

Arizona 140 - Full Year Resident Return

2D Barcode Record Layout

2019 FIELD NO	2020 FIELD NO	FIELD NAME	LENGTH	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	2020
6	6	Tax Year Ending DateYY	8	N	140, 66F	MMDYYYY (Enter only if fiscal year filer)
7	7	Primary First Name	10	A	140, Line 1	
8	8	Primary Middle Initial	1	A	140, Line 1	
9	9	Primary Last Name	35	A	140, Line 1	
10	10	Primary SSN	9	N	140, Line 1	No hyphens
11	11	Spouse First Name	10	A	140, Line 1	Spouse Name required when MFJ or MFS
12	12	Spouse Middle Initial	1	A	140, Line 1	Spouse Name required when MFJ or MFS
13	13	Spouse Last Name	35	A	140, Line 1	Spouse Name required when MFJ or MFS
14	14	Spouse SSN	9	N	140, Line 1	Spouse SSN required when MFJ or MFS; No hyphens
15	15	Address line 1	35	A/N	140, Line 2	Address line 1 or % (care of) line or recipient name if TP is deceased
16	16	Address line 2	35	A/N	140, Line 2	Address line 2 or Address line 1 is % or deceased TP
17	17	City	21	A	140, Line 3	
18	18	State	2	A	140, Line 3	Or province if Canadian address
19	19	Zip Code	9	A/N	140, Line 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	Married/Joint	1	A	140, Line 4	X or null
22	22	Injured Spouse Protection of Joint Overpayment	1	A	140, Line 4a	X or null
23	23	Head of Household	1	A	140, Line 5	X or null
24	24	Married filing Separate	1	A	140, Line 6	X or null
25	25	Single	1	A	140, Line 7	X or null
26	26	Age 65 or over	1	N	140, Line 8	
27	27	Blind	1	N	140, Line 9	
28	28	Dependents: Under age of 17	2	N	140, Line 10a	Dependents Under Age 17
29	29	Dependents: Age 17 and over	2	N	140, Line 10b	Dependents 17 or older
30	30	Parents/Ancestors	1	N	140, Line 11a	
31	31	6 Month Extension	1	A	140, Line 82F	X or null
32	32	Dependent Info More Space--Qualifying Dependents	1	A	140, Box 10ab	X or null
33	33	Dependent 1 First Name	10	A	140, 10c(a1)	
34	34	Dependent 1 Last Name	10	A	140, 10c(a2)	
35	35	Dependent 1 SSN	9	N	140, 10c(b)	No hyphens
36	36	Dependent 1 Relationship	12	A	140, 10c(c)	
37	37	Dependent 1 Months	2	N	140, 10c(d)	Valid Values are (0 - 12)
38	38	Dependent 1 Age included in	1	A	140, Box 10c(e1)	X or null
39	39	Dependent 1 Age included in	1	A	140, Box 10c(e2)	X or null
40	40	Dependent 1 Name Education	1	A	140, Box 10c(f)	X or null
41	41	Dependent 2 First Name	10	A	140, 10d(a1)	
42	42	Dependent 2 Last Name	10	A	140, 10d(a2)	
43	43	Dependent 2 SSN	9	N	140, 10d(b)	No hyphens
44	44	Dependent 2 Relationship	12	A	140, 10d(c)	
45	45	Dependent 2 Months	2	N	140, 10d(d)	Valid Values are (0 - 12)
46	46	Dependent 2 Age included in	1	A	140, Box 10d(e1)	X or null
47	47	Dependent 2 Age included in	1	A	140, Box 10d(e2)	X or null
48	48	Dependent 2 Name Education	1	A	140, Box 10d(f)	X or null
49	49	Dependent 3 First Name	10	A	140, 10e(a1)	
50	50	Dependent 3 Last Name	10	A	140, 10e(a2)	
51	51	Dependent 3 SSN	9	N	140, 10e(b)	No hyphens
52	52	Dependent 3 Relationship	12	A	140, 10e(c)	
53	53	Dependent 3 Months	2	N	140, 10e(d)	Valid Values are (0 - 12)
54	54	Dependent 3 Age included in	1	A	140, Box 10e(e1)	X or null
55	55	Dependent 3 Age included in	1	A	140, Box 10e(e2)	X or null
56	56	Dependent 3 Name Education	1	A	140, Box 10e(f)	X or null

Legend

Blue: Additions TY2020

Yellow: Changes for TY2020

Dark Orange: Removed Items for TY2020

57	57	Dependent Info More Space--Qualifying Ancestors	1	A	140, Box 11a	X or null
58	58	Dependent 1 Qual Anc First Name	10	A	140, Line 11b(a1)	
59	59	Dependent 1 Qual Anc Last Name	10	A	140, Line 11b(a2)	
60	60	Dependent 1 Qual Anc SSN	9	N	140, Line 11b(b)	No hyphens
61	61	Dependent 1 Qual Anc Relationship	12	A	140, Line 11b(c)	
62	62	Dependent 1 Qual Anc Months	2	N	140, Line 11b(d)	Valid Values are (0 - 12)
63	63	Dependent 1 Qual Anc Age 65+	1	A	140, Box 11b(e)	X or null
64	64	Dependent 1 Qual Anc Deceased In Tax Year	1	A	140, Box 11b(f)	X or null
65	65	Dependent 2 Qual Anc First Name	10	A	140, Line 11c(a1)	
66	66	Dependent 2 Qual Anc Last Name	10	A	140, Line 11c(a2)	
67	67	Dependent 2 Qual Anc SSN	9	N	140, Line 11c(b)	No hyphens
68	68	Dependent 2 Qual Anc Relationship	12	A	140, Line 11c(c)	
69	69	Dependent 2 Qual Anc Months	2	N	140, Line 11c(d)	Valid Values are (0 - 12)
70	70	Dependent 2 Qual Anc Age 65+	1	A	140, Box 11c(e)	X or null
71	71	Dependent 2 Qual Anc Deceased In Tax Year	1	A	140, Box 11c(f)	X or null
72	72	Fed Adjusted Gross Income	10	N	140, Line 12	
73	73	Non-AZ Mun Interest	10	N	140, Line 13	
74	74	Partnership Income Adjustment Add	10	N	140, Line 14	
75	75	Total Federal Depreciation	10	N	140, Line 15	
76	76	Net capital (loss) derived from the exchange of legal tender	10	N	140, Line 16	
77	77	Other Additions	10	N	140, Line 17	Total from page 5 worksheet
78	78	Subtotal	10	N	140, Line 18	Add lines 12 through 17
79	79	Net Capital Gain/Loss	10	N	140, Line 19	
80	80	Total Net Short-Term Capital Gain/Loss	10	N	140, Line 20	
81	81	Total Net Long-Term Capital Gain/Loss	10	N	140, Line 21	
82	82	Net Long-Term Capital Gain From Assets	10	N	140, Line 22	
83	83	Capital Gain Allowable Subt. Calculation	10	N	140, Line 23	Multiply Line 22 by 25% (.25) and enter the result
84	84	Net Capital Gain - Investment In Qual. Small Business	10	N	140, Line 24	
85	85	Net capital gain derived from the exchange of legal tender	10	N	140, Line 25	
86	86	Recalculated Arizona Depreciation	10	N	140, Line 26	
87	87	Partnership Income Adjustment Sub	10	N	140, Line 27	
88	88	Int Savings Bond	10	N	140, Line 28	
89	89	Exclusive Govt Pens	10	N	140, Line 29a	Cannot exceed threshold of \$2500 per person, Max \$5000
90	90	Benefits pensions for uniformed services	10	N	140, Line 29b	Cannot exceed threshold of \$3500 per person, Max \$7000
91	91	SS or RR Benefits	10	N	140, Line 30	
92	92	Wages Native American	10	N	140, Line 31	
93	93	Active Duty Military Pay	10	N	140, Line 32	
94	94	Net Operating Loss Adjust	10	N	140, Line 33	
95	95	Contributions To 529 College Savings Plans	10	N	140, Line 34	
96	96	Subtotal lines 23-34	10	N	140, Line 35	Subtract lines 23-34 from line 18
97	97	Other Subtractions	10	N	140, Line 36	Total from page 5 worksheet
98	98	Total Subtractions	10	N	140, Line 37	Subtract lines 36 from 35
99	99	Exemption Age 65 or Over	10	N	140, Line 38	Multiply the number in Box 8 by \$2100
100	100	Exemption Blind	10	N	140, Line 39	Multiply the number in Box 9 by \$1500
101	101	Total Other Exemptions	2	N	140, Line 40E	Amount from page 4, part 3
102	102	Other Exemptions	10	N	140, Line 40	Multiply the number in Box 40E by \$2300
103	103	Exemption Parents and Grand Parents	10	N	140, Line 41	Multiply the number in Box 11a by \$10000
104	104	AZ Adjusted Gross	10	N	140, Line 42	Subtract Lines 38 through 41 from 37, if < 0, enter '0'
105	105	Itemized Deduction	1	A	140 Box 43-I	X or null
106	106	Standard Deduction	1	A	140 Box 43-S	X or null
107	107	Deduction Amount	10	N	140 Line 43	Single, Married Filing Separate = \$12,400 Married Filing Jointly = \$24,800 Head of Household = \$18,650
108	108	Claiming Charitable Deductions	1	A	140, Line 44C	X or null
109	109	Additional Charitable Deductions	10	N	140, Line 44	Total from Line 7C, page 3 Qualifying Charitable Deductions
110	110	AZ Taxable Income	10	N	140 Line 45	Subtract lines 43 and 44 from line 42. If < 0 enter "0"
111	111	Compute Tax	10	N	140 Line 46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables
112	112	Tax from Recapture Credits	10	N	140 Line 47	From AZ Form 301, Part 2, line 31
113	113	Subtotal Tax	10	N	140 Line 48	add lines 46 and 47

Legend

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Yellow: Changes for TY2020

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114	114	Dependent Tax Credit	10	N	140 Line 49	Amount calculated from totals in Boxes 10a and 10b, pro-rated for non military part year and nonresident taxpayers
115	115	Family Income Credit	10	N	140 Line 50	
116	116	Credits from Arizona Credit Forms	10	N	140 Line 51	From AZ Form 301, Part 2, line 61
117	117	Balance of Tax	10	N	140 Line 52	Subtract lines 49, 50 and 51 from line 48. If 49+50+51>48 enter "0"
118	118	Withholding	10	N	140 Line 53	
119	119	Estimated Payments	10	N	140 Line 54a	
120	120	Claim of Right	10	N	140 Line 54b	
121	121	Total Estimated Payments	10	N	140 Line 54c	Add lines 54a and 54b
122	122	Extension Amount (Extension Payments)	10	N	140 Line 55	
123	123	Increase Excise Tax Credit	10	N	140 Line 56	Use worksheet to determine amount.
124	124	Property Tax Credit	10	N	140 Line 57	
125	125	Refundable Credit Form 308-I	1	A	140 Line 58-1	"X" or null
126	126	Refundable Credit Form 349	1	A	140 Line 58-2	"X" or null
127	127	Other Refundable Credits	10	N	140 Line 58	
128	128	Total Payments	10	N	140 Line 59	Add lines 53 through 58
129	129	Tax Due	10	N	140 Line 60	If line 52 > line 59, subtract 59 from 52 and enter tax due
130	130	Overpayment	10	N	140 Line 61	If line 59 > line 52, subtract 52 from 59 and enter overpayment
131	131	Next Year Est Payment	10	N	140 Line 62	Amount of Line 61 to be Applied to 2021 Estimated Tax
132	132	Balance Overpayment	10	N	140 Line 63	Subtract line 62 from line 61
133	133	Solutions Teams Assigned To Schools Contrib	10	N	140 Line 64	
134	134	AZ Wildlife Contrib	10	N	140 Line 65	
135	135	Child Abuse Contrib	10	N	140 Line 66	
136	136	Domestic Violence Contrib	10	N	140 Line 67	
137	137	Political Gift	10	N	140 Line 68	
138	138	Neighbors Help Contrib	10	N	140 Line 69	
139	139	Spec Olympic Contrib	10	N	140 Line 70	
140	140	Veterans' Donations Fund	10	N	140 Line 71	
141	141	I Didn't Pay Enough Fund	10	N	140 Line 72	
142	142	Sustainable State Parks and Road Fund	10	N	140 Line 73	
143	143	Spay/Neuter of Animals	10	N	140 Line 74	
144	144	Democratic Party	1	A	140 Line 75-1	"X" or null
145	145	Green Party	1	A	140 Line 75-2	"X" or null
146	146	Libertarian Party	1	A	140 Line 75-2	Line number change - "X" or null
147	147	Republican Party	1	A	140 Line 75-3	Line number change - "X" or null
148	148	Est Payment Penalty	10	N	140 Line 76	
149	149	Annualized Other	1	A	140 Line 77-1	Y or null
150	150	Farmer/Fisherman	1	A	140 Line 77-2	Y or null
151	151	Form 221 Attached	1	A	140 Line 77-3	Y or null
152	152	Total Contributions & Penalty	10	N	140 Line 78	Add lines 64 through 74 and 76
153	153	Refund Amount	10	N	140 Line 79	Subtract line 78 from line 63
154	154	Foreign Account	1	A	140 Line 79A	Y or Null; If "Y" fields 154-157 disabled
155	155	Dir Dep Routing Nbr	9	N	140 Line 98	For direct deposit; direct debit is not supported
156	156	Dir Dep Account Nbr	17	A/N	140 Line 98	For direct deposit; direct debit is not supported
157	157	Dir Dep Checking	1	A	140 Line 98	X or null; direct deposit only
158	158	Dir Dep Savings	1	A	140 Line 98	X or null; direct deposit only
159	159	Amount Owed	10	N	140 Line 80	Add lines 60 and 78
160	160	Primary Occupation	16	A	140, pg2	
161	161	Spouse Occupation	16	A	140, pg2	
162	162	Preparer Name	35	A/N	140, pg2	
163	163	Preparer FEIN	9	N	140, pg2	No hypens
164	164	Preparer Address	35	A/N	140, pg2	
165	165	Preparer City	21	A	140, pg2	
166	166	Preparer State	2	A	140, pg2	
167	167	Preparer Zip Code	9	N	140, pg2	
168	168	Paid Preparer Phone Number	10	N	140, pg2	
169	169	Prior Last Names	20	A	Front Page Line 97	Comma Delimited
170	170	Gifts by Cash or Check	10	N	140, pg3, Line 1C	
171	171	Other than by Cash or Check	10	N	140, pg3, Line 2C	
172	172	Carryover Prior Year	10	N	140, pg3, Line 3C	
173	173	Sum lines 1C thru 3C	10	N	140, pg3, Line 4C	Add lines 1C thru 3C
173	173	Federal Charitable contribution deduction	10	N	140, pg3, Line 5C	

Legend

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174	174	Total Char Ded Claiming a AZ credit	10	N	140, pg3, Line 6C	
175	175	Total Subtraction	10	N	140, pg3, Line 7C	Subtract line 5C and 6C from line 4C
176	176	Total Increase	10	N	140, pg3, Line 8C	Multiply line 7C by .25
177	177	Medical/Dental Expenses	10	N	FedSchA(2-D) 1	
178	178	Adjusted Gross Income	10	N	FedSchA(2-D) 2	
179	179	Medical Allowance	10	N	FedSchA(2-D) 3	
180	180	Total Medical/Dental	10	N	FedSchA(2-D) 4	
181	181	State and Local Taxes	10	N	FedSchA(2-D) 5a	
182	182	Real Estate Taxes	10	N	FedSchA(2-D) 5b	
183	183	Personal Property Taxes	10	N	FedSchA(2-D) 5c	
184	184	Other Taxes	10	N	FedSchA(2-D) 6	
185	185	Total Other Taxes	10	N	FedSchA(2-D) 7	
186	186	Mortgage Interest from 1098	10	N	FedSchA(2-D) 8a	
187	187	Other Mortgage Interest	10	N	FedSchA(2-D) 8b	
188	188	Deductible Points	10	N	FedSchA(2-D) 8c	
189	189	Investment Interest	10	N	FedSchA(2-D) 9	
190	190	Total Interest	10	N	FedSchA(2-D) 10	
191	191	Total Cash/Check Contrib	10	N	FedSchA(2-D) 11	
192	192	Non-Cash/Check Contrib	10	N	FedSchA(2-D) 12	
193	193	Carryover Prior Year	10	N	FedSchA(2-D) 13	
194	194	Total Contrib	10	N	FedSchA(2-D) 14	
195	195	Casualty/Theft Loss	10	N	FedSchA(2-D) 15	
196	196	Tot Other Misc Deduct	10	N	FedSchA(2-D) 16	
197	197	Total Item Deduct	10	N	FedSchA(2-D) 17	
198	198	Med/Dent Expenses	10	N	AzSchA 1	
199	199	Fed Med Deductions	10	N	AzSchA 2	
200	200	Medical Add Adjust	10	N	AzSchA 3	
201	201	Medical Subt Adjust	10	N	AzSchA 4	
202	202	Fed Credit Int Paid	10	N	AzSchA 5	
203	203	Contribution Adjust	10	N	AzSchA 6	
	204	State Inc Tax Adjust	10	N	AzSchA 7	
204	205	Other Adjustments	10	N	AzSchA 8	Formerly Line 7
205	206	Sum Add Adjust	10	N	AzSchA 9	Formerly Line 8
206	207	Sum Subt Adjust	10	N	AzSchA 10	Formerly Line 9
207	208	Tot Fed Item Deduct	10	N	AzSchA 11	Formerly Line 10
208	209	Sum Az Item Deduct	10	N	AzSchA 13	Formerly Line 12
209	210	Az Item Deductions	10	N	AzSchA 15	Formerly Line 14
210	211	Employer ID (1)	10	N	W-2 (1st Wage Statement)	No hyphens
211	212	Employee SSN (1)	10	N	W-2 (1st Wage Statement)	No hyphens
212	213	Arizona Wages (1)	10	N	W-2 (1st Wage Statement)	
213	214	Arizona Withholding (1)	10	N	W-2 (1st Wage Statement)	
214	215	Employer ID (2)	10	N	W-2 (2nd Wage Statement)	No hyphens
215	216	Employee SSN (2)	10	N	W-2 (2nd Wage Statement)	No hyphens
216	217	Arizona Wages (2)	10	N	W-2 (2nd Wage Statement)	
217	218	Arizona Withholding (2)	10	N	W-2 (2nd Wage Statement)	
218	219	Employer ID (3)	9	N	W-2 (3rd Wage Statement)	No hyphens
219	220	Employee SSN (3)	9	N	W-2 (3rd Wage Statement)	No hyphens
220	221	Arizona Wages (3)	10	N	W-2 (3rd Wage Statement)	
221	222	Arizona Withholding (3)	10	N	W-2 (3rd Wage Statement)	
222	223	Employer ID (4)	9	N	W-2 (4th Wage Statement)	No hyphens
223	224	Employee SSN (4)	9	N	W-2 (4th Wage Statement)	No hyphens
224	225	Arizona Wages (4)	10	N	W-2 (4th Wage Statement)	
225	226	Arizona Withholding (4)	10	N	W-2 (4th Wage Statement)	
226	227	Payer's ID (1)	9	N	1099-R (1st Statement)	No hyphens
227	228	Recipient's SSN (1)	9	N	1099-R (1st Statement)	No hyphens
228	229	1099 Gross Amt (1)	10	N	1099-R (1st Statement)	
229	230	1099 Taxable Amount (1)	10	N	1099-R (1st Statement)	
230	231	1099 Az WH (1)	10	N	1099-R (1st Statement)	
231	232	Payer's ID (2)	9	N	1099-R (2nd Statement)	No hyphens
232	233	Recipient's SSN (2)	9	N	1099-R (2nd Statement)	No hyphens
233	234	1099 Gross Amt (2)	10	N	1099-R (2nd Statement)	
234	235	1099 Taxable Amount (2)	10	N	1099-R (2nd Statement)	

