying Charity (City State)	10	N	321, Line 1c (b)		
283	290	Cash Amount	10	N	321, Line 1c (c)		
284	291	Total	10	N	321, Line 1d		
285	292	Current Yr's Credit	10	N	321, Line 3		
	293	Name of Foster Care Qualifying Charity	30	A	321, Line 4a (a)	NEW	
	294	Location of Foster Care Qualifying Charity (City State)	10	N	321, Line 4a (b)	NEW	
	295	Cash Amount	10	N	321, Line 4a (c)	NEW	
	296	Name of Foster CareQualifying Charity	30	A	321, Line 4b (a)	NEW	

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TY 2012 FIELD NO	TY 2013 FIELD NO	FIELD NAME	LENGT H	TYPE	FORM & Line Number	CHANGE	BUSINESS RULE
	297	Location of Foster Care Qualifying Charity (City State)	10	N	321, Line 4b (b)	NEW	
	298	Cash Amount	10	N	321, Line 4b (c)	NEW	
	299	Name of Foster Care Qualifying Charity	30	A	321, Line 4c (a)	NEW	
	300	Location of Foster Care Qualifying Charity (City State)	10	N	321, Line 4c (b)	NEW	
	301	Cash Amount	10	N	321, Line 4c (c)	NEW	
	302	Total	10	N	321, Line 4d	NEW	
	303	Smaller of line 6 or line 7	10	N	321, Line 8d	NEW	
286	304	Available Carryover	10	N	321, Line 9d	NEW	New Line number
287	305	Available Carryover	10	N	321, Line 10d	NEW	New Line number
288	306	Available Carryover	10	N	321, Line 11d	NEW	New Line number
289	307	Available Carryover	10	N	321, Line 12d	NEW	New Line number
290	308	Available Carryover	10	N	321, Line 13d	NEW	New Line number
291	309	Total Available Carryover	10	N	321, Line 14	NEW	New Line number
292	310	Current Yr's Credit	10	N	321, Line 15	NEW	New Line number
293	311	Available Carryover	10	N	321, Line 16	NEW	New Line number
294	312	Total Available Credit	10	N	321, Line 17	NEW	New Line number
295	313	Name of Public School	30	A	322, Line 1		AZ Credit Form 322
296	314	School District	30	A	322, Line 1		
297	315	Amt of Fees Paid	10	N	322, Line 1		
298	316	Name of Public School	30	A	322, Line 2		
299	317	School District	30	A	322, Line 2		
300	318	Amt of Fees Paid	10	N	322, Line 2		
	319	Name of Public School	30	A	322, Line 3	NEW	New Line for the third school
	320	School District	30	A	322, Line 3	NEW	New Line for the third school
	321	Amt of Fees Paid	10	N	322, Line 3	NEW	New Line for the third school
301	322	Current Yr's Credit	10	N	322, Line 6	NEW	New Line number
302	323	Total Available Carryover	10	N	322, Line 12	NEW	New Line number
303	324	Current Yr's Credit	10	N	322, Line 13	NEW	New Line number
304	325	Available Carryover	10	N	322, Line 14	NEW	New Line number
305	326	Total Available Credit	10	N	322, Line 15	NEW	New Line number
306	327	Name of School	30	A	323, Line 1		AZ Credit Form 323
307	328	Amt of Contribution	10	N	323, Line 1c		
308	329	Name of School	30	A	323, Line 2		
309	330	Amt of Contribution	10	N	323, Line 2c		
310	331	Current Yr's Credit	10	N	323, Line 5		
311	332	Total Available carryover	10	N	323, Line 11		
312	333	Current Yr's Credit	10	N	323, Line 12		
313	334	Available Carryover	10	N	323, Line 13		
314	335	Total Available Credit	10	N	323, Line 14		
315	336	ADVS Receipt Yes	1	A	340, Line 1		AZ Credit Form 340; X or null
316	337	ADVS Receipt No	1	A	340, Line 1		X or null
317	338	Total Qualified Donations	10	N	340, Line 2		
318	339	Current Year's Credit	10	N	340, Line 4		
319	340	Trailer	5	A	*EOD*		