Legend

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235	236	1099 Az WH (2)	10	N	1099-R (2nd Statement)	
236		Environ Tech Fac Credit a	10	N	301, Line 1a (Form 305)	
237		Environ Tech Fac Credit b	10	N	301, Line 1b (Form 305)	
238		Environ Tech Fac Credit c	10	N	301, Line 1c (Form 305)	
239	237	Military Reuse Zone Credit b	10	N	301, Line 1b (Form 306)	Line number change
240	238	Military Reuse Zone Credit c	10	N	301, Line 1c (Form 306)	Line number change
241	239	Increased Research Act Ind Credit a	10	N	301, Line 2a (Form 308-I)	Line number change
242	240	Increased Research Act Ind Credit b	10	N	301, Line 2b (Form 308-I)	Line number change
243	241	Increased Research Act Ind Credit c	10	N	301, Line 2c (Form 308-I)	Line number change
244	242	Tax Paid Other State Cntry Credit a	10	N	301, Line 3a (Form 309)	Line number change
245	243	Tax Paid Other State Cntry Credit c	10	N	301, Line 3c (Form 309)	Line number change
246	244	Solar Energy Devices Credit a	10	N	301, Line 4a (Form 310)	Line number change
247	245	Solar Energy Devices Credit b	10	N	301, Line 4b (Form 310)	Line number change
248	246	Solar Energy Devices Credit c	10	N	301, Line 4c (Form 310)	Line number change
249	247	Agri Water Conserv Sys Credit a	10	N	301, Line 5a (Form 312)	Line number change
250	248	Agri Water Conserv Sys Credit b	10	N	301, Line 5b (Form 312)	Line number change
251	249	Agri Water Conserv Sys Credit c	10	N	301, Line 5c (Form 312)	Line number change
252	250	Polution Control Credit a	10	N	301, Line 6a (Form 315)	Line number change
253	251	Polution Control Credit b	10	N	301, Line 6b (Form 315)	Line number change
254	252	Polution Control Credit c	10	N	301, Line 6c (Form 315)	Line number change
255	253	Solar Heat and Elect Veh Outlets Credit b	10	N	301, Line 7b (Form 319)	Line number change
256	254	Solar Heat and Elect Veh Outlets Credit c	10	N	301, Line 7c (Form 319)	Line number change
257	255	Employ TANF Recipients Credit a	10	N	301, Line 8a (Form 320)	Line number change
258	256	Employ TANF Recipients Credit b	10	N	301, Line 8b (Form 320)	Line number change
259	257	Employ TANF Recipients Credit c	10	N	301, Line 8c (Form 320)	Line number change
260	258	Contrib Qual Chart Orgns Credit a	10	N	301, Line 9a (Form 321)	Line number change
261	259	Contrib Qual Chart Orgns Credit b	10	N	301, Line 9b (Form 321)	Line number change
262	260	Contrib Qual Chart Orgns Credit c	10	N	301, Line 9c (Form 321)	Line number change
263	261	Contrib Fees Paid Pub Schs Credit a	10	N	301, Line 10a (Form 322)	Line number change
264	262	Contrib Fees Paid Pub Schs Credit b	10	N	301, Line 10b (Form 322)	Line number change
265	263	Contrib Fees Paid Pub Schs Credit c	10	N	301, Line 10c (Form 322)	Line number change
266	264	Contrib Priv Sch Tuit Orgns Credit a	10	N	301, Line 11a (Form 323)	Line number change
267	265	Contrib Priv Sch Tuit Orgns Credit b	10	N	301, Line 11b (Form 323)	Line number change
268	266	Contrib Priv Sch Tuit Orgns Credit c	10	N	301, Line 11c (Form 323)	Line number change
269	267	Agri Pol Cntrl Equip Credit a	10	N	301, Line 12a (Form 325)	Line number change
270	268	Agri Pol Cntrl Equip Credit b	10	N	301, Line 12b (Form 325)	Line number change
271	269	Agri Pol Cntrl Equip Credit c	10	N	301, Line 12c (Form 325)	Line number change
272	270	Donation School Site Credit a	10	N	301, Line 13a (Form 331)	Line number change
273	271	Donation School Site Credit b	10	N	301, Line 13b (Form 331)	Line number change
274	272	Donation School Site Credit c	10	N	301, Line 13c (Form 331)	Line number change
275	273	Healthy Forest Enterprises Credit a	10	N	301, Line 14a (Form 332)	Line number change
276	274	Healthy Forest Enterprises Credit b	10	N	301, Line 14b (Form 332)	Line number change
277	275	Healthy Forest Enterprises Credit c	10	N	301, Line 14c (Form 332)	Line number change
278	276	Employ Natl Guard Members Credit a	10	N	301, Line 15a (Form 333)	Line number change
279	277	Employ Natl Guard Members Credit b	10	N	301, Line 15b (Form 333)	Line number change
280	278	Employ Natl Guard Members Credit c	10	N	301, Line 15c (Form 333)	Line number change
281	279	Business Contrib School Tuition Org a	10	N	301, Line 16a (Form 335-I)	Line number change
282	280	Business Contrib School Tuition Org b	10	N	301, Line 16b (Form 335-I)	Line number change
283	281	Business Contrib School Tuition Org c	10	N	301, Line 16c (Form 335-I)	Line number change
284	282	Solar Energy Devices Comm Ind Credit b	10	N	301, Line 17b (Form 336)	Line number change
285	283	Solar Energy Devices Comm Ind Credit c	10	N	301, Line 17c (Form 336)	Line number change
286	284	Invest Qual Small Bus Credit a	10	N	301, Line 18a (Form 338)	Line number change
287	285	Invest Qual Small Bus Credit b	10	N	301, Line 18b (Form 338)	Line number change
288	286	Invest Qual Small Bus Credit c	10	N	301, Line 18c (Form 338)	Line number change
289	287	Military Fam Relf Fnd Credit a	10	N	301, Line 19a (Form 340)	Line number change
290	288	Military Fam Relf Fnd Credit c	10	N	301, Line 19c (Form 340)	Line number change
291	289	Business Contrib School Tuition Disabled a	10	N	301, Line 20a (Form 341-I)	Line number change
292	290	Business Contrib School Tuition Disabled b	10	N	301, Line 20b (Form 341-I)	Line number change
293	291	Business Contrib School Tuition Disabled c	10	N	301, Line 20c (Form 341-I)	Line number change
294	292	Renew Energy Prod Tax Credit a	10	N	301, Line 21a (Form 343)	Line number change
295	293	Renew Energy Prod Tax Credit b	10	N	301, Line 21b (Form 343)	Line number change
296	294	Renew Energy Prod Tax Credit c	10	N	301, Line 21c (Form 343)	Line number change
297	295	New Employment Credit a	10	N	301, Line 22a (Form 345)	Line number change
298	296	New Employment Credit b	10	N	301, Line 22b (Form 345)	Line number change
299	297	New Employment Credit c	10	N	301, Line 22c (Form 345)	Line number change
300	298	Increased Resrch Act Basic Resrch Credit a	10	N	301, Line 23a (Form 346)	Line number change
301	299	Increas Resrch Act Basic Resrch Credit b	10	N	301, Line 23b (Form 346)	Line number change
302	300	Increas Resrch Act Basic Resrch Credit c	10	N	301, Line 23c (Form 346)	Line number change
303	301	Contrib Cert Schl Tuit Orgns Credit a	10	N	301, Line 24a (Form 348)	Line number change
304	302	Contrib Cert Schl Tuit Orgns Credit b	10	N	301, Line 24b (Form 348)	Line number change

Legend

Blue: Additions TY2020

Yellow: Changes for TY2020

Dark Orange: Removed Items for TY2020

305	303	Contrib Cert Schl Tuit Orgns Credit c	10	N	301, Line 24c (Form 348)	Line number change
306	304	Contrib Qual Foster Care Char Orgns Credit a	10	N	301, Line 25a (Form 352)	Line number change
307	305	Contrib Qual Foster Care Char Orgns Credit b	10	N	301, Line 25b (Form 352)	Line number change
308	306	Contrib Qual Foster Care Char Orgns Credit c	10	N	301, Line 25c (Form 352)	Line number change
309	307	Total Available Nonrefundable Tax Credits	10	N	301, Line 27	Add Lines 1 through 25 Column c Only
310	308	Total AZ Tax	10	N	301, Line 28	Tax From F140 L46 or F140PY L56 or F140NR L56 or
311		Tax Recap Environ Tech Fac Credit	10	N	301, Line 31	
312	309	Tax Recap Credits Hlthy Forest Entrs	10	N	301, Line 29	Line 45
313	310	Tax Recap Credits Qual Facs	10	N	301, Line 30	From AZ Credit Form 349 Part 7 Line 19
314	311	Total Recapture of Credits	10	N	301, Line 31	Add Lines 29 and 30
315	312	Subtotal Tax Credits and Recap Credits	10	N	301, Line 32	Add Lines 28 through 31
316	313	Family Income Tax Credit/Dependent Tax Credit	10	N	301, Line 33	From F140 L49 and L50 or F140PY L59 and L60 or
317	314	Total Tax Credits and Recap Credits	10	N	301, Line 34	Subtract Line 33 from Line 32. If < 0 Enter "0"
318		Environ Tech Fac Credit Used	10	N	301, Line 39 (Form 305)	
319	315	Military Reuse Zone Credit Used	10	N	301, Line 35 (Form 306)	Line number change
320	316	Increased Research Act Indiv Credit Used	10	N	301, Line 36 (Form 308-I)	Line number change
321	317	Tax Paid Other State Ctry Credit Used	10	N	301, Line 37 (Form 309)	Line number change
322	318	Solar Energy Devices Credit Used	10	N	301, Line 38 (Form 310)	Line number change
323	319	Agri Water Conserv Sys Credit Used	10	N	301, Line 39 (Form 312)	Line number change
324	320	Polution Control Credit Used	10	N	301, Line 40 (Form 315)	Line number change
325	321	Solar Heat and Elect Veh Outlets Credit Used	10	N	301, Line 41 (Form 319)	Line number change
326	322	Employ TANF Recipients Credit Used	10	N	301, Line 42 (Form 320)	Line number change
327	323	Contrib Qual Chart Orgns Credit Used	10	N	301, Line 43 (Form 321)	Line number change
328	324	Contrib Fees Paid Pub Schs Credit Used	10	N	301, Line 44 (Form 322)	Line number change
329	325	Contrib Priv Sch Tuit Orgns Credit Used	10	N	301, Line 45 (Form 323)	Line number change
330	326	Agri Pol Cntrl Equip Credit Used	10	N	301, Line 46 (Form 325)	Line number change
331	327	Donation School Site Credit Used	10	N	301, Line 47 (Form 331)	Line number change
332	328	Healthy Forest Enterprises Credit Used	10	N	301, Line 48 (Form 332)	Line number change
333	329	Employ Natl Guard Members Credit Used	10	N	301, Line 49 (Form 333)	Line number change
334	330	Business Contrib School Tuition Org Used	10	N	301, Line 50 (Form 335-I)	Line number change
335	331	Solar Energy Devices Bus Comm Indus Used	10	N	301, Line 51 (Form 336)	Line number change
336	332	Invest Qual Small Bus Credit Used	10	N	301, Line 52 (Form 338)	Line number change
337	333	Donations Military Fam Relf Fnd Credit Used	10	N	301, Line 53 (Form 340)	Line number change
338	334	Business Contrib School Tuition Disabled Used	10	N	301, Line 54 (Form 341-I)	Line number change
339	335	Renew Energy Prod Tax Credit Used	10	N	301, Line 55 (Form 343)	Line number change
340	336	New Employment Credit Used	10	N	301, Line 56 (Form 345)	Line number change
341	337	Incres Resrch Act Basic Resrch Credit Used	10	N	301, Line 57 (Form 346)	Line number change
342	338	Contrib Cert Schl Tuit Orgns Credit Used	10	N	301, Line 58 (Form 348)	Line number change
343	339	Contrib Qual Foster Care Char Orgns Credit Used	10	N	301, Line 59 (Form 352)	Line number change
344	340	Total Nonrefundable Tax Credits Used	10	N	301, Line 61	Add Lines 35 through 59. Total Cannot be more than
345	341	Description of Income Items a	30	A	309, Line 1a	
346	342	Description of Income Items b	30	A	309, Line 1b	
347	343	Description of Income Items c	30	A	309, Line 1c	
348	344	Amt Income Listed Report AZ Oth St Cntry a	10	N	309, Line 2a	
349	345	Amt Income Listed Report AZ Oth St Cntry b	10	N	309, Line 2b	
350	346	Amt Income Listed Report AZ Oth St Cntry c	10	N	309, Line 2c	
351	347	Amt Income Include AZ Adj Gross a	10	N	309, Line 3a	
352	348	Amt Income Include AZ Adj Gross b	10	N	309, Line 3b	
353	349	Amt Income Include AZ Adj Gross c	10	N	309, Line 3c	
354	350	Amt Income Include Oth Adj Gross a	10	N	309, Line 4a	
355	351	Amt Income Include Oth Adj Gross b	10	N	309, Line 4b	
356	352	Amt Income Include Oth Adj Gross c	10	N	309, Line 4c	
357	353	Amt Income Taxable by Both AZ Oth a	10	N	309, Line 5a	Enter smaller of Line 3 or 4
358	354	Amt Income Taxable by Both AZ Oth b	10	N	309, Line 5b	Enter smaller of Line 3 or 4
359	355	Amt Income Taxable by Both AZ Oth c	10	N	309, Line 5c	Enter smaller of Line 3 or 4
360	356	Tot Income Taxable by Both AZ Other	10	N	309, Line 6	Add Line 5 a, b, and c If < 0, enter "0"
361	357	AZ Tax Liable Less Credits	10	N	309, Line 7	
362	358	Amt Part1 Line6	10	N	309, Line 8	
363	359	Amt AZ Income Tax Imposed	10	N	309, Line 9	
364	360	Pct Income Taxable by Both AZ Oth1	6	D(4,3)	309, Line 10	Divide Line 8 by Line 9 (Cannot be greater than
365	361	Amt AZ Tax Liability After Credits	10	N	309, Line 11	Multiply Line 7 by the Decimal on Line 10
366	362	Amt Income Tax Paid St or Cntry	10	N	309, Line 12b	
367	363	Tot Income Taxable By Both	10	N	309, Line 13	From Part 1 Line 6
368	364	Tot Income Taxable By Other	10	N	309, Line 14	
369	365	Pct Income Taxable by Other	6	D(4,3)	309, Line 15	Divide Line 13 by Line 14 (Cannot be greater than
370	366	Tot Amt Tax Paid Other	10	N	309, Line 16	Multiply Line 12 by the Decimal on Line 15
371	367	Credit Allow Tax Paid Other	10	N	309, Line 17	Enter smaller of Line 11 or 16 and on Form 301, Part
372	368	Description of Income Items a	30	A	309, Line 1a (2)	
373	369	Description of Income Items b	30	A	309, Line 1b (2)	
374	370	Description of Income Items c	30	A	309, Line 1c (2)	

Legend

Blue: Additions TY2020

Yellow: Changes for TY2020

Dark Orange: Removed Items for TY2020

375	371	Amt Income Listed Report AZ Oth St Cntry a	10	N	309, Line 2a (2)	
376	372	Amt Income Listed Report AZ Oth St Cntry b	10	N	309, Line 2b (2)	
377	373	Amt Income Listed Report AZ Oth St Cntry c	10	N	309, Line 2c (2)	
378	374	Amt Income Include AZ Adj Gross a	10	N	309, Line 3a (2)	
379	375	Amt Income Include AZ Adj Gross b	10	N	309, Line 3b (2)	
380	376	Amt Income Include AZ Adj Gross c	10	N	309, Line 3c (2)	
381	377	Amt Income Include Oth Adj Gross a	10	N	309, Line 4a (2)	
382	378	Amt Income Include Oth Adj Gross b	10	N	309, Line 4b (2)	
383	379	Amt Income Include Oth Adj Gross c	10	N	309, Line 4c (2)	
384	380	Amt Income Taxable by Both AZ Oth a	10	N	309, Line 5a (2)	Enter smaller of Line 3 or 4
385	381	Amt Income Taxable by Both AZ Oth b	10	N	309, Line 5b (2)	Enter smaller of Line 3 or 4
386	382	Amt Income Taxable by Both AZ Oth c	10	N	309, Line 5c (2)	Enter smaller of Line 3 or 4
387	383	Tot Income Taxable by Both AZ Other	10	N	309, Line 6 (2)	Add Line 5 a, b, and c
388	384	AZ Tax Liable Less Credits	10	N	309, Line 7 (2)	
389	385	Amt Part1 Line6	10	N	309, Line 8 (2)	
390	386	Amt AZ Income Tax Imposed	10	N	309, Line 9 (2)	
391	387	Pct Income Taxable by Both AZ Oth1	6	D(4,3)	309, Line 10 (2)	Divide Line 8 by Line 9 (Cannot be greater than
392	388	Amt AZ Tax Liability After Credits	10	N	309, Line 11 (2)	Multiply Line 7 by the Decimal on Line 10
393	389	Amt Income Tax Paid St or Cntry	10	N	309, Line 12b (2)	
394	390	Tot Income Taxable By Both	10	N	309, Line 13 (2)	From Part 1 Line 6
395	391	Tot Income Taxable By Other	10	N	309, Line 14 (2)	
396	392	Pct Income Taxable by Other	6	D(4,3)	309, Line 15 (2)	Divide Line 13 by Line 14 (Cannot be greater than
397	393	Tot Amt Tax Paid Other	10	N	309, Line 16 (2)	Multiply Line 12 by the Decimal on Line 15
398	394	Credit Allow Tax Paid Other	10	N	309, Line 17 (2)	Enter smaller of Line 11 or 16 and on Form 301, Part
399	395	Address of Solar Energy Device	35	A/N	310, Line 1a	
400	396	City of Solar Energy Device	21	A	310, Line 1b	
401	397	State of Solar Energy Device	2	A	310, Line 1c	
402	398	Zip Code of Solar Energy Device	9	N	310, Line 1d	Include zip plus 4 in last 4 digits or zero fill if not
403	399	Cost of Solar Energy Device	10	N	310, Line 2	
404	400	Percentage of Cost Solar Energy Device	10	N	310, Line 3	AZ Credit Form 310 Multiply Line 2 by .25 (25%)
405	401	Enter Lesser of Line 3 or \$1000	10	N	310, Line 4	
406	402	Amt Credit Prior Years	10	N	310, Line 5	
407	403	Total Credit Current Prior Years	10	N	310, Line 6	Add Lines 4 and 5
408	404	Enter Lesser of Line 6 or \$1000	10	N	310, Line 7	
409	405	Subtotal Allowable Credit	10	N	310, Line 8	Subtract Line 5 from Line 7
410	406	Total Allowable Credit	10	N	310, Line 9	Enter smaller of Line 4 or Line 8
411	407	Original Credit Amount 10b	10	N	310, Line 10b	Enter Amount from Prior Year 5
412	408	Previous Used Amount 10c	10	N	310, Line 10c	Enter Amount from Prior Year 5
413	409	Available Carryover Amount 10d	10	N	310, Line 10d	Enter Amount from Prior Year 5
414	410	Original Credit Amount 11b	10	N	310, Line 11b	Enter Amount from Prior Year 4
415	411	Previous Used Amount 11c	10	N	310, Line 11c	Enter Amount from Prior Year 4
416	412	Available Carryover Amount 11d	10	N	310, Line 11d	Enter Amount from Prior Year 4
417	413	Original Credit Amount 12b	10	N	310, Line 12b	Enter Amount from Prior Year 3
418	414	Previous Used Amount 12c	10	N	310, Line 12c	Enter Amount from Prior Year 3
419	415	Available Carryover Amount 12d	10	N	310, Line 12d	Enter Amount from Prior Year 3
420	416	Original Credit Amount 13b	10	N	310, Line 13b	Enter Amount from Prior Year 2
421	417	Previous Used Amount 13c	10	N	310, Line 13c	Enter Amount from Prior Year 2
422	418	Available Carryover Amount 13d	10	N	310, Line 13d	Enter Amount from Prior Year 2
423	419	Original Credit Amount 14b	10	N	310, Line 14b	Enter Amount from Prior Year 1
424	420	Previous Used Amount 14c	10	N	310, Line 14c	Enter Amount from Prior Year 1
425	421	Available Carryover Amount 14d	10	N	310, Line 14d	Enter Amount from Prior Year 1
426	422	Total Available Carryover	10	N	310, Line 15	Add Lines 10 through 14 column d
427	423	Current Year Credit	10	N	310, Line 16	Amount from Part 1 L9 and enter on Form 301, Part 1, line 4, column a
428	424	Current Available Carryover	10	N	310, Line 17	Amount from Part 2 L15 and enter on Form 301, Part 1, line 4, column b
429	425	Total Available Credit	10	N	310, Line 18	Add Lines 16 and 17 and enter on Form 301, Part 1, line 4, column c
430	426	Qualifying Charity Code 1	5	N	321, Line 1a	
431	427	Name of Qualifying Charity 1	30	A	321, Line 1b	
432	428	Amt Contributed 1	10	N	321, Line 1c	
433	429	Qualifying Charity Code 2	5	N	321, Line 2a	
434	430	Name of Qualifying Charity 2	30	A	321, Line 2b	
435	431	Amount Contributed 2	10	N	321, Line 2c	
436	432	Qualifying Charity Code 3	5	N	321, Line 3a	
437	433	Name of Qualifying Charity 3	30	A	321, Line 3b	
438	434	Amount Contributed 3	10	N	321, Line 3c	
439	435	Continuation Sheet 4h or Zero	10	N	321, Line 4	
440	436	Total Contributions Charitable Organizations	10	N	321, Line 5	Add lines 1-4 Column c
441	437	Qualifying Charity Code 4	5	N	321, Line 6a	

Legend

Blue: Additions TY2020

Yellow: Changes for TY2020

Dark Orange: Removed Items for TY2020

442	438	Name of Qualifying Charity 4	30	A	321, Line 6b	
443	439	Amt Contributed 4	10	N	321, Line 6c	
444	440	Qualifying Charity Code 5	5	N	321, Line 7a	
445	441	Name of Qualifying Charity 5	30	A	321, Line 7b	
446	442	Amount Contributed 5	10	N	321, Line 7c	
447	443	Qualifying Charity Code 6	5	N	321, Line 8a	
448	444	Name of Qualifying Charity 6	30	A	321, Line 8b	
449	445	Amount Contributed 6	10	N	321, Line 8c	
450	446	Continuation Sheet 9h or Zero	10	N	321, Line 9	
451	447	Total Qualifying Charity2	10	N	321, Line 10	Add lines 6-9 Column c
452	448	Total Cash Contri Qual Charity	10	N	321, Line 11	AZ Credit Form 321 Add Lines 5 and 10
453	449	Allowable Charity Credit	10	N	321, Line 12	AZ Credit Form 321 Single Taxpayer or Heads of Household Enter \$400 Married Taxpayer Enter \$800
454	450	Current Year's Qualifying Charity Credit	10	N	321, Line 13	Enter smaller of Line 11 or Line 12
455	451	Original Credit Amount 14b	10	N	321, Line 14b	Enter Amount from Prior Year 5
456	452	Previous Used Amount 14c	10	N	321, Line 14c	Enter Amount from Prior Year 5
457	453	Available Credit Carryover 14d	10	N	321, Line 14d	Enter Amount from Prior Year 5
458	454	Original Credit Amount 15b	10	N	321, Line 15b	Enter Amount from Prior Year 4
459	455	Previous Used Amount 15c	10	N	321, Line 15c	Enter Amount from Prior Year 4
460	456	Available Credit Carryover 15d	10	N	321, Line 15d	Enter Amount from Prior Year 4
461	457	Original Credit Amount 16b	10	N	321, Line 16b	Enter Amount from Prior Year 3
462	458	Previous Used Amount 16c	10	N	321, Line 16c	Enter Amount from Prior Year 3
463	459	Available Credit Carryover 16d	10	N	321, Line 16d	Enter Amount from Prior Year 3
464	460	Original Credit Amount 17b	10	N	321, Line 17b	Enter Amount from Prior Year 2
465	461	Previous Used Amount 17c	10	N	321, Line 17c	Enter Amount from Prior Year 2
466	462	Available Credit Carryover 17d	10	N	321, Line 17d	Enter Amount from Prior Year 2
467	463	Original Credit Amount 18b	10	N	321, Line 18b	Enter Amount from Prior Year 1
468	464	Previous Used Amount 18c	10	N	321, Line 18c	Enter Amount from Prior Year 1
469	465	Available Credit Carryover 18d	10	N	321, Line 18d	Enter Amount from Prior Year 1
470	466	Total Available Credit Carryover	10	N	321, Line 19	Add Lines 14 through 18 Column d
471	467	Current Yr's Credit	10	N	321, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 9, column a
472	468	Available Carryover	10	N	321, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 9, column b
473	469	Total Available Credit	10	N	321, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 9, column c
474	470	CTDS Code 1	9	N	322, Line 1a	
475	471	Name of Public School 1	30	A	322, Line 1b	
476	472	School District Name/Number 1	30	A	322, Line 1c	
477	473	Amt of Fees Paid 1	10	N	322, Line 1d	
478	474	CTDS Code 2	9	N	322, Line 2a	
479	475	Name of Public School 2	30	A	322, Line 2b	
480	476	School District Name/Number 2	30	A	322, Line 2c	
481	477	Amt of Fees Paid 2	10	N	322, Line 2d	
482	478	CTDS Code 3	9	N	322, Line 3a	
483	479	Name of Public School 3	30	A	322, Line 3b	
484	480	School District Name/Number 3	30	A	322, Line 3c	
485	481	Amt of Fees Paid 3	10	N	322, Line 3d	
486	482	Continuation Sheet 4h or Zero	10	N	322, Line 4	
487	483	Cash Contributions Public Schools	10	N	322, Line 5	Add lines 1-4 Column d
488	484	CTDS Code 6	9	N	322, Line 6a	
489	485	Name of Public School 6	30	A	322, Line 6b	
490	486	School District Name/Number 6	30	A	322, Line 6c	
491	487	Amt of Fees Paid 6	10	N	322, Line 6d	
492	488	CTDS Code 7	9	N	322, Line 7a	
493	489	Name of Public School 7	30	A	322, Line 7b	
494	490	School District Name/Number 7	30	A	322, Line 7c	
495	491	Amt of Fees Paid 7	10	N	322, Line 7d	
496	492	CTDS Code 8	9	N	322, Line 8a	
497	493	Name of Public School 8	30	A	322, Line 8b	
498	494	School District Name/Number 8	30	A	322, Line 8c	
499	495	Amt of Fees Paid 8	10	N	322, Line 8d	
500	496	Continuation Sheet 9h or Zero	10	N	322, Line 9	
501	497	Cash Contributions Public Schools2	10	N	322, Line 10	Add lines 6-9 Column d
502	498	Total Cash and Credit Contri Pub Schools	10	N	322, Line 11	Add Lines 5 and 10
503	499	Allowable Cash Contributions Public Schools	10	N	322, Line 12	Single Taxpayer or Heads of Household Enter \$200 Married Taxpayer Enter \$400
504	500	Current Year's Credit	10	N	322, Line 13	Enter smaller of Line 11 or Line 12
505	501	Original Credit Amount 14	10	N	322, Line 14b	Enter Amount from Prior Year 5
506	502	Previous Used Amount 14	10	N	322, Line 14c	Enter Amount from Prior Year 5

Legend

Blue: Additions TY2020

Yellow: Changes for TY2020

Dark Orange: Removed Items for TY2020

507	503	Available Credit Carryover 14	10	N	322, Line 14d	Enter Amount from Prior Year 5
508	504	Original Credit Amount 15	10	N	322, Line 15b	Enter Amount from Prior Year 4
509	505	Previous Used Amount 15	10	N	322, Line 15c	Enter Amount from Prior Year 4
510	506	Available Credit Carryover 15	10	N	322, Line 15d	Enter Amount from Prior Year 4
511	507	Original Credit Amount 16	10	N	322, Line 16b	Enter Amount from Prior Year 3
512	508	Previous Used Amount 16	10	N	322, Line 16c	Enter Amount from Prior Year 3
513	509	Available Credit Carryover 16	10	N	322, Line 16d	Enter Amount from Prior Year 3
514	510	Original Credit Amount 17	10	N	322, Line 17b	Enter Amount from Prior Year 2
515	511	Previous Used Amount 17	10	N	322, Line 17c	Enter Amount from Prior Year 2
516	512	Available Credit Carryover 17	10	N	322, Line 17d	Enter Amount from Prior Year 2
517	513	Original Credit Amount 18	10	N	322, Line 18b	Enter Amount from Prior Year 1
518	514	Previous Used Amount 18	10	N	322, Line 18c	Enter Amount from Prior Year 1
519	515	Available Credit Carryover 18	10	N	322, Line 18d	Enter Amount from Prior Year 1
520	516	Total Available Carryover	10	N	322, Line 19	Add lines 14-18 Column d
521	517	Current Year's Total Credit	10	N	322, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 10, column a
522	518	Available Credit Carryover	10	N	322, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 10, column b
523	519	Total Available Credit	10	N	322, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 10, column c
524	520	Name of School 1	30	A	323, Line 1a	
525	521	Street Address of School 1	30	A/N	323, Line 1b	
526	522	City State of School 1	30	A	323, Line 1c	
527	523	Amt of Contribution School 1	10	N	323, Line 1d	
528	524	Name of School 2	30	A	323, Line 2a	
529	525	Street Address of School 2	30	A/N	323, Line 2b	
530	526	City State of School 2	30	A	323, Line 2c	
531	527	Amt of Contribution School 2	10	N	323, Line 2d	
532	528	Name of School 3	30	A	323, Line 3a	
533	529	Street Address of School 3	30	A/N	323, Line 3b	
534	530	City State of School 3	30	A	323, Line 3c	
535	531	Amt of Contribution School 3	10	N	323, Line 3d	
536	532	Continuation Sheet 4h or Zero	10	N	323, Line 4	
537	533	Total Contributions School Prev Tuition	10	N	323, Line 5	Add lines 1-4 Column d
538	534	Name of School 6	30	A	323, Line 6a	
539	535	Street Address of School 6	30	A/N	323, Line 6b	
540	536	City State of School 6	30	A	323, Line 6c	
541	537	Amt of Contribution School 6	10	N	323, Line 6d	
542	538	Name of School 7	30	A	323, Line 7a	
543	539	Street Address of School 7	30	A/N	323, Line 7b	
544	540	City State of School 7	30	A	323, Line 7c	
545	541	Amt of Contribution School 7	10	N	323, Line 7d	
546	542	Name of School 8	30	A	323, Line 8a	
547	543	Street Address of School 8	30	A/N	323, Line 8b	
548	544	City State of School 8	30	A	323, Line 8c	
549	545	Amt of Contribution School 8	10	N	323, Line 8d	
550	546	Continuation Sheet 9h or Zero	10	N	323, Line 9	
551	547	Total Contributions School Tuition	10	N	323, Line 10	Add lines 6-9 Column d
552	548	Total Amt of Contribution Prev and Curr	10	N	323, Line 11	Add Lines 5 and 10
553	549	Allowable Contributions School Tuition	10	N	323, Line 12	Revised threshold amounts - Single Taxpayer or Heads of Household Enter \$593 Married Taxpayer Enter \$1186
554	550	Current Year's Credit	10	N	323, Line 13	Enter smaller of Line 11 or Line 12
555	551	Original Credit Amount 14	10	N	323, Line 14b	Enter Amount from Prior Year 5
556	552	Previous Used Amount 14	10	N	323, Line 14c	Enter Amount from Prior Year 5
557	553	Available Credit Carryover 14	10	N	323, Line 14d	Enter Amount from Prior Year 5
558	554	Original Credit Amount 15	10	N	323, Line 15b	Enter Amount from Prior Year 4
559	555	Previous Used Amount 15	10	N	323, Line 15c	Enter Amount from Prior Year 4
560	556	Available Credit Carryover 15	10	N	323, Line 15d	Enter Amount from Prior Year 4
561	557	Original Credit Amount 16	10	N	323, Line 16b	Enter Amount from Prior Year 3
562	558	Previous Used Amount 16	10	N	323, Line 16c	Enter Amount from Prior Year 3
563	559	Available Credit Carryover 16	10	N	323, Line 16d	Enter Amount from Prior Year 3
564	560	Original Credit Amount 17	10	N	323, Line 17b	Enter Amount from Prior Year 2
565	561	Previous Used Amount 17	10	N	323, Line 17c	Enter Amount from Prior Year 2
566	562	Available Credit Carryover 17	10	N	323, Line 17d	Enter Amount from Prior Year 2
567	563	Original Credit Amount 18	10	N	323, Line 18b	Enter Amount from Prior Year 1
568	564	Previous Used Amount 18	10	N	323, Line 18c	Enter Amount from Prior Year 1
569	565	Available Credit Carryover 18	10	N	323, Line 18d	Enter Amount from Prior Year 1
570	566	Total Available Carryover	10	N	323, Line 19	Add lines 14-18 Column d