TY 2012 FIELD NO	TY 2013 FIELD NO	FIELD NAME	LENGT H	TYPE	FORM & Line Number	CHANGE	BUSINESS RULE
Arizona 140PTC - Property Tax Credit							
1	1	Header version	2	A			T1
2	2	Software Developer Code	4	N			NACTP assigned code
3	3	Version Number	2	N			01; use 2 digits (leading zero)
4	4	Form Type	6	A			140PTC
5	5	Form Year	4	N		NEW	2013
6	6	Primary First Name	10	A	140PTC, 1		
7	7	Primary Middle Initial	1	A	140PTC, 1		
8	8	Primary Last Name	35	A	140PTC, 1		
9	9	Primary SSN	9	N	140PTC, 1		No hyphens
10	10	Spouse First Name	10	A	140PTC, 1		Spouse Name required when MFJ or MFS
11	11	Spouse Middle Initial	1	A	140PTC, 1		Spouse Name required when MFJ or MFS
12	12	Spouse Last Name	35	A	140PTC, 1		Spouse Name required when MFJ or MFS
13	13	Spouse SSN	9	N	140PTC, 1		Spouse Name required when MFJ or MFS; No hyphens
14	14	Address line 1	35	A/N	140PTC, 2		Address line 1 or % (care of) line or recipient name if TP is deceased
15	15	Address line 2	35	A/N	140PTC, 2		Address line 2 or Address line if 1 is % or deceased TP
16	16	City	21	A	140PTC, 3		
17	17	State	2	A	140PTC, 3		
18	18	Zip Code	9	N	140PTC, 3		Include zip plus 4 in last 4 digits or zero fill if not available
19	19	Daytime Number	10	N	140PTC, 94		
20	20	Home Phone Number	10	N	140PTC, 94	NEW	Removed for 2013
21	20	Date of Birth	8	A	140PTC, 79		MMDDCCYY
22	21	6 Month Extension	1	A	140 PTC, 82F		X or null
23	22	Rent Yes	1	A	140 PTC, 4		X or null
24	23	Own Yes	1	A	140 PTC, 4		X or null
25	24	Full Year Resident Yes	1	A	140 PTC, 5		X or null
26	25	Full Year Resident No	1	A	140 PTC, 5		X or null
27	26	Property Tax Paid Yes	1	A	140 PTC, 6		X or null
28	27	Property Tax Paid No	1	A	140 PTC, 6		X or null
29	28	PTR per household Yes	1	A	140 PTC, 7		X or null
30	29	PTR per household No	1	A	140 PTC, 7		X or null
31	30	Over 65 Yes	1	A	140 PTC, 8		X or null
32	31	Over 65 No	1	A	140 PTC, 8		X or null
33	32	Title 16 Yes	1	A	140 PTC, 9		X or null
34	33	Title 16 No	1	A	140 PTC, 9		X or null
35	34	Income	9	N	140 PTC, 10		
36	35	Live Alone Yes	1	A	140 PTC, 11a		X or null
37	36	Live Alone No	1	A	140 PTC, 11b		X or null
38	37	Tax Credit	9	N	140 PTC, 11		
39	38	Amt Property Tax Own	9	N	140 PTC, 12		
40	39	Amt Property Tax Rent	9	N	140 PTC, 13		
41	40	Tot Property Tax Paid	9	N	140 PTC, 14		
42	41	SubTotal Credit	9	N	140 PTC, 15		
43	42	Taxpayer Name	35	A	140 PTC, 16		Comma Delimited
44	43	Taxpayer SSN	9	N	140 PTC, 16		No hyphens
45	44	Address City State Zip	35	AN	140 PTC, 16		Comma Delimited
46	45	Excise Tax Credit	9	N	140 PTC, 17		
47	46	Total Dependents	9	N	140 PTC, 18		
48	47	Total Credit	9	N	140 PTC, 19		
49	48	Foreign Account	1	A	140 PTC Line 19A		Y or Null; If "Y", Fields 50-53 should be disabled.