Legend

Blue: Additions TY2020

Yellow: Changes for TY2020

Dark Orange: Removed Items for TY2020

571	567	Current Year's Total Credit	10	N	323, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 11, column a
572	568	Available Credit Carryover	10	N	323, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 11, column b
573	569	Total Available Credit	10	N	323, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 11, column c
574	570	Total Contribs Current Tx Yr	10	N	323, Line 23	Enter amount from Part 1, line 11
575	571	Max Credit Allow CR323	10	N	323, Line 24	Revised threshold amounts - Single Taxpayer or Heads of Household Enter \$593 Married Taxpayer Enter \$1186
576	572	Total Excess Contributions	10	N	323, Line 25	Form 348, Subtract 24 from 23 or Zero
577	573	ADVS Receipt Yes	1	A	340, Box 1-YES	X or null
578	574	ADVS Receipt No	1	A	340, Box 1-NO	X or null
579	575	Qualified Donations pre-9/11	10	N	340, Line 2	
580	576	Qualified Donations post-9/11	10	N	340, Line 3	
581	577	Total Qualified Donations	10	N	340, Line 4	Add lines 2 and 3
582	578	Allowable Qualified Donations	10	N	340, Line 5	Single Taxpayer or Heads of Household Enter \$200 Married Taxpayer Enter \$400
583	579	Current Year's Credit	10	N	340, Line 6	Enter smaller of Line 4 or Line 5. Form 301, Part 1, line 19, columns a and c
584	580	Claiming School Credit Form 323 Yes	1	A	348, Box 1a-YES	X or null
585	581	Claiming School Credit Form 323 No	1	A	348, Box 1a-NO	X or null
586	582	Excess School Credit Form 323 Yes	1	A	348, Box 1b-YES	X or null
587	583	Excess School Credit Form 323 No	1	A	348, Box 1b-NO	X or null
588	584	Claiming Carryover Only Yes	1	A	348, Box 1c-YES	X or null
589	585	Claiming Carryover Only No	1	A	348, Box 1c-NO	X or null
590	586	Name of School 1	30	A	348, Line 2a	
591	587	Address of School 1	30	A/N	348, Line 2b	
592	588	City State of School 1	30	A	348, Line 2c	
593	589	Amt of Contribution 1	10	N	348, Line 2d	
594	590	Name of School 2	30	A	348, Line 3a	
595	591	Address of School 2	30	A/N	348, Line 3b	
596	592	City State of School 2	30	A	348, Line 3c	
597	593	Amt of Contribution 2	10	N	348, Line 3d	
598	594	Name of School 3	30	A	348, Line 4a	
599	595	Address of School 3	30	A/N	348, Line 4b	
600	596	City State of School 3	30	A	348, Line 4c	
601	597	Amt of Contribution 3	10	N	348, Line 4d	
602	598	Continuation Sheet 5h or Zero	10	N	348, Line 5	
603	599	Total Contributions Certified School Tuition Prev Yr	10	N	348, Line 6	Add Lines 2-5 Column d
604	600	Name of School 4	30	A	348, Line 7a	
605	601	Address of School 4	30	A/N	348, Line 7b	
606	602	City State of School 4	30	A	348, Line 7c	
607	603	Amt of Contribution 4	10	N	348, Line 7d	
608	604	Name of School 5	30	A	348, Line 8a	
609	605	Address of School 5	30	A/N	348, Line 8b	
610	606	City State of School 5	30	A	348, Line 8c	
611	607	Amt of Contribution 5	10	N	348, Line 8d	
612	608	Name of School 6	30	A	348, Line 9a	
613	609	Address of School 6	30	A/N	348, Line 9b	
614	610	City State of School 6	30	A	348, Line 9c	
615	611	Amt of Contribution 6	10	N	348, Line 9d	
616	612	Continuation Sheet 10h or Zero	10	N	348, Line 10	
617	613	Total Contributions Certified School Tuition	10	N	348, Line 11	Add lines 7-10 Column d
618	614	Total Contributions Prev and Curr	10	N	348, Line 12	Add Lines 6 and 11
619	615	Allowable Credit Claimed Form 323	10	N	348, Line 13	Single Taxpayer or Heads of Household Enter \$593 Married Taxpayer Enter \$1186
620	616	Potential Credit	10	N	348, Line 14	Subtract Line 13 from Line 12
621	617	Allowable Max Credit	10	N	348, Line 15	Revised threshold amounts - Single Taxpayer or Heads of Household Enter \$590 Married Taxpayer Enter \$1179
622	618	Current Year's Credit	10	N	348, Line 16	Enter smaller of Line 14 or Line 15
623	619	Original Credit Amount 17b	10	N	348, Line 17b	Enter Amount from Prior Year 5
624	620	Previous Used Amount 17c	10	N	348, Line 17c	Enter Amount from Prior Year 5
625	621	Available Credit Carryover 17d	10	N	348, Line 17d	Enter Amount from Prior Year 5
626	622	Original Credit Amount 18b	10	N	348, Line 18b	Enter Amount from Prior Year 4
627	623	Previous Used Amount 18c	10	N	348, Line 18c	Enter Amount from Prior Year 4
628	624	Available Credit Carryover 18d	10	N	348, Line 18d	Enter Amount from Prior Year 4
629	625	Original Credit Amount 19b	10	N	348, Line 19b	Enter Amount from Prior Year 3
630	626	Previous Used Amount 19c	10	N	348, Line 19c	Enter Amount from Prior Year 3

Legend

Blue: Additions TY2020

Yellow: Changes for TY2020

Dark Orange: Removed Items for TY2020

631	627	Available Credit Carryover 19d	10	N	348, Line 19d	Enter Amount from Prior Year 3
632	628	Original Credit Amount 20b	10	N	348, Line 20b	Enter Amount from Prior Year 2
633	629	Previous Used Amount 20c	10	N	348, Line 20c	Enter Amount from Prior Year 2
634	630	Available Credit Carryover 20d	10	N	348, Line 20d	Enter Amount from Prior Year 2
635	631	Original Credit Amount 21b	10	N	348, Line 21b	Enter Amount from Prior Year 1
636	632	Previous Used Amount 21c	10	N	348, Line 21c	Enter Amount from Prior Year 1
637	633	Available Credit Carryover 21d	10	N	348, Line 21d	Enter Amount from Prior Year 1
638	634	Total Available Carryover	10	N	348, Line 22	Add Lines 17-21 Column d
639	635	Current Year's Total Credit	10	N	348, Line 23	Amount from Part 1 L16 and enter on Form 301, Part 1, line 24, column a
640	636	Available Credit Carryover	10	N	348, Line 24	Amount from Part 2 L22 and enter on Form 301, Part 1, line 24, column b
641	637	Total Available Credit	10	N	348, Line 25	Add lines 23 and 24 and enter on Form 301, Part 1, line 24, column c
642	638	Foster Care Charity Code 1	5	N	352, Line 1a	
643	639	Name of Qualifying Foster Care Charity 1	30	A	352, Line 1b	
644	640	Amt Contributed 1	10	N	352, Line 1c	
645	641	Foster Care Charity Code 2	5	N	352, Line 2a	
646	642	Name of Qualifying Foster Care Charity 2	30	A	352, Line 2b	
647	643	Amount Contributed 2	10	N	352, Line 2c	
648	644	Foster Care Charity Code 3	5	N	352, Line 3a	
649	645	Name of Qualifying Foster Care Charity 3	30	A	352, Line 3b	
650	646	Amt Contributed 3	10	N	352, Line 3c	
651	647	Continuation Sheet 4h or Zero	10	N	352, Line 4	
652	648	Total Qualifying Foster Care Charity	10	N	352, Line 5	Add lines 1-4 Column c
653	649	Foster Care Charity Code 4	5	N	352, Line 6a	
654	650	Name of Qualifying Foster Care Charity 4	30	A	352, Line 6b	
655	651	Amt Contributed 4	10	N	352, Line 6c	
656	652	Foster Care Charity Code 5	5	N	352, Line 7a	
657	653	Name of Qualifying Foster Care Charity 5	30	A	352, Line 7b	
658	654	Amount Contributed 5	10	N	352, Line 7c	
659	655	Foster Care Charity Code 6	5	N	352, Line 8a	
660	656	Name of Qualifying Foster Care Charity 6	30	A	352, Line 8b	
661	657	Amt Contributed 6	10	N	352, Line 8c	
662	658	Continuation Sheet 9h or Zero	10	N	352, Line 9	
663	659	Total Qualifying Charity2	10	N	352, Line 10	Add lines 6-9 Column c
664	660	Total Cash Contri Qual Charity	10	N	352, Line 11	Add lines 5 and 10
665	661	Allowable Charity Credit	10	N	352, Line 12	Single Taxpayer or Heads of Household Enter \$500 Married Taxpayer Enter \$1000
666	662	Current Year's Qualifying Charity Credit	10	N	352, Line 13	Enter smaller of Line 11 or Line 12
667	663	Original Credit Amount 14b	10	N	352, Line 14b	Enter Amount from Prior Year 4
668	664	Previous Used Amount 14c	10	N	352, Line 14c	Enter Amount from Prior Year 4
669	665	Available Credit Carryover 14d	10	N	352, Line 14d	Enter Amount from Prior Year 4
670	666	Original Credit Amount 15b	10	N	352, Line 15b	Enter Amount from Prior Year 3
671	667	Previous Used Amount 15c	10	N	352, Line 15c	Enter Amount from Prior Year 3
672	668	Available Credit Carryover 15d	10	N	352, Line 15d	Enter Amount from Prior Year 3
673	669	Original Credit Amount 16b	10	N	352, Line 16b	Enter Amount from Prior Year 2
674	670	Previous Used Amount 16c	10	N	352, Line 16c	Enter Amount from Prior Year 2
675	671	Available Credit Carryover 16d	10	N	352, Line 16d	Enter Amount from Prior Year 2
676	672	Original Credit Amount 17b	10	N	352, Line 17b	Enter Amount from Prior Year 1
677	673	Previous Used Amount 17c	10	N	352, Line 17c	Enter Amount from Prior Year 1
678	674	Available Credit Carryover 17d	10	N	352, Line 17d	Enter Amount from Prior Year 1
679	675	Original Credit Amount 18b	10	N	352, Line 18b	Enter Amount from Prior Year 0
680	676	Previous Used Amount 18c	10	N	352, Line 18c	Enter Amount from Prior Year 0
681	677	Available Credit Carryover 18d	10	N	352, Line 18d	Enter Amount from Prior Year 0
682	678	Total Available Credit Carryover	10	N	352, Line 19	Add Lines 14 through 18 Column d
683	679	Current Yr's Credit	10	N	352, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 25, column a
684	680	Available Carryover	10	N	352, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 25, column b
685	681	Total Available Credit	10	N	352, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 25, column c
686	682	Trailer	5	A	*EOD*	

Arizona 140A - Full Year Resident Return - Short

2D Barcode Record Layout

2019 FIELD NO	2020 FIELD NO	FIELD NAME	LENGTH	TYPE	FORM & Line Number	BUSINESS RULE
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, TOP	2020
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 SSN 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	Or province if Canadian address
18	18	Zip Code	9	A/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, 94	
20	20	Married/Joint	1	A	140A, 4	X or null
21	21	Injured Spouse Protection of Joint Overpayment	1	A	140A, 4A	X or null
22	22	Head of Household	1	A	140A, 5	X or null
23	23	Married filing Separate	1	A	140A, 6	X or null
24	24	Single	1	A	140A, 7	X or null
25	25	Age 65 or over	1	N	140A, 8	
26	26	Blind	1	N	140A, 9	
27	27	Dependents: Under age of 17	2	N	140A, Line 10a	Dependents Under Age 17
28	28	Dependents: Age 17 and over	2	N	140A, Line 10b	Dependents 17 or older
29	29	Parents/Ancestors	1	N	140A, 11a	
30	30	6 Month Extension	1	A	140A, 82F	X or null
31	31	Dependent Info More Space--Qualifying Dependents	1	A	140A, Line 10ab	X or null
32	32	Dependent 1 First Name	10	A	140A, 10c (a1)	
33	33	Dependent 1 Last Name	10	A	140A, 10c (a2)	
34	34	Dependent 1 SSN	9	N	140A, 10c (b)	No hyphens
35	35	Dependent 1 Relationship	12	A	140A, 10c (c)	
36	36	Dependent 1 Months	2	N	140A, 10c (d)	Valid Values are (0 - 12)
37	37	Dependent 1 Age included in	1	A	140A, Box 10c(e1)	X or null
38	38	Dependent 1 Age included in	1	A	140A, Box 10c(e2)	X or null
39	39	Dependent 1 Name Education	1	A	140A, 10c (f)	X or null
40	40	Dependent 2 First Name	10	A	140A, 10d (a1)	
41	41	Dependent 2 Last Name	10	A	140A, 10d (a2)	
42	42	Dependent 2 SSN	9	N	140A, 10d (b)	No hyphens
43	43	Dependent 2 Relationship	12	A	140A, 10d (c)	
44	44	Dependent 2 Months	2	N	140A, 10d (d)	Valid Values are (0 - 12)
45	45	Dependent 2 Age included in	1	A	140A, Box 10d(e1)	X or null
46	46	Dependent 2 Age included in	1	A	140A, Box 10d(e2)	X or null
47	47	Dependent 2 Name Education	1	A	140A, 10d (f)	X or null
48	48	Dependent 3 First Name	10	A	140A, 10e (a1)	
49	49	Dependent 3 Last Name	10	A	140A, 10e (a2)	
50	50	Dependent 3 SSN	9	N	140A, 10e (b)	No hyphens
51	51	Dependent 3 Relationship	12	A	140A, 10e (c)	
52	52	Dependent 3 Months	2	N	140A, 10e (d)	Valid Values are (0 - 12)
53	53	Dependent 3 Age included in	1	A	140A, Box 10e(e1)	X or null
54	54	Dependent 3 Age included in	1	A	140A, Box 10e(e2)	X or null
55	55	Dependent 3 Name Education	1	A	140A, 10e (f)	X or null
56	56	Dependent Info More Space--Qualifying Ancestors	1	A	140A, Line 11a	X or null
57	57	Dependent 1 Qual Anc First Name	10	A	140A, Line 11b (a1)	
58	58	Dependent 1 Qual Anc Last Name	10	A	140A, Line 11b (a2)	
59	59	Dependent 1 Qual Anc SSN	9	N	140A, Line 11b (b)	No hyphens
60	60	Dependent 1 Qual Anc Relationship	12	A	140A, Line 11b (c)	
61	61	Dependent 1 Qual Anc Months	2	N	140A, Line 11b (d)	Valid Values are (0 - 12)
62	62	Dependent 1 Qual Anc Age 65+	1	A	140A, Line 11b (e)	X or null
63	63	Dependent 1 Qual Anc Deceased In Tax Year	1	A	140A, Line 11b (f)	X or null
64	64	Dependent 2 Qual Anc First Name	10	A	140A, Line 11c (a1)	
65	65	Dependent 2 Qual Anc Last Name	10	A	140A, Line 11c (a2)	
66	66	Dependent 2 Qual Anc SSN	9	N	140A, Line 11c (b)	No hyphens
67	67	Dependent 2 Qual Anc Relationship	12	A	140A, Line 11c (c)	
68	68	Dependent 2 Qual Anc Months	2	N	140A, Line 11c (d)	Valid Values are (0 - 12)
69	69	Dependent 2 Qual Anc Age 65+	1	A	140A, Line 11c (e)	X or null
70	70	Dependent 2 Qual Anc Deceased In Tax Year	1	A	140A, Line 11c (f)	X or null

Legend

Blue: Additions for TY2020
Yellow: Changes for TY2020

Dark Orange: Removed Items for TY2020

71	71	Dependent 3 Qual Anc First Name	10	A	140A, Line 11d (a1)	
72	72	Dependent 3 Qual Anc Last Name	10	A	140A, Line 11d (a2)	
73	73	Dependent 3 Qual Anc SSN	9	N	140A, Line 11d (b)	No hyphens
74	74	Dependent 3 Qual Anc Relationship	12	A	140A, Line 11d (c)	
75	75	Dependent 3 Qual Anc Months	2	N	140A, Line 11d (d)	Valid Values are (0 - 12)
76	76	Dependent 3 Qual Anc Age 65+	1	A	140A, Line 11d (e)	X or null
77	77	Dependent 3 Qual Anc Deceased In Tax Year	1	A	140A, Line 11d (f)	X or null
78	78	Federal Adjusted Gross	10	N	140A, Line 12	
79	79	Over 65 Exemption	10	N	140A, Line 13	Multiply the number in Box 8 by \$2100
80	80	Blind Exemption	10	N	140A, Line 14	Multiply the number in Box 9 by \$1500
81	81	Total other exemptions	2	N	140A, Line 15E	
82	82	Other Exemptions	10	N	140A, Line 15	Multiply the number in Box 15E by \$2300
83	83	Exemption Parents and Grand Parents	10	N	140A, Line 16	Multiply the number in Box 11a by \$10000
84	84	Az Adjusted Gross	10	N	140A, Line 17	Subtract Lines 13, 14, 15, and 16 from line 12.
85	85	Std Deduction Amount	10	N	140A, Line 18	Single, Married Filing Separate = \$12,400 Married Filing Jointly = \$24,800 Head of Household = \$18,650
86	86	Az Taxable Income	10	N	140A, Line 19	Subtract line 18 from 17 If < zero, enter "0"
87	87	Computed Tax	10	N	140A, Line 20	Compute the tax using amount on line 19 using Optional Tax Tables
88	88	Dependent Credit	10	N	140A, Line 21	Amount calculated from totals in Boxes 10a and 10b
89	89	Family Income Tax Credit	10	N	140A, Line 22	
90	90	Balance of Tax	10	N	140A, Line 23	Subtract line 21 and 22 from line 20. If < zero, enter "0"
91	91	Withholding	10	N	140A, Line 24	
92	92	Extension Payments	10	N	140A, Line 25	
93	93	Increased Excise Tax Credit	10	N	140A, Line 26	Use worksheet to determine amount.
94	94	Property Tax Credit	10	N	140A, Line 27	
95	95	Total Payments Refundable Credits	10	N	140A, Line 28	Add lines 24-27
96	96	Tax Due	10	N	140A, Line 29	If line 23 > line 28, subtract line 28 from line 23 and enter amount
97	97	Overpayment	10	N	140A, Line 30	If line 28 > line 23, subtract line 23 from line 28 and enter the amount.
98	98	Total Tax or Refund From Page 1	10	N	140A, Line 31	Enter the amount from page 1, line 29 or 30. Do Not enter a negative amount
99	99	Solutions Teams Assigned To Schools Contrib	10	N	140A, Line 32	
100	100	Wildlife Contrib	10	N	140A, Line 33	
101	101	Child Abuse Contrib	10	N	140A, Line 34	
102	102	Domestic Violence Contrib	10	N	140A, Line 35	
103	103	Political Contrib	10	N	140A, Line 36	
104	104	Neighbors Helping Contrib	10	N	140A, Line 37	
105	105	Special Olympics Contrib	10	N	140A, Line 38	
106	106	Veterans' Donation Fund	10	N	140A, Line 39	
107	107	I Didn't Pay Enough Fund	10	N	140A, Line 40	
108	108	Sustainable State Parks and Road Fund	10	N	140A, Line 41	
109	109	Spay/Neuter of Animals	10	N	140A, Line 42	
110	110	Democratic Party	1	A	140A, 43-1	"X" or null
111	111	Green Party	1	A	140A, 43-2	"X" or null
112	112	Libertarian Party	1	A	140A, 43-2	Line number change - "X" or null
113	113	Republican Party	1	A	140A, 43-3	Line number change - "X" or null
114	114	Total Contribs	10	N	140A, Line 44	Add Lines 32 through 42
115	115	Refund Amount	10	N	140A, Line 45	Subtract Line 44 from Line 31
116	116	Foreign Account	1	A	140A, Box 45A	Y or Null; If "Y", Fields 116-119 should be
117	117	Dir Dep Routing Nbr	9	N	140A, 98	For direct deposit; direct debit is not supported.
118	118	Dir Dep Account Nbr	17	A/N	140A, 98	For direct deposit; direct debit is not supported.
119	119	Dir Dep Checking	1	A	140A, 98	X or null; direct deposit only
120	120	Dir Dep Savings	1	A	140A, 98	X or null; direct deposit only
121	121	Amount Owed	10	N	140A, Line 46	Add Lines 31 and 44
122	122	Prior Last Names	20	A	Front Page Line 97	Comma delimited
123	123	Primary Occupation	16	A	140A, pg2	
124	124	Spouse Occupation	16	A	140A, pg2	
125	125	Preparer Name	35	A/N	140A, pg2	
126	126	Preparer Address	35	A/N	140A, pg2	
127	127	Preparer City	21	A	140A, pg2	
128	128	Preparer State	2	A	140A, pg2	
129	129	Preparer Zip Code	9	N	140A, pg2	
130	130	Preparer FEIN	9	N	140A, pg2	No hyphens
131	131	Paid Preparer Phone Number	10	N	140A, pg2	
132	132	Employer ID (1)	9	N	W-2 (1st Wage Statement)	
133	133	Employee SSN (1)	9	N	W-2 (1st Wage Statement)	
134	134	Arizona Wages (1)	10	N	W-2 (1st Wage Statement)	
135	135	Arizona Withholding (1)	10	N	W-2 (1st Wage Statement)	
136	136	Employer ID (2)	9	N	W-2 (2nd Wage Statement)	
137	137	Employees SSN (2)	9	N	W-2 (2nd Wage Statement)	
138	138	Arizona Wages (2)	10	N	W-2 (2nd Wage Statement)	
139	139	Arizona Withholding (2)	10	N	W-2 (2nd Wage Statement)	
140	140	Employer ID (3)	9	N	W-2 (3rd Wage Statement)	

Legend

Blue: Additions for TY2020

Yellow: Changes for TY2020

Dark Orange: Removed Items for TY2020

141	140	Employees SSN (3)	9	N	W-2 (3rd Wage Statement)
142	141	Arizona Wages (3)	10	N	W-2 (3rd Wage Statement)
143	142	Arizona Withholding (3)	10	N	W-2 (3rd Wage Statement)
144	143	Employer ID (4)	9	N	W-2 (4th Wage Statement)
145	144	Employees SSN (4)	9	N	W-2 (4th Wage Statement)
146	145	Arizona Wages (4)	10	N	W-2 (4th Wage Statement)
147	146	Arizona Withholding (4)	10	N	W-2 (4th Wage Statement)
148	147	Payer's ID (1)	9	N	1099-R (1st Statement)
149	148	Recipient's SSN (1)	9	N	1099-R (1st Statement)
150	149	1099 Gross Amt (1)	10	N	1099-R (1st Statement)
151	150	1099 Taxable Amount (1)	10	N	1099-R (1st Statement)
152	151	1099 Az WH (1)	10	N	1099-R (1st Statement)
153	152	Payer's ID (2)	9	N	1099-R (2nd Statement)
154	153	Recipient's SSN (2)	9	N	1099-R (2nd Statement)
155	154	1099 Gross Amt (2)	10	N	1099-R (2nd Statement)
156	155	1099 Taxable Amount (2)	10	N	1099-R (2nd Statement)
157	156	1099 Az WH (2)	10	N	1099-R (2nd Statement)
158	157	Trailer	5	A	*EOD*

Legend

Blue: Additions for TY2020

Yellow: Changes for TY2020

Dark Orange: Removed Items for TY2020

Arizona 140NR - Non-Resident Return						
2D Barcode Record Layout						
2019 FIELD NO	2020 FIELD NO	FIELD NAME	LENGTH	TYPE	FORM & Line Number	BUSINESS RULE
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	2020
6	6	Tax Year Ending Date	8	N	140NR, 66F	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 SSN 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
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	Or province if Canadian address
19	19	Zip Code	9	A/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	Married/Joint	1	A	140NR, 4	X or null
22	22	Injured Spouse Protection of Joint Overpayment	1	A	140NR, 4A	X or null
23	23	Head of Household	1	A	140NR, 5	X or null
24	24	Married filing Separate	1	A	140NR, 6	X or null
25	25	Single	1	A	140NR, 7	X or null
26	26	Age 65 or over	1	N	140NR, 8	
27	27	Blind	1	N	140NR, 9	
28	28	Dependents: Under age of 17	2	N	140NR, Line 10a	Dependents Under Age 17
29	29	Dependents: Age 17 and over	2	N	140NR, Line 10b	Dependents 17 or older
30	30	6 Month Extension	1	A	140NR, 82F	X or null
31	31	Res Status Non	1	A	140NR, 11	X or null
32	32	Res Status Non Active Military	1	A	140NR, 12	X or null
33	33	Res Status Composite	1	A	140NR, 13	X or null
34	34	Dependent Information Additional Space	1	A	140NR, Box 10ab	X or null
35	35	Dependent 1 First Name	10	A	140NR, 10c (a1)	
36	36	Dependent 1 Last Name	10	A	140NR, 10c (a2)	
37	37	Dependent 1 SSN	9	N	140NR, 10c (b)	No hyphens
38	38	Dependent 1 Relationship	12	A	140NR, 10c (c)	
39	39	Dependent 1 Months	2	N	140NR, 10c (d)	Valid Values are (0 - 12)
40	40	Dependent 1 Age included in	1	A	140NR, Box 10c(e1)	X or null
41	41	Dependent 1 Age included in	1	A	140NR, Box 10c(e2)	X or null
42	42	Dependent 1 Name Education	1	A	140NR, 10c (f)	X or null
43	43	Dependent 2 First Name	10	A	140NR, 10d (a1)	
44	44	Dependent 2 Last Name	10	A	140NR, 10d (a2)	
45	45	Dependent 2 SSN	9	N	140NR, 10d (b)	No hyphens
46	46	Dependent 2 Relationship	12	A	140NR, 10d (c)	
47	47	Dependent 2 Months	2	N	140NR, 10d (d)	Valid Values are (0 - 12)
48	48	Dependent 2 Age included in	1	A	140NR, Box 10d(e1)	X or null
49	49	Dependent 2 Age included in	1	A	140NR, Box 10d(e2)	X or null
50	50	Dependent 2 Name Education	1	A	140NR, 10d (f)	X or null
51	51	Dependent 3 First Name	10	A	140NR, 10e (a1)	
52	52	Dependent 3 Last Name	10	A	140NR, 10e (a2)	
53	53	Dependent 3 SSN	9	N	140NR, 10e (b)	No hyphens
54	54	Dependent 3 Relationship	12	A	140NR, 10e (c)	
55	55	Dependent 3 Months	2	N	140NR, 10e (d)	Valid Values are (0 - 12)
56	56	Dependent 3 Age included in	1	A	140NR, Box 10e(e1)	X or null
57	57	Dependent 3 Age included in	1	A	140NR, Box 10e(e2)	X or null
58	58	Dependent 3 Name Education	1	A	140NR, 10e (f)	X or null
59	59	Dependent 4 First Name	10	A	140NR, 10f (a1)	
60	60	Dependent 4 Last Name	10	A	140NR, 10f (a2)	
61	61	Dependent 4 SSN	9	N	140NR, 10f (b)	No hyphens
62	62	Dependent 4 Relationship	12	A	140NR, 10f (c)	
63	63	Dependent 4 Months	2	N	140NR, 10f (d)	Valid Values are (0 - 12)
64	64	Dependent 4 Age included in	1	A	140NR, Box 10f(e1)	X or null
65	65	Dependent 1 Age included in	1	A	140NR, Box 10f(e2)	X or null
66	66	Dependent 4 Name Education	1	A	140NR, 10f (f)	X or null
67	67	Married/spouse of active mil. qual. for MSRR Act	1	A	140NR, Box 14	value "1" if checked; "0" or null if blank
68	68	Wages, Salaries, etc. Fed	10	N	140NR, Line 15 Fed	
69	69	Wages, Salaries, etc. AZ	10	N	140NR, Line 15 AZ	

Legend
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70	70	Interest Fed	10	N	140NR, Line 16 Fed	
71	71	Interest AZ	10	N	140NR, Line 16 AZ	
72	72	Dividends Fed	10	N	140NR, Line 17 Fed	
73	73	Dividends AZ	10	N	140NR, Line 17 AZ	
74	74	AZ Inc Tax Ref Fed	10	N	140NR, Line 18 Fed	
75	75	AZ Inc Tax Ref AZ	10	N	140NR, Line 18 AZ	
76	76	Business Inc (Sch. C) Fed	10	N	140NR, Line 19 Fed	
77	77	Business Inc (Sch. C) AZ	10	N	140NR, Line 19 AZ	
78	78	Gain/Loss (Sch. D) Fed	10	N	140NR, Line 20 Fed	
79	79	Gain/Loss (Sch. D) AZ	10	N	140NR, Line 20 AZ	
80	80	Rents etc (Sch. E) Fed	10	N	140NR, Line 21 Fed	
81	81	Rents etc (Sch. E) AZ	10	N	140NR, Line 21 AZ	
82	82	Other Fed Inc Fed	10	N	140NR, Line 22 Fed	
83	83	Other Fed Inc AZ	10	N	140NR, Line 22 AZ	
84	84	Total Income Fed	10	N	140NR, Line 23 Fed	Add lines 15-22 in FEDERAL column
85	85	Total Income AZ	10	N	140NR, Line 23 AZ	Add lines 15-22 in ARIZONA column
86	86	Other Fed Adjust Fed	10	N	140NR, Line 24 Fed	
87	87	Other Fed Adjust AZ	10	N	140NR, Line 24 AZ	
88	88	Fed Adjusted Gross	10	N	140NR, Line 25	Subtract lines 24 from line 23 in FEDERAL column
89	89	Arizona Income	10	N	140NR, 26	Subtract lines 24 from line 23 in ARIZONA column
90	90	Arizona Income Ratio	5	D(4,3)	140NR, Line 27	Divide line 26 by line 25. Enter 100% as 1.000; 50%
91	91	Total Depreciation	10	N	140NR, Line 28	
92	92	Partnership Income Adjustment Add	10	N	140NR, Line 29	
93	93	Net capital (loss) derived from the exchange of legal tender	10	N	140NR, Line 30	
94	94	Other Additions	10	N	140NR, Line 31	Total from page 5 worksheet
95	95	Total Additions	10	N	140NR, Line 32	Add lines 26, 28, 29, 30 and 31
96	96	Arizona Sourced net capital Gain/Loss	10	N	140NR, Line 33	
97	97	Total Net Short-Term Capital Gain/Loss	10	N	140NR, Line 34	
98	98	Total Net Long-Term Capital Gain/Loss	10	N	140NR, Line 35	
99	99	Net Long-Term Capital Gain From Assets	10	N	140NR, Line 36	
100	100	Capital Gain Allowable Subt. Calculation	10	N	140NR, Line 37	Multiply line 36 by 25% (.25)
101	101	Net Capital Gain From Invest Small Buss	10	N	140NR, Line 38	
102	102	Net capital (loss) derived from the exchange of legal	10	N	140NR, Line 39	
103	103	Recalculated AZ Depreciation	10	N	140NR, Line 40	
104	104	Partnership Income Adjustment Sub	10	N	140NR, Line 41	
105	105	Total Subtractions	10	N	140NR, Line 42	Subtract lines 37 through 41 from line 32
106	106	Int. Savings Bond	10	N	140NR, Line 43	
107	107	Agric Crops Contrib	10	N	140NR, Line 44	
108	108	Other Subtractions	10	N	140NR, Line 45	Total from Page 5 worksheet
109	109	Subtotal	10	N	140NR, Line 46	Subtract lines 43 through 45 from line 42
110	110	Age 65 Exempt Amt	10	N	140NR, Line 47	Multiply the number in Box 8 by \$2100
111	111	Blind Exempt Amt	10	N	140NR, Line 48	Multiply the number in Box 9 by \$1500
112	112	Total other exemptions	2	N	140NR, Line 49E	Amount from page 4, part 3
113	113	Other Exemptions	10	N	140NR, Line 49	Multiply the number in Box 49E by \$2300
114	114	Total Exemptions	10	N	140NR, Line 50	Add lines 47, 48, and 49
115	115	AZ Exempt Portion	10	N	140NR, Line 51	Multiply line 50 by Arizona Income Ratio on line 27
116	116	AZ Adjusted Gross	10	N	140NR, Line 52	Subtract line 51 from line 46. If < zero, enter "0"
117	117	Itemized Deductions	1	A	140NR, 53-I	X or null
118	118	Standard Deductions	1	A	140NR, 53-S	X or null
119	119	Deduction Amount	10	N	140NR, Line 53	ITEMIZED OR PRORATED IF NOT MILITARY Single, Married Filing Separate = \$12,400 Married Filing Jointly = \$24,800 Head of Household = \$18,650
120	120	Claiming Charitable Deductions	1	A	140NR, Line 54C	X or null
121	121	Additional Charitable Deductions	10	N	140NR, Line 54	Total from Line 9C, page 3 Qualifying Charitable Deductions
122	122	Az Taxable Income	10	N	140NR, Line 55	Subtract 53 and 54 from 52, if < 0 enter "0"
123	123	Computed Tax	10	N	140NR, Line 56	Compute tax from line 55 using Tax Table X or Y
124	124	Tax from Recapture Credits	10	N	140NR, Line 57	From AZ Form 301, Part 2, line 31
125	125	Subtotal of tax	10	N	140NR, Line 58	Add lines 56 and 57
126	126	Dependent Credit	10	N	140NR, Line 59	Amount calculated from totals in Boxes 10a and 10b
127	127	Credits from Arizona Credit Forms	10	N	140NR, Line 60	From AZ Form 301, Part 2, line 61
128	128	Balance of Tax	10	N	140NR, Line 61	Subtract line 59 and 60 from line 58. If the sum of 59
129	129	Withholding	10	N	140NR, Line 62	
130	130	Estimated Payments	10	N	140NR, Line 63a	
131	131	Claim of Right	10	N	140NR, Line 63b	
132	132	Total Estimated Payments	10	N	140NR, Line 63c	Add lines 63a and 63b
133	133	Extension Payments	10	N	140NR, Line 64	
134	134	Refundable Credit Form 308-I	1	A	140NR, 65-1	"X" or null
135	135	Refundable Credit Form 349	1	A	140NR, 65-2	"X" or null
136	136	Other Refundable Credits	10	N	140NR, Line 65	
137	137	Total Payments	10	N	140NR, Line 66	Add lines 62 - 65
138	138	Tax Due	10	N	140NR, Line 67	If line 61 > line 66 subtract 66 from 61 and enter tax

Legend

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139	139	Overpayment	10	N	140NR, Line 68	If line 66 > line 61 subtract 61 from 66 and enter
140	140	Next Year's Est Pmt	10	N	140NR, Line 69	Amount of Line 68 to be Applied to 2021 Estimated
141	141	Bal of Overpayment	10	N	140NR, Line 70	Subtract 69 from 68
142	142	Solutions Teams Assigned To Schools Contrib	10	N	140NR, Line 71	
143	143	Wildlife Contrib	10	N	140NR, Line 72	
144	144	Child Abuse Contrib	10	N	140NR, Line 73	
145	145	Domestic Violence Contrib	10	N	140NR, Line 74	
146	146	Political Contrib	10	N	140NR, Line 75	
147	147	Neighbors Helping Contrib	10	N	140NR, Line 76	
148	148	Special Olympics Contrib	10	N	140NR, Line 77	
149	149	Veterans' Donation Fund	10	N	140NR, Line 78	
150	150	I Didn't Pay Enough Fund	10	N	140NR, Line 79	
151	151	Sustainable State Parks and Road Fund	10	N	140NR, Line 80	
152	152	Spay/Neuter of Animals	10	N	140NR, Line 81	
153	153	Democratic Party	1	A	140NR, 82-1	"X" or null
154	154	Green Party	1	A	140NR, 82-2	"X" or null
155	154	Libertarian Party	1	A	140NR, 82-2	Line number change - "X" or null
156	155	Republican Party	1	A	140NR, 82-3	Line number change - "X" or null
157	156	Est Pmt Pen	10	N	140NR, Line 83	
158	157	Annualized Other	1	A	140NR, 84-1	Y or null
159	158	Farmer/Fisherman	1	A	140NR, 84-2	Y or null
160	159	Form 221 Attached	1	A	140NR, 84-3	Y or null
161	160	Tot Contrib/Penalty	10	N	140NR, Line 85	Add Lines 71 - 81, and 83
162	161	Refund Amount	10	N	140NR, Line 86	Subtract Line 85 from Line 70
163	162	Foreign Account	1	A	140NR Line 86A	Y or Null; If "Y", Fields 163-166 should be disabled.
164	163	Dir Dep Routing Nbr	9	N	140NR, 98	For direct deposit; direct debit is not supported.
165	164	Dir Dep Account Nbr	17	A/N	140NR, 98	For direct deposit; direct debit is not supported.
166	165	Dir Dep Checking	1	A	140NR, 98	X or null; direct deposit only
167	166	Dir Dep Savings	1	A	140NR, 98	X or null; direct deposit only
168	167	Amount Owed	10	N	140NR, Line 87	Add Lines 67 and Line 85
169	168	Prior Last Names	20	A	Front Page, 97	Comma delimited
170	169	Primary Occupation	16	A	140NR,pg2	
171	170	Spouse Occupation	16	A	140NR,pg2	
172	171	Preparer Name	35	A/N	140NR,pg2	
173	172	Preparer FEIN	9	N	140NR,pg2	No hyphens
174	173	Preparer Address	35	A/N	140NR,pg2	
175	174	Preparer City	21	A	140NR,pg2	
176	175	Preparer State	2	A	140NR,pg2	
177	176	Preparer Zip Code	9	N	140NR,pg2	
178	177	Paid Preparer Phone Number	10	N	140NR,pg2	
179	178	Gifts by Cash or Check	10	N	140NR, pg3, Line 1C	
180	179	Other than by Cash or Check	10	N	140NR, pg3, Line 2C	
181	180	Carryover Prior Year	10	N	140NR, pg3, Line 3C	
182	181	Sum lines C1 thru C3	10	N	140NR, pg3, Line 4C	Add lines 1C thru 3C
182	182	Federal Charitable contribution deduction	10	N	140NR, pg3, Line 5C	
183	183	Total Char Ded Claiming a AZ credit	10	N	140NR, pg3, Line 6C	
184	184	Total Subtraction	10	N	140NR, pg3, Line 7C	Subtract line 5C and 6C from line 4C
185	185	Total Increase	10	N	140NR, pg3, Line 8C	Multiply line 7C by .25
186	186	AZ Income Ratio from pg 1 Line 27	10	N	140NR, pg3, Line 9C	AZ income from Line 27
187	187	Prorated total increase	10	N	140NR, pg3, Line 10C	Multiply line 8C by ratio from line 9C
188	188	Med/Dent Expenses	10	N	AZSchA(NR) 1	
189	189	Fed Med Deductions	10	N	AZSchA(NR) 2	
190	190	Medical Add Adjust	10	N	AZSchA(NR) 3	
191	191	Medical Subt Adjust	10	N	AZSchA(NR) 4	
192	192	Fed Credit Int Paid	10	N	AZSchA(NR) 5	
193	193	Contribution Adjust	10	N	AZSchA(NR) 6	
194	194	State Inc Tax Adjust	10	N	AZSchA(NR) 7	
194	195	Sum Add Adjust	10	N	AZSchA(NR) 8	Formerly Line 7
195	196	Sum Subt Adjust	10	N	AZSchA(NR) 9	Formerly Line 8
196	197	Tot Fed Item Deduct	10	N	AZSchA(NR) 10	Formerly Line 9
197	198	Sum Az Item Deduct	10	N	AZSchA(NR) 14	Formerly Line 13
198	199	Az Itemized Deductions	10	N	AZSchA(NR) 16	Formerly Line 15
199	200	Medical/Dental Expenses	10	N	FedSchA(2-D) 1	
200	201	Adjusted Gross Income	10	N	FedSchA(2-D) 2	
201	202	Medical Allowance	10	N	FedSchA(2-D) 3	
202	203	Total Medical/Dental	10	N	FedSchA(2-D) 4	
203	204	State and Local Taxes	10	N	FedSchA(2-D) 5a	
204	205	Real Estate Taxes	10	N	FedSchA(2-D) 5b	
205	206	Personal Property Taxes	10	N	FedSchA(2-D) 5c	
206	207	Other Taxes	10	N	FedSchA(2-D) 6	
207	208	Total Other Taxes	10	N	FedSchA(2-D) 7	
208	209	Mortgage Interest from 1098	10	N	FedSchA(2-D) 8a	
209	210	Other Mortgage Interest	10	N	FedSchA(2-D) 8b	
210	211	Deductible Points	10	N	FedSchA(2-D) 8c	
211	212	Investment Interest	10	N	FedSchA(2-D) 9	
212	213	Total Interest	10	N	FedSchA(2-D) 10	