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ORANGE Changes for DRAFT_D

TY 2012 FIELD NO	TY 2013 FIELD NO	FIELD NAME	LENGT H	TYPE	FORM & Line Number	CHANGE	BUSINESS RULE
50	49	Dir Dep Routing Nbr	9	N	140 PTC, 98		For direct deposit; direct debit is not supported.
51	50	Dir Dep Account Nbr	17	AN	140 PTC, 98		For direct deposit; direct debit is not supported.
52	51	Dir Dep Checking	1	A	140 PTC, 98		X or null; direct deposit only
53	52	Dir Dep Savings	1	A	140 PTC, 98		X or null; direct deposit only
54	53	Wages You	9	N	140 PTCPartIA1		
55	54	Wages Spouse	9	N	140 PTCPartIA2		
56	55	Wages Other	9	N	140 PTCPartIA3		
57	56	Total Wages	9	N	140 PTCPartIA4		
58	57	Div & Int You	9	N	140 PTCPartIB1		
59	58	Div & Int Spouse	9	N	140 PTCPartIB2		
60	59	Div & Int Other	9	N	140 PTCPartIB3		
61	60	Total Div & Int	9	N	140 PTCPartIB4		
62	61	Bus Farm Income You	9	N	140 PTCPartIC1		
63	62	Bus Farm Inc Spouse	9	N	140 PTCPartIC2		
64	63	Bus Farm Inc Other	9	N	140 PTCPartIC3		
65	64	Total Bus Farm Inc	9	N	140 PTCPartIC4		
66	65	Gain/Loss Prop You	9	N	140 PTCPartID1		
67	66	GainLoss Prop Spouse	9	N	140 PTCPartID2		
68	67	GainLoss Prop Other	9	N	140 PTCPartID3		
69	68	TotalGainLoss Prop	9	N	140 PTCPartID4		
70	69	Pension You	9	N	140 PTCPartIE1		
71	70	Pension Spouse	9	N	140 PTCPartIE2		
72	71	Pension Other	9	N	140 PTCPartIE3		
73	72	Total Pension	9	N	140 PTCPartIE4		
74	73	RentRoyalty IncYou	9	N	140 PTCPartIF1		
75	74	RentRoyaltyInc Spous	9	N	140 PTCPartIF2		
76	75	RentRoyalty Inc Other	9	N	140 PTCPartIF3		
77	76	Total RentRoyalty Inc	9	N	140 PTCPartIF4		
78	77	Part, Estate, Trust You	9	N	140 PTCPartIG1		
79	78	PartEstateTrt Spouse	9	N	140 PTCPartIG2		
80	79	PartEstateTrt Other	9	N	140 PTCPartIG3		
81	80	Tot PartEstateTrt Inc	9	N	140 PTCPartIG4		
82	81	Alimony You	9	N	140 PTCPartIH1		
83	82	Alimony Spouse	9	N	140 PTCPartIH2		
84	83	Alimony Other	9	N	140 PTCPartIH3		
85	84	Total Alimony	9	N	140 PTCPartIH4		
86	85	Other Income You	9	N	140 PTCPartII1		
87	86	Other Income Spouse	9	N	140 PTCPartII2		
88	87	Other Income Other	9	N	140 PTCPartII3		
89	88	Total Other Income	9	N	140 PTCPartII4		
90	89	Tot Household Income	9	N	140 PTCPartIJ		
91	90	Dependent 1 Name	20	A	PTC Part2, 1a		
92	91	Dependent 1 SSN	9	N	PTC Part2, 1a		No hyphens
93	92	Dep 1 Relationship	12	A	PTC Part2, 1a		
94	93	Dependent 1 Months	2	N	PTC Part2, 1a		
95	94	Dependent 2 Name	20	A	PTC Part2, 1b		
96	95	Dependent 2 SSN	9	N	PTC Part2, 1b		No hyphens
97	96	Dep 2 Relationship	12	A	PTC Part2, 1b		
98	97	Dependent 2 Months	2	N	PTC Part2, 1b		
99	98	Dependent 3 Name	20	A	PTC Part2, 1c		
100	99	Dependent 3 SSN	9	N	PTC Part2, 1c		No hyphens

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ORANGE Changes for DRAFT_D

TY 2012 FIELD NO	TY 2013 FIELD NO	FIELD NAME	LENGT H	TYPE	FORM & Line Number	CHANGE	BUSINESS RULE
101	100	Dep 3 Relationship	12	A	PTC Part2, 1c		
102	101	Dependent 3 Months	2	N	PTC Part2, 1c		
103	102	Total Dependents	2	N	PTC Part2, 2		
104	103	MFJ Claim	1	N	PTC Part2, 3		
105	104	Household Population	2	N	PTC Part2, 4		
106	105	Calculate Credit	9	N	PTC Part2, 5		
107	106	Total Allowable Credit	9	N	PTC Part2, 6		
108	107	Primary Occupation	16	A	PTC, back pg		
109	108	Spouse Occupation	16	A	PTC, back pg		
110	109	Preparer Name	35	AN	PTC, back pg		
111	110	Preparer Address	35	AN	PTC, back pg		
112	111	Preparer City	21	A	PTC, back pg		
113	112	Preparer State	2	A	PTC, back pg		
114	113	Preparer Zip Code	9	N	PTC, back pg		
115	114	Paid Preparer Phone Number	10	N	PTC, back pg		
116	115	Preparer FEIN	9	N	PTC, back pg		No hyphens
117	116	Trailer	5	A	*EOD*		