Legend

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213	214	Total Cash/Check Contrib	10	N	FedSchA(2-D) 11	
214	215	Non-Cash/Check Contrib	10	N	FedSchA(2-D) 12	
215	216	Carryover Prior Year	10	N	FedSchA(2-D) 13	
216	217	Total Contrib	10	N	FedSchA(2-D) 14	
217	218	Casualty/Theft Loss	10	N	FedSchA(2-D) 15	
218	219	Tot Other Misc Deduct	10	N	FedSchA(2-D) 16	
219	220	Total Item Deduct	10	N	FedSchA(2-D) 17	
220	221	Employer ID (1)	9	N	W-2 (1st Wage Statement)	No hyphens
221	222	Employee SSN (1)	9	N	W-2 (1st Wage Statement)	No hyphens
222	223	Arizona Wages (1)	10	N	W-2 (1st Wage Statement)	
223	224	Arizona Withholding (1)	10	N	W-2 (1st Wage Statement)	
224	225	Employer ID (2)	9	N	W-2 (2nd Wage Statement)	No hyphens
225	226	Employee SSN (2)	9	N	W-2 (2nd Wage Statement)	No hyphens
226	227	Arizona Wages (2)	10	N	W-2 (2nd Wage Statement)	
227	228	Arizona Withholding (2)	10	N	W-2 (2nd Wage Statement)	
228	229	Employer ID (3)	9	N	W-2 (3rd Wage Statement)	No hyphens
229	230	Employee SSN (3)	9	N	W-2 (3rd Wage Statement)	No hyphens
230	231	Arizona Wages (3)	10	N	W-2 (3rd Wage Statement)	
231	232	Arizona Withholding (3)	10	N	W-2 (3rd Wage Statement)	
232	233	Employer ID (4)	9	N	W-2 (4th Wage Statement)	No hyphens
233	234	Employee SSN (4)	9	N	W-2 (4th Wage Statement)	No hyphens
234	235	Arizona Wages (4)	10	N	W-2 (4th Wage Statement)	
235	236	Arizona Withholding (4)	10	N	W-2 (4th Wage Statement)	
236	237	Payer's ID (1)	9	N	1099-R (1st Statement)	No hyphens
237	238	Recipient's SSN (1)	9	N	1099-R (1st Statement)	No hyphens
238	239	1099 Gross Amt (1)	10	N	1099-R (1st Statement)	
239	240	1099 Taxable Amount (1)	10	N	1099-R (1st Statement)	
240	241	1099 Az WH (1)	10	N	1099-R (1st Statement)	
241	242	Payer's ID (2)	9	N	1099-R (2nd Statement)	No hyphens
242	243	Recipient's SSN (2)	9	N	1099-R (2nd Statement)	No hyphens
243	244	1099 Gross Amt (2)	10	N	1099-R (2nd Statement)	
244	245	1099 Taxable Amount (2)	10	N	1099-R (2nd Statement)	
245	246	1099 Az WH (2)	10	N	1099-R (2nd Statement)	
246		Environ Tech Fac Credit a	10	N	301, Line 1a (Form 305)	
247		Environ Tech Fac Credit b	10	N	301, Line 1b (Form 305)	
248		Environ Tech Fac Credit c	10	N	301, Line 1c (Form 305)	
249	247	Military Reuse Zone Credit b	10	N	301, Line 1b (Form 306)	Line number change
250	248	Military Reuse Zone Credit c	10	N	301, Line 1c (Form 306)	Line number change
251	249	Increased Research Act Ind Credit a	10	N	301, Line 2a (Form 308-I)	Line number change
252	250	Increased Research Act Ind Credit b	10	N	301, Line 2b (Form 308-I)	Line number change
253	251	Increased Research Act Ind Credit c	10	N	301, Line 2c (Form 308-I)	Line number change
254	252	Tax Paid Other State Cntry Credit a	10	N	301, Line 3a (Form 309)	Line number change
255	253	Tax Paid Other State Cntry Credit c	10	N	301, Line 3c (Form 309)	Line number change
256	254	Solar Energy Devices Credit a	10	N	301, Line 4a (Form 310)	Line number change
257	255	Solar Energy Devices Credit b	10	N	301, Line 4b (Form 310)	Line number change
258	256	Solar Energy Devices Credit c	10	N	301, Line 4c (Form 310)	Line number change
259	257	Agri Water Conserv Sys Credit a	10	N	301, Line 5a (Form 312)	Line number change
260	258	Agri Water Conserv Sys Credit b	10	N	301, Line 5b (Form 312)	Line number change
261	259	Agri Water Conserv Sys Credit c	10	N	301, Line 5c (Form 312)	Line number change
262	260	Polution Control Credit a	10	N	301, Line 6a (Form 315)	Line number change
263	261	Polution Control Credit b	10	N	301, Line 6b (Form 315)	Line number change
264	262	Polution Control Credit c	10	N	301, Line 6c (Form 315)	Line number change
265	263	Solar Heat and Elect Veh Outlets Credit b	10	N	301, Line 7b (Form 319)	Line number change
266	264	Solar Heat and Elect Veh Outlets Credit c	10	N	301, Line 7c (Form 319)	Line number change
267	265	Employ TANF Recipients Credit a	10	N	301, Line 8a (Form 320)	Line number change
268	266	Employ TANF Recipients Credit b	10	N	301, Line 8b (Form 320)	Line number change
269	267	Employ TANF Recipients Credit c	10	N	301, Line 8c (Form 320)	Line number change
270	268	Contrib Qual Chart Orgns Credit a	10	N	301, Line 9a (Form 321)	Line number change
271	269	Contrib Qual Chart Orgns Credit b	10	N	301, Line 9b (Form 321)	Line number change
272	270	Contrib Qual Chart Orgns Credit c	10	N	301, Line 9c (Form 321)	Line number change
273	271	Contrib Fees Paid Pub Schs Credit a	10	N	301, Line 10a (Form 322)	Line number change
274	272	Contrib Fees Paid Pub Schs Credit b	10	N	301, Line 10b (Form 322)	Line number change
275	273	Contrib Fees Paid Pub Schs Credit c	10	N	301, Line 10c (Form 322)	Line number change
276	274	Contrib Priv Sch Tuit Orgns Credit a	10	N	301, Line 11a (Form 323)	Line number change
277	275	Contrib Priv Sch Tuit Orgns Credit b	10	N	301, Line 11b (Form 323)	Line number change
278	276	Contrib Priv Sch Tuit Orgns Credit c	10	N	301, Line 11c (Form 323)	Line number change
279	277	Agri Pol Cntrl Equip Credit a	10	N	301, Line 12a (Form 325)	Line number change
280	278	Agri Pol Cntrl Equip Credit b	10	N	301, Line 12b (Form 325)	Line number change
281	279	Agri Pol Cntrl Equip Credit c	10	N	301, Line 12c (Form 325)	Line number change
282	280	Donation School Site Credit a	10	N	301, Line 13a (Form 331)	Line number change
283	281	Donation School Site Credit b	10	N	301, Line 13b (Form 331)	Line number change
284	282	Donation School Site Credit c	10	N	301, Line 13c (Form 331)	Line number change
285	283	Healthy Forest Enterprises Credit a	10	N	301, Line 14a (Form 332)	Line number change
286	284	Healthy Forest Enterprises Credit b	10	N	301, Line 14b (Form 332)	Line number change
287	285	Healthy Forest Enterprises Credit c	10	N	301, Line 14c (Form 332)	Line number change
288	286	Employ Natl Guard Members Credit a	10	N	301, Line 15a (Form 333)	Line number change

Legend

Blue: Additions for TY2020

Yellow: Changes for TY2020

Dark Orange: Removed Items for TY2020

289	287	Employ Natl Guard Members Credit b	10	N	301, Line 15b (Form 333)	Line number change
290	288	Employ Natl Guard Members Credit c	10	N	301, Line 15c (Form 333)	Line number change
291	289	Business Contrib School Tuition Org a	10	N	301, Line 16a (Form 335-l)	Line number change
292	290	Business Contrib School Tuition Org b	10	N	301, Line 16b (Form 335-l)	Line number change
293	291	Business Contrib School Tuition Org c	10	N	301, Line 16c (Form 335-l)	Line number change
294	292	Solar Energy Devices Comm Ind Credit b	10	N	301, Line 17b (Form 336)	Line number change
295	293	Solar Energy Devices Comm Ind Credit c	10	N	301, Line 17c (Form 336)	Line number change
296	294	Invest Qual Small Bus Credit a	10	N	301, Line 18a (Form 338)	Line number change
297	295	Invest Qual Small Bus Credit b	10	N	301, Line 18b (Form 338)	Line number change
298	296	Invest Qual Small Bus Credit c	10	N	301, Line 18c (Form 338)	Line number change
299	297	Military Fam Relf Fnd Credit a	10	N	301, Line 19a (Form 340)	Line number change
300	298	Military Fam Relf Fnd Credit c	10	N	301, Line 19c (Form 340)	Line number change
301	299	Business Contrib School Tuition Disabled a	10	N	301, Line 20a (Form 341-l)	Line number change
302	300	Business Contrib School Tuition Disabled b	10	N	301, Line 20b (Form 341-l)	Line number change
303	301	Business Contrib School Tuition Disabled c	10	N	301, Line 20c (Form 341-l)	Line number change
304	302	Renew Energy Prod Tax Credit a	10	N	301, Line 21a (Form 343)	Line number change
305	303	Renew Energy Prod Tax Credit b	10	N	301, Line 21b (Form 343)	Line number change
306	304	Renew Energy Prod Tax Credit c	10	N	301, Line 21c (Form 343)	Line number change
307	305	New Employment Credit a	10	N	301, Line 22a (Form 345)	Line number change
308	306	New Employment Credit b	10	N	301, Line 22b (Form 345)	Line number change
309	307	New Employment Credit c	10	N	301, Line 22c (Form 345)	Line number change
310	308	Increased Resrch Act Basic Resrch Credit a	10	N	301, Line 23a (Form 346)	Line number change
311	309	Inces Resrch Act Basic Resrch Credit b	10	N	301, Line 23b (Form 346)	Line number change
312	310	Inces Resrch Act Basic Resrch Credit c	10	N	301, Line 23c (Form 346)	Line number change
313	311	Contrib Cert Schl Tuit Orgns Credit a	10	N	301, Line 24a (Form 348)	Line number change
314	312	Contrib Cert Schl Tuit Orgns Credit b	10	N	301, Line 24b (Form 348)	Line number change
315	313	Contrib Cert Schl Tuit Orgns Credit c	10	N	301, Line 24c (Form 348)	Line number change
316	314	Contrib Qual Foster Care Char Orgns Credit a	10	N	301, Line 25a (Form 352)	Line number change
317	315	Contrib Qual Foster Care Char Orgns Credit b	10	N	301, Line 25b (Form 352)	Line number change
318	316	Contrib Qual Foster Care Char Orgns Credit c	10	N	301, Line 25c (Form 352)	Line number change
319	317	Total Available Nonrefundable Tax Credits	10	N	301, Line 27	Add Lines 1 through 25 Column c Only
320	318	Total AZ Tax	10	N	301, Line 28	Tax From F140 L46 or F140PY L56 or F140NR L56 or F14
321		Tax Recap Environ Tech Fac Credit	10	N	301, Line 31	
322	319	Tax Recap Credits Hlthy Forest Entrs	10	N	301, Line 29	45
323	320	Tax Recap Credits Qual Facs	10	N	301, Line 30	From AZ Credit Form 349 Part 7 Line 19
324	321	Total Recapture of Credits	10	N	301, Line 31	Add Lines 29 and 30
325	322	Subtotal Tax Credits and Recap Credits	10	N	301, Line 32	Add Lines 28 through 31
326	323	Family Income Tax Credit/Dependent Tax Credit	10	N	301, Line 33	From F140 L49 and L50 or F140PY L59 and L60 or
327	324	Total Tax Credits and Recap Credits	10	N	301, Line 34	Subtract Line 33 from Line 32. If < 0 Enter "0"
328		Environ Tech Fac Credit Used	10	N	301, Line 39 (Form 305)	
329	325	Military Reuse Zone Credit Used	10	N	301, Line 35 (Form 306)	Line number change
330	326	Increased Research Act Indiv Credit Used	10	N	301, Line 36 (Form 308-l)	Line number change
331	327	Tax Paid Other State Ctry Credit Used	10	N	301, Line 37 (Form 309)	Line number change
332	328	Solar Energy Devices Credit Used	10	N	301, Line 38 (Form 310)	Line number change
333	329	Agri Water Conserv Sys Credit Used	10	N	301, Line 39 (Form 312)	Line number change
334	330	Polution Control Credit Used	10	N	301, Line 40 (Form 315)	Line number change
335	331	Solar Heat and Elect Veh Outlets Credit Used	10	N	301, Line 41 (Form 319)	Line number change
336	332	Employ TANF Recipients Credit Used	10	N	301, Line 42 (Form 320)	Line number change
337	333	Contrib Qual Chart Orgns Credit Used	10	N	301, Line 43 (Form 321)	Line number change
338	334	Contrib Fees Paid Pub Schs Credit Used	10	N	301, Line 44 (Form 322)	Line number change
339	335	Contrib Priv Sch Tuit Orgns Credit Used	10	N	301, Line 45 (Form 323)	Line number change
340	336	Agri Pol Cntrl Equip Credit Used	10	N	301, Line 46 (Form 325)	Line number change
341	337	Donation School Site Credit Used	10	N	301, Line 47 (Form 331)	Line number change
342	338	Healthy Forest Enterprises Credit Used	10	N	301, Line 48 (Form 332)	Line number change
343	339	Employ Natl Guard Members Credit Used	10	N	301, Line 49 (Form 333)	Line number change
344	340	Business Contrib School Tuition Org Used	10	N	301, Line 50 (Form 335-l)	Line number change
345	341	Solar Energy Devices Comm Indus Used	10	N	301, Line 51 (Form 336)	Line number change
346	342	Invest Qual Small Bus Credit Used	10	N	301, Line 52 (Form 338)	Line number change
347	343	Donations Military Fam Relf Fnd Credit Used	10	N	301, Line 53 (Form 340)	Line number change
348	344	Business Contrib School Tuition Disabled Used	10	N	301, Line 54 (Form 341-l)	Line number change
349	345	Renew Energy Prod Tax Credit Used	10	N	301, Line 55 (Form 343)	Line number change
350	346	New Employment Credit Used	10	N	301, Line 56 (Form 345)	Line number change
351	347	Inces Resrch Act Basic Resrch Credit Used	10	N	301, Line 57 (Form 346)	Line number change
352	348	Contrib Cert Schl Tuit Orgns Credit Used	10	N	301, Line 58 (Form 348)	Line number change
353	349	Contrib Qual Foster Care Char Orgns Credit Used	10	N	301, Line 59 (Form 352)	Line number change
354	350	Total Nonrefundable Tax Credits Used	10	N	301, Line 60	Add Lines 35 through 59. Total Cannot be more than 34.
355	351	Description of Income Items a	30	A	309, Line 1a	
356	352	Description of Income Items b	30	A	309, Line 1b	
357	353	Description of Income Items c	30	A	309, Line 1c	
358	354	Amt Income Listed Report AZ Oth St Cntry a	10	N	309, Line 2a	
359	355	Amt Income Listed Report AZ Oth St Cntry b	10	N	309, Line 2b	
360	356	Amt Income Listed Report AZ Oth St Cntry c	10	N	309, Line 2c	
361	357	Amt Income Include AZ Adj Gross a	10	N	309, Line 3a	
362	358	Amt Income Include AZ Adj Gross b	10	N	309, Line 3b	
363	359	Amt Income Include AZ Adj Gross c	10	N	309, Line 3c	
364	360	Amt Income Include Oth Adj Gross a	10	N	309, Line 4a	

Legend

Blue: Additions for TY2020

Yellow: Changes for TY2020

Dark Orange: Removed Items for TY2020

365	361	Amt Income Include Oth Adj Gross b	10	N	309, Line 4b	
366	362	Amt Income Include Oth Adj Gross c	10	N	309, Line 4c	
367	363	Amt Income Taxable by Both AZ Oth a	10	N	309, Line 5a	Enter smaller of Line 3 or 4
368	364	Amt Income Taxable by Both AZ Oth b	10	N	309, Line 5b	Enter smaller of Line 3 or 4
369	365	Amt Income Taxable by Both AZ Oth c	10	N	309, Line 5c	Enter smaller of Line 3 or 4
370	366	Tot Income Taxable by Both AZ Other	10	N	309, Line 6	Add Line 5 a, b, and c
371	367	AZ Tax Liable Less Credits	10	N	309, Line 7	
372	368	Amt Part1 Line6	10	N	309, Line 8	From Part 1 Line 6
373	369	Amt AZ Income Tax Imposed	10	N	309, Line 9	
374	370	Pct Income Taxable by Both AZ Oth1	6	D(4,3)	309, Line 10	Divide Line 8 by Line 9 (Cannot be greater than
375	371	Amt AZ Tax Liability After Credits	10	N	309, Line 11	Multiply Line 7 by the Decimal on Line 10
376	372	Amt Income Tax Paid St or Cntry	10	N	309, Line 12b	
377	373	Tot Income Taxable By Both	10	N	309, Line 13	From Part 1 Line 6
378	374	Tot Income Taxable By Other	10	N	309, Line 14	
379	375	Pct Income Taxable by Other	6	D(4,3)	309, Line 15	Divide Line 13 by Line 14 (Cannot be greater than
380	376	Tot Amt Tax Paid Other	10	N	309, Line 16	Multiply Line 12 by the Decimal on Line 15
381	377	Credit Allow Tax Paid Other	10	N	309, Line 17	Enter smaller of Line 11 or 16 and on Form 301, Part 1,
382	378	Description of Income Items a	30	A	309, Line 1a (2)	
383	379	Description of Income Items b	30	A	309, Line 1b (2)	
384	380	Description of Income Items c	30	A	309, Line 1c (2)	
385	381	Amt Income Listed Report AZ Oth St Cntry a	10	N	309, Line 2a (2)	
386	382	Amt Income Listed Report AZ Oth St Cntry b	10	N	309, Line 2b (2)	
387	383	Amt Income Listed Report AZ Oth St Cntry c	10	N	309, Line 2c (2)	
388	384	Amt Income Include AZ Adj Gross a	10	N	309, Line 3a (2)	
389	385	Amt Income Include AZ Adj Gross b	10	N	309, Line 3b (2)	
390	386	Amt Income Include AZ Adj Gross c	10	N	309, Line 3c (2)	
391	387	Amt Income Include Oth Adj Gross a	10	N	309, Line 4a (2)	
392	388	Amt Income Include Oth Adj Gross b	10	N	309, Line 4b (2)	
393	389	Amt Income Include Oth Adj Gross c	10	N	309, Line 4c (2)	
394	390	Amt Income Taxable by Both AZ Oth a	10	N	309, Line 5a (2)	Enter smaller of Line 3 or 4
395	391	Amt Income Taxable by Both AZ Oth b	10	N	309, Line 5b (2)	Enter smaller of Line 3 or 4
396	392	Amt Income Taxable by Both AZ Oth c	10	N	309, Line 5c (2)	Enter smaller of Line 3 or 4
397	393	Tot Income Taxable by Both AZ Other	10	N	309, Line 6 (2)	Add Line 5 a, b, and c
398	394	AZ Tax Liable Less Credits	10	N	309, Line 7 (2)	
399	395	Amt Part1 Line6	10	N	309, Line 8 (2)	From Part 1 Line 6
400	396	Amt AZ Income Tax Imposed	10	N	309, Line 9 (2)	
401	397	Pct Income Taxable by Both AZ Oth1	6	D(4,3)	309, Line 10 (2)	Divide Line 8 by Line 9 (Cannot be greater than 1.000)
402	398	Amt AZ Tax Liability After Credits	10	N	309, Line 11 (2)	Multiply Line 7 by the Decimal on Line 10
403	399	Amt Income Tax Paid St or Cntry	10	N	309, Line 12b (2)	
404	400	Tot Income Taxable By Both	10	N	309, Line 13 (2)	From Part 1 Line 6
405	401	Tot Income Taxable By Other	10	N	309, Line 14 (2)	
406	402	Pct Income Taxable by Other	6	D(4,3)	309, Line 15 (2)	Divide Line 13 by Line 14 (Cannot be greater than 1.000)
407	403	Tot Amt Tax Paid Other	10	N	309, Line 16 (2)	Multiply Line 12 by the Decimal on Line 15
408	404	Credit Allow Tax Paid Other	10	N	309, Line 17 (2)	Enter smaller of Line 11 or 16 and on Form 301, Part 1, line 3, column a
409	405	Address of Solar Energy Device	35	A/N	310, Line 1a	
410	406	City of Solar Energy Device	21	A	310, Line 1b	
411	407	State of Solar Energy Device	2	A	310, Line 1c	
412	408	Zip Code of Solar Energy Device	9	N	310, Line 1d	Include zip plus 4 in last 4 digits or zero fill if not available
413	409	Cost of Solar Energy Device	10	N	310, Line 2	
414	410	Percentage of Cost Solar Energy Device	10	N	310, Line 3	AZ Credit Form 310 Multiply Line 2 by .25 (25%)
415	411	Enter Lesser of Line 3 or \$1000	10	N	310, Line 4	
416	412	Amt Credit Prior Years	10	N	310, Line 5	
417	413	Total Credit Current Prior Years	10	N	310, Line 6	Add Lines 4 and 5
418	414	Enter Lesser of Line 6 or \$1000	10	N	310, Line 7	
419	415	Subtotal Allowable Credit	10	N	310, Line 8	Subtract Line 5 from Line 7
420	416	Total Allowable Credit	10	N	310, Line 9	Enter smaller of Line 4 or Line 8
421	417	Original Credit Amount 10b	10	N	310, Line 10b	Enter Amount from Prior Year 5
422	418	Previous Used Amount 10c	10	N	310, Line 10c	Enter Amount from Prior Year 5
423	419	Available Carryover Amount 10d	10	N	310, Line 10d	Enter Amount from Prior Year 5
424	420	Original Credit Amount 11b	10	N	310, Line 11b	Enter Amount from Prior Year 4
425	421	Previous Used Amount 11c	10	N	310, Line 11c	Enter Amount from Prior Year 4
426	422	Available Carryover Amount 11d	10	N	310, Line 11d	Enter Amount from Prior Year 4
427	423	Original Credit Amount 12b	10	N	310, Line 12b	Enter Amount from Prior Year 3
428	424	Previous Used Amount 12c	10	N	310, Line 12c	Enter Amount from Prior Year 3
429	425	Available Carryover Amount 12d	10	N	310, Line 12d	Enter Amount from Prior Year 3
430	426	Original Credit Amount 13b	10	N	310, Line 13b	Enter Amount from Prior Year 2
431	427	Previous Used Amount 13c	10	N	310, Line 13c	Enter Amount from Prior Year 2
432	428	Available Carryover Amount 13d	10	N	310, Line 13d	Enter Amount from Prior Year 2
433	429	Original Credit Amount 14b	10	N	310, Line 14b	Enter Amount from Prior Year 1
434	430	Previous Used Amount 14c	10	N	310, Line 14c	Enter Amount from Prior Year 1
435	431	Available Carryover Amount 14d	10	N	310, Line 14d	Enter Amount from Prior Year 1
436	432	Total Available Carryover	10	N	310, Line 15	Add Lines 10 through 14 column d

Legend

Blue: Additions for TY2020

Yellow: Changes for TY2020

Dark Orange: Removed Items for TY2020

437	433	Current Year Credit	10	N	310, Line 16	Amount from Part 1 L9 and enter on Form 301, Part 1, line 4, column a
438	434	Current Available Carryover	10	N	310, Line 17	Amount from Part 2 L15 and enter on Form 301, Part 1, line 4, column b
439	435	Total Available Credit	10	N	310, Line 18	Add Lines 16 and 17 and enter on Form 301, Part 1, line 4, column c
440	436	Qualifying Charity Code 1	5	N	321, Line 1a	
441	437	Name of Qualifying Charity 1	30	A	321, Line 1b	
442	438	Amt Contributed 1	10	N	321, Line 1c	
443	439	Qualifying Charity Code 2	5	N	321, Line 2a	
444	440	Name of Qualifying Charity 2	30	A	321, Line 2b	
445	441	Amount Contributed 2	10	N	321, Line 2c	
446	442	Qualifying Charity Code 3	5	N	321, Line 3a	
447	443	Name of Qualifying Charity 3	30	A	321, Line 3b	
448	444	Amount Contributed 3	10	N	321, Line 3c	
449	445	Continuation Sheet 4h or Zero	10	N	321, Line 4	
450	446	Total Charitable Organizations	10	N	321, Line 5	Add lines 1-4 Column c
451	447	Qualifying Charity Code 4	5	N	321, Line 6a	
452	448	Name of Qualifying Charity 4	30	A	321, Line 6b	
453	449	Amt Contributed 4	10	N	321, Line 6c	
454	450	Qualifying Charity Code 5	5	N	321, Line 7a	
455	451	Name of Qualifying Charity 5	30	A	321, Line 7b	
456	452	Amt Contributed 5	5	N	321, Line 7c	
457	453	Qualifying Charity Code 6	5	N	321, Line 8a	
458	454	Name of Qualifying Charity 6	30	A	321, Line 8b	
459	455	Amt Contributed 6	10	N	321, Line 8c	
460	456	Continuation Sheet 9h or Zero	10	N	321, Line 9	
461	457	Total Qualifying Charity2	10	N	321, Line 10	Add lines 6-9 Column c
462	458	Total Cash Contri Qual Charity	10	N	321, Line 11	Add Lines 5 and 10
463	459	Allowable Charity Credit	10	N	321, Line 12	Household Enter \$400 Married Taxpayer Enter \$800
464	460	Current Year's Qualifying Charity Credit	10	N	321, Line 13	Enter smaller of Line 11 or Line 12
465	461	Original Credit Amount 14b	10	N	321, Line 14b	Enter Amount from Prior Year 5
466	462	Previous Used Amount 14c	10	N	321, Line 14c	Enter Amount from Prior Year 5
467	463	Available Credit Carryover 14d	10	N	321, Line 14d	Enter Amount from Prior Year 5
468	464	Original Credit Amount 15b	10	N	321, Line 15b	Enter Amount from Prior Year 4
469	465	Previous Used Amount 15c	10	N	321, Line 15c	Enter Amount from Prior Year 4
470	466	Available Credit Carryover 15d	10	N	321, Line 15d	Enter Amount from Prior Year 4
471	467	Original Credit Amount 16b	10	N	321, Line 16b	Enter Amount from Prior Year 3
472	468	Previous Used Amount 16c	10	N	321, Line 16c	Enter Amount from Prior Year 3
473	469	Available Credit Carryover 16d	10	N	321, Line 16d	Enter Amount from Prior Year 3
474	470	Original Credit Amount 17b	10	N	321, Line 17b	Enter Amount from Prior Year 2
475	471	Previous Used Amount 17c	10	N	321, Line 17c	Enter Amount from Prior Year 2
476	472	Available Credit Carryover 17d	10	N	321, Line 17d	Enter Amount from Prior Year 2
477	473	Original Credit Amount 18b	10	N	321, Line 18b	Enter Amount from Prior Year 1
478	474	Previous Used Amount 18c	10	N	321, Line 18c	Enter Amount from Prior Year 1
479	475	Available Credit Carryover 18d	10	N	321, Line 18d	Enter Amount from Prior Year 1
480	476	Total Available Credit Carryover	10	N	321, Line 19	Add Lines 14 through 18 Column d
481	477	Current Yr's Credit	10	N	321, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 9, column a
482	478	Available Carryover	10	N	321, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 9, column b
483	479	Total Available Credit	10	N	321, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 9, column c
484	480	CTDS Code 1	9	N	322, Line 1a	
485	481	Name of Public School 1	30	A	322, Line 1b	
486	482	School District Name/Number 1	30	A	322, Line 1c	
487	483	Amt of Fees Paid 1	10	N	322, Line 1d	
488	484	CTDS Code 2	9	N	322, Line 2a	
489	485	Name of Public School 2	30	A	322, Line 2b	
490	486	School District Name/Number 2	30	A	322, Line 2c	
491	487	Amt of Fees Paid 2	10	N	322, Line 2d	
492	488	CTDS Code 3	9	N	322, Line 3a	
493	489	Name of Public School 3	30	A	322, Line 3b	
494	490	School District Name/Number 3	30	A	322, Line 3c	
495	491	Amt of Fees Paid 3	10	N	322, Line 3d	
496	492	Continuation Sheet 4h or Zero	10	N	322, Line 4	
497	493	Cash Contributions Public Schools	10	N	322, Line 5	Add lines 1-4 Column d
498	494	CTDS Code 4	9	N	322, Line 6a	
499	495	Name of Public School 4	30	A	322, Line 6b	
500	496	School District Name/Number 4	30	A	322, Line 6c	
501	497	Amt of Fees Paid 4	10	N	322, Line 6d	
502	498	CTDS Code 5	9	N	322, Line 7a	
503	499	Name of Public School 5	30	A	322, Line 7b	
504	500	School District Name/Number 5	30	A	322, Line 7c	
505	501	Amt of Fees Paid 5	10	N	322, Line 7d	
506	502	CTDS Code 6	9	N	322, Line 8a	
507	503	Name of Public School 6	30	A	322, Line 8b	

Legend

Blue: Additions for TY2020

Yellow: Changes for TY2020

Dark Orange: Removed Items for TY2020

508	504	School District Name/Number 6	30	A	322, Line 8c	
509	505	Amt of Fees Paid 6	10	N	322, Line 8d	
510	506	Continuation Sheet 9h or Zero	10	N	322, Line 9	
511	507	Cash Contributions Public Schools2	10	N	322, Line 10	Add lines 6-9 Column d
512	508	Total Cash and Credit Contri Pub Schools	10	N	322, Line 11	Add Lines 5 and 10
513	509	Allowable Cash Contributions Public Schools	10	N	322, Line 12	Single Taxpayer or Heads of Household Enter \$200 Married Taxpayer Enter \$400
514	510	Current Year's Credit	10	N	322, Line 13	Enter smaller of Line 11 or Line 12
515	511	Original Credit Amount 14	10	N	322, Line 14b	Enter Amount from Prior Year 5
516	512	Previous Used Amount 14	10	N	322, Line 14c	Enter Amount from Prior Year 5
517	513	Available Credit Carryover 14	10	N	322, Line 14d	Enter Amount from Prior Year 5
518	514	Original Credit Amount 15	10	N	322, Line 15b	Enter Amount from Prior Year 4
519	515	Previous Used Amount 15	10	N	322, Line 15c	Enter Amount from Prior Year 4
520	516	Available Credit Carryover 15	10	N	322, Line 15d	Enter Amount from Prior Year 4
521	517	Original Credit Amount 16	10	N	322, Line 16b	Enter Amount from Prior Year 3
522	518	Previous Used Amount 16	10	N	322, Line 16c	Enter Amount from Prior Year 3
523	519	Available Credit Carryover 16	10	N	322, Line 16d	Enter Amount from Prior Year 3
524	520	Original Credit Amount 17	10	N	322, Line 17b	Enter Amount from Prior Year 2
525	521	Previous Used Amount 17	10	N	322, Line 17c	Enter Amount from Prior Year 2
526	522	Available Credit Carryover 17	10	N	322, Line 17d	Enter Amount from Prior Year 2
527	523	Original Credit Amount 18	10	N	322, Line 18b	Enter Amount from Prior Year 1
528	524	Previous Used Amount 18	10	N	322, Line 18c	Enter Amount from Prior Year 1
529	525	Available Credit Carryover 18	10	N	322, Line 18d	Enter Amount from Prior Year 1
530	526	Total Available Carryover	10	N	322, Line 19	Add lines 14-18 Column d
531	527	Current Year's Total Credit	10	N	322, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 10, column a
532	528	Available Credit Carryover	10	N	322, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 10, column b
533	529	Total Available Credit	10	N	322, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 10, column c
534	530	Name of School 1	30	A	323, Line 1a	
535	531	Street Address of School 1	30	A/N	323, Line 1b	
536	532	City State of School 1	30	A	323, Line 1c	
537	533	Amt of Contribution School 1	10	N	323, Line 1d	
538	534	Name of School 2	30	A	323, Line 2a	
539	535	Street Address of School 2	30	A/N	323, Line 2b	
540	536	City State of School 2	30	A	323, Line 2c	
541	537	Amt of Contribution School 2	10	N	323, Line 2d	
542	538	Name of School 3	30	A	323, Line 3a	
543	539	Street Address of School 3	30	A/N	323, Line 3b	
544	540	City State of School 3	30	A	323, Line 3c	
545	541	Amt of Contribution School 3	10	N	323, Line 3d	
546	542	Continuation Sheet 4h or Zero	10	N	323, Line 4	Amount from line 4h of Continuation Sheet or Zero.
547	543	Total Contributions School Prev Tuition	10	N	323, Line 5	Add lines 1-4 Column d
548	544	Name of School 6	30	A	323, Line 6a	
549	545	Street Address of School 6	30	A/N	323, Line 6b	
550	546	City State of School 6	30	A	323, Line 6c	
551	547	Amt of Contribution School 6	10	N	323, Line 6d	
552	548	Name of School 7	30	A	323, Line 7a	
553	549	Street Address of School 7	30	A/N	323, Line 7b	
554	550	City State of School 7	30	A	323, Line 7c	
555	551	Amt of Contribution School 7	10	N	323, Line 7d	
556	552	Name of School 8	30	A	323, Line 8a	
557	553	Street Address of School 8	30	A/N	323, Line 8b	
558	554	City State of School 8	30	A	323, Line 8c	
559	555	Amt of Contribution School 8	10	N	323, Line 8d	
560	556	Continuation Sheet 9h or Zero	10	N	322, Line 9	Amount from line 9h of Continuation Sheet or Zero.
561	557	Total Contributions School Tuition	10	N	323, Line 10	Add lines 6-9 Column d
562	558	Total Amt of Contribution Prev and Curr	10	N	323, Line 11	Add Lines 5 and 10
563	559	Allowable Contributions School Tuition	10	N	323, Line 12	Revised threshold amounts - Single Taxpayer or Heads of Household Enter \$593 Married Taxpayer Enter \$1186
564	560	Current Year's Credit	10	N	323, Line 13	Enter smaller of Line 11 or Line 12
565	561	Original Credit Amount 14	10	N	323, Line 14b	Enter Amount from Prior Year 5
566	562	Previous Used Amount 14	10	N	323, Line 14c	Enter Amount from Prior Year 5
567	563	Available Credit Carryover 14	10	N	323, Line14d	Enter Amount from Prior Year 5
568	564	Original Credit Amount 15	10	N	323, Line 15b	Enter Amount from Prior Year 4
569	565	Previous Used Amount 15	10	N	323, Line 15c	Enter Amount from Prior Year 4
570	566	Available Credit Carryover 15	10	N	323, Line 15d	Enter Amount from Prior Year 4
571	567	Original Credit Amount 16	10	N	323, Line 16b	Enter Amount from Prior Year 3
572	568	Previous Used Amount 16	10	N	323, Line 16c	Enter Amount from Prior Year 3
573	569	Available Credit Carryover 16	10	N	323, Line 16d	Enter Amount from Prior Year 3
574	570	Original Credit Amount 17	10	N	323, Line 17b	Enter Amount from Prior Year 2
575	571	Previous Used Amount 17	10	N	323, Line 17c	Enter Amount from Prior Year 2
576	572	Available Credit Carryover 17	10	N	323, Line 17d	Enter Amount from Prior Year 2
577	573	Original Credit Amount 18	10	N	323, Line 18b	Enter Amount from Prior Year 1
578	574	Previous Used Amount 18	10	N	323, Line 18c	Enter Amount from Prior Year 1
579	575	Available Credit Carryover 18	10	N	323, Line 18d	Enter Amount from Prior Year 1

Legend

Blue: Additions for TY2020

Yellow: Changes for TY2020

Dark Orange: Removed Items for TY2020

580	576	Total Available Carryover	10	N	323, Line 19	Add lines 14-18 Column d
581	577	Current Year's Total Credit	10	N	323, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 11, column a
582	578	Available Credit Carryover	10	N	323, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 11, column b
583	579	Total Available Credit	10	N	323, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 11, column c
584	580	Total Contributes Current Tx Yr	10	N	323, Line 23	Enter amount from Part 1, line 11
585	581	Max Credit Allow CR323	10	N	323, Line 24	Revised threshold amounts - Single Taxpayer or Heads of Household Enter \$593 Married Taxpayer Enter \$1186
586	582	Total Excess Contributions	10	N	323, Line 25	Form 348, Subtract 24 from 23 or Zero
587	583	ADVS Receipt Yes	1	A	340, Box 1-YES	X or null
588	584	ADVS Receipt No	1	A	340, Box 1-NO	X or null
589	585	Qualified Donations pre-9/11	10	N	340, Line 2	
590	586	Qualified Donations post-9/11	10	N	340, Line 3	
591	587	Total Qualified Donations	10	N	340, Line 4	Add lines 2 and 3
592	588	Allowable Qualified Donations	10	N	340, Line 5	Single Taxpayer or Heads of Household Enter \$200 Married Taxpayer Enter \$400
593	589	Current Year's Credit	10	N	340, Line 6	Enter smaller of Line 4 or Line 5. Form 301, Part 1, line 19, columns a and c
594	590	Claiming School Credit Form 323 Yes	1	A	348, Box 1a-YES	X or null
595	591	Claiming School Credit Form 323 No	1	A	348, Box 1a-NO	X or null
596	592	Excess School Credit Form 323 Yes	1	A	348, Box 1b-YES	X or null
597	593	Excess School Credit Form 323 No	1	A	348, Box 1b-NO	X or null
598	594	Claiming Carryover Only Yes	1	A	348, Box 1c-YES	X or null
599	595	Claiming Carryover Only No	1	A	348, Box 1c-NO	X or null
600	596	Name of School 1	30	A	348, Line 2a	
601	597	Address of School 1	30	A/N	348, Line 2b	
602	598	City State of School 1	30	A	348, Line 2c	
603	599	Amt of Contribution 1	10	N	348, Line 2d	
604	600	Name of School 2	30	A	348, Line 3a	
605	601	Address of School 2	30	A/N	348, Line 3b	
606	602	City State of School 2	30	A	348, Line 3c	
607	603	Amt of Contribution 2	10	N	348, Line 3d	
608	604	Name of School 3	30	A	348, Line 4a	
609	605	Address of School 3	30	A/N	348, Line 4b	
610	606	City State of School 3	30	A	348, Line 4c	
611	607	Amt of Contribution 3	10	N	348, Line 4d	
612	608	Continuation Sheet 5h or Zero	10	N	348, Line 5	Amount from line 5h of Continuation Sheet or Zero.
613	609	Total Contributions Certified School Tuition Prev Yr	10	N	348, Line 6	Add lines 2-5 Column d
614	610	Name of School 4	30	A	348, Line 7a	
615	611	Address of School 4	30	A/N	348, Line 7b	
616	612	City State of School 4	30	A	348, Line 7c	
617	613	Amt of Contribution 4	10	N	348, Line 7d	
618	614	Name of School 5	30	A	348, Line 8a	
619	615	Address of School 5	30	A/N	348, Line 8b	
620	616	City State of School 5	30	A	348, Line 8c	
621	617	Amt of Contribution 5	10	N	348, Line 8d	
622	618	Name of School 6	30	A	348, Line 9a	
623	619	Address of School 6	30	A/N	348, Line 9b	
624	620	City State of School 6	30	A	348, Line 9c	
625	621	Amt of Contribution 6	10	N	348, Line 9d	
626	622	Continuation Sheet 10h or Zero	10	N	348, Line 10	Amount from line 10h of Continuation Sheet or Zero.
627	623	Total Contributions Certified School Tuition	10	N	348, Line 11	Add lines 7-10 Column d
628	624	Total Contributions Prev and Curr	10	N	348, Line 12	Add lines 6 and 11
629	625	Allowable Credit Claimed Form 323	10	N	348, Line 13	Single Taxpayer or Heads of Household Enter \$593 Married Taxpayer Enter \$1186
630	626	Potential Credit	10	N	348, Line 14	Subtract Line 13 from Line 12
631	627	Allowable Max Credit	10	N	348, Line 15	Revised threshold amounts - Single Taxpayer or Heads of Household Enter \$590 Married Taxpayer Enter \$1179
632	628	Current Year's Credit	10	N	348, Line 16	Enter smaller of Line 14 or Line 15
633	629	Original Credit Amount 17b	10	N	348, Line 17b	Enter Amount from Prior Year 5
634	630	Previous Used Amount 17c	10	N	348, Line 17c	Enter Amount from Prior Year 5
635	631	Available Credit Carryover 17d	10	N	348, Line 17d	Enter Amount from Prior Year 5
636	632	Original Credit Amount 18b	10	N	348, Line 18b	Enter Amount from Prior Year 4
637	633	Previous Used Amount 18c	10	N	348, Line 18c	Enter Amount from Prior Year 4
638	634	Available Credit Carryover 18d	10	N	348, Line 18d	Enter Amount from Prior Year 4
639	635	Original Credit Amount 19b	10	N	348, Line 19b	Enter Amount from Prior Year 3
640	636	Previous Used Amount 19c	10	N	348, Line 19c	Enter Amount from Prior Year 3
641	637	Available Credit Carryover 19d	10	N	348, Line 19d	Enter Amount from Prior Year 3
642	638	Original Credit Amount 20b	10	N	348, Line 20b	Enter Amount from Prior Year 2
643	639	Previous Used Amount 20c	10	N	348, Line 20c	Enter Amount from Prior Year 2
644	640	Available Credit Carryover 20d	10	N	348, Line 20d	Enter Amount from Prior Year 2
645	641	Original Credit Amount 21b	10	N	348, Line 21b	Enter Amount from Prior Year 1
646	642	Previous Used Amount 21c	10	N	348, Line 21c	Enter Amount from Prior Year 1
647	643	Available Credit Carryover 21d	10	N	348, Line 21d	Enter Amount from Prior Year 1
648	644	Total Available Carryover	10	N	348, Line 22	Add lines 17-21 Column d

Legend

Blue: Additions for TY2020

Yellow: Changes for TY2020

Dark Orange: Removed Items for TY2020

649	645	Current Year's Total Credit	10	N	348, Line 23	Amount from Part 1 L16 and enter on Form 301, Part 1, line 24, column a
650	646	Available Credit Carryover	10	N	348, Line 24	Amount from Part 2 L22 and enter on Form 301, Part 1, line 24, column b
651	647	Total Available Credit	10	N	348, Line 25	Add lines 23 and 24 and enter on Form 301, Part 1, line 24, column c
652	648	Foster Care Charity Code 1	5	N	352, Line 1a	
653	649	Name of Qualifying Foster Care Charity 1	30	A	352, Line 1b	
654	650	Amt Contributed 1	10	N	352, Line 1c	
655	651	Foster Care Charity Code 2	5	N	352, Line 2a	
656	652	Name of Qualifying Foster Care Charity 2	30	A	352, Line 2b	
657	653	Amount Contributed 2	10	N	352, Line 2c	
658	654	Foster Care Charity Code 3	5	N	352, Line 3a	
659	655	Name of Qualifying Foster Care Charity 3	30	A	352, Line 3b	
660	656	Amt Contributed 3	10	N	352, Line 3c	
661	657	Continuation Sheet 4h or Zero	10	N	352, Line 4	
662	658	Total Qualifying Foster Care Charity	10	N	352, Line 5	Add lines 1-4 Column c
663	659	Foster Care Charity Code 4	5	N	352, Line 6a	
664	660	Name of Qualifying Foster Care Charity 4	30	A	352, Line 6b	
665	661	Amt Contributed 4	10	N	352, Line 6c	
666	662	Foster Care Charity Code 5	5	N	352, Line 7a	
667	663	Name of Qualifying Foster Care Charity 5	30	A	352, Line 7b	
668	664	Amount Contributed 5	10	N	352, Line 7c	
669	665	Foster Care Charity Code 6	5	N	352, Line 8a	
670	666	Name of Qualifying Foster Care Charity 6	30	A	352, Line 8b	
671	667	Amt Contributed 6	10	N	352, Line 8c	
672	668	Continuation Sheet 9h or Zero	10	N	352, Line 9	
673	669	Total Qualifying Charity2	10	N	352, Line 10	Add lines 6-9 Column c
674	670	Total Cash Contri Qual Charity	10	N	352, Line 11	Add lines 5 and 10
675	671	Allowable Charity Credit	10	N	352, Line 12	Married Taxpayer Enter \$1000
676	672	Current Year's Qualifying Charity Credit	10	N	352, Line 13	Enter smaller of Line 11 or Line 12
677	673	Original Credit Amount 14b	10	N	352, Line 14b	Enter Amount from Prior Year 4
678	674	Previous Used Amount 14c	10	N	352, Line 14c	Enter Amount from Prior Year 4
679	675	Available Credit Carryover 14d	10	N	352, Line 14d	Enter Amount from Prior Year 4
680	676	Original Credit Amount 15b	10	N	352, Line 15b	Enter Amount from Prior Year 3
681	677	Previous Used Amount 15c	10	N	352, Line 15c	Enter Amount from Prior Year 3
682	678	Available Credit Carryover 15d	10	N	352, Line 15d	Enter Amount from Prior Year 3
683	679	Original Credit Amount 16b	10	N	352, Line 16b	Enter Amount from Prior Year 2
684	680	Previous Used Amount 16c	10	N	352, Line 16c	Enter Amount from Prior Year 2
685	681	Available Credit Carryover 16d	10	N	352, Line 16d	Enter Amount from Prior Year 2
686	682	Original Credit Amount 17b	10	N	352, Line 17b	Enter Amount from Prior Year 1
687	683	Previous Used Amount 17c	10	N	352, Line 17c	Enter Amount from Prior Year 1
688	684	Available Credit Carryover 17d	10	N	352, Line 17d	Enter Amount from Prior Year 1
689	685	Original Credit Amount 18b	10	N	352, Line 18b	Enter Amount from Prior Year 0
690	686	Previous Used Amount 18c	10	N	352, Line 18c	Enter Amount from Prior Year 0
691	687	Available Credit Carryover 18d	10	N	352, Line 18d	Enter Amount from Prior Year 0
692	688	Total Available Credit Carryover	10	N	352, Line 19	Add Lines 14 through 18 Column d
693	689	Current Yr's Credit	10	N	352, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 25, column a
694	690	Available Carryover	10	N	352, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 25, column b
695	691	Total Available Credit	10	N	352, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 25, column c
696	692	Trailer	5	A	*EOD*	

Legend

Blue: Additions for TY2020

Yellow: Changes for TY2020

Dark Orange: Removed Items for TY2020

Arizona 140PY - Part Year Resident Return						
2D Barcode Record Layout						
2019 FIELD NO	2020 FIELD NO	FIELD NAME	LENGTH	TYPE	FORM & Line Number	BUSINESS RULE
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	2020
6	6	Tax Year Ending Date	8	N	140PY, 66F	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	No hyphens
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 SSN 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	Or province if Canadian address
19	19	Zip Code	9	A/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	Married/Joint	1	A	140PY, 4	X or null
22	22	Injured Spouse Protection of Joint Overpayment	1	A	140PY, 4A	X or null
23	23	Head of Household	1	A	140PY, 5	X or null
24	24	Married filing Separate	1	A	140PY, 6	X or null
25	25	Single	1	A	140PY, 7	X or null
26	26	Age 65 or over	1	N	140PY, 8	
27	27	Blind	1	N	140PY, 9	
28	28	Dependents: Under age of 17	2	N	140PY, Line 10a	Dependents Under Age 17
29	29	Dependents: Age 17 and over	2	N	140PY, Line 10b	Dependents: Age 17 and over
30	30	Parents/Ancestors	2	N	140PY, 11a	
31	31	6 Month Extension	1	A	140PY, 82F	X or null
32	32	Part Year Other	1	A	140PY, 12	X or null
33	33	Part Year Active Military	1	A	140PY, 13	X or null
34	34	Dependent Information Additional Space	1	A	140PY, Box 10ab	X or null
35	35	Dependent 1 First Name	10	A	140PY, 10c (a1)	
36	36	Dependent 1 Last Name	10	A	140PY, 10c (a2)	
37	37	Dependent 1 SSN	9	N	140PY, 10c (b)	No hyphens
38	38	Dependent 1 Relationship	12	A	140PY, 10c (c)	
39	39	Dependent 1 Months	2	N	140PY, 10c (d)	Valid Values are (0 - 12)
40	40	Dependent 1 Age included in	1	A	140PY, Box 10c (e1)	X or null
41	41	Dependent 1 Age included in	1	A	140PY, Box 10c (e2)	X or null
42	42	Dependent 1 Name Education	1	A	140PY, 10c (f)	X or null
43	43	Dependent 2 First Name	10	A	140PY, 10d (a1)	
44	44	Dependent 2 Last Name	10	A	140PY, 10d (a2)	
45	45	Dependent 2 SSN	9	N	140PY, 10d (b)	No hyphens
46	46	Dependent 2 Relationship	12	A	140PY, 10d (c)	
47	47	Dependent 2 Months	2	N	140PY, 10d (d)	Valid Values are (0 - 12)
48	48	Dependent 2 Age included in	1	A	140PY, Box 10d (e1)	X or null
49	49	Dependent 2 Age included in	1	A	140PY, Box 10d (e2)	X or null
50	50	Dependent 2 Name Education	1	A	140PY, 10d (f)	X or null
51	51	Parent Info More Space--Qualifying Ancestors	1	A	140PY, Box 11a	X or null
52	52	Parent 1 First Name	10	A	140PY, 11b (a1)	
53	53	Parent 1 Last Name	10	A	140PY, 11b (a2)	
54	54	Parent 1 SSN	9	N	140PY, 11b (b)	No hyphens
55	55	Parent 1 Relationship	12	A	140PY, 11b (c)	
56	56	Parent 1 Months	2	N	140PY, 11b (d)	Valid Values are (0 - 12)
57	57	Parent 1 Age 65+	1	A	140PY, 11b (e)	X or null
58	58	Parent 1 Deceased In Tax Year	1	A	140PY, 11b (f)	X or null
59	59	Parent 2 First Name	10	A	140PY, 11c (a1)	
60	60	Parent 2 Last Name	10	A	140PY, 11c (a2)	
61	61	Parent 2 SSN	9	N	140PY, 11c (b)	No hyphens
62	62	Parent 2 Relationship	12	A	140PY, 11c (c)	
63	63	Parent 2 Months	2	N	140PY, 11c (d)	Valid Values are (0 - 12)
64	64	Parent 2 Age 65+	1	A	140PY, 11c (e)	X or null
65	65	Parent 2 Deceased In Tax Year	1	A	140PY, 11c (f)	X or null
66	66	Date of AZ Residence	17	N	140PY, 14	MMDDCCYY,MMDDCCYY Comma Delimited
67	67	Wages, Salaries Fed	10	N	140PY, Line 15Fed	
68	68	Wages, Salaries AZ	10	N	140PY, Line 15AZ	
69	69	Interest Fed	10	N	140PY, Line 16Fed	
70	70	Interest AZ	10	N	140PY, Line 16AZ	
71	71	Dividends Fed	10	N	140PY, Line 17Fed	
72	72	Dividends AZ	10	N	140PY, Line 17AZ	
73	73	AZ Inc Tax Refnd Fed	10	N	140PY, Line 18Fed	
74	74	AZ Inc Tax Refund AZ	10	N	140PY, Line 18AZ	

Legend

Blue: Additions for TY2020

Yellow: Changes for TY2020

Dark Orange: Removed Items for TY2020

75	75	Business Inc (C) Fed	10	N	140PY, Line 19Fed	
76	76	Business Inc (C) AZ	10	N	140PY, Line 19AZ	
77	77	Gain/Loss (D) Fed	10	N	140PY, Line 20Fed	
78	78	Gain/Loss (D) AZ	10	N	140PY, Line 20AZ	
79	79	Rents etc (E) Fed	10	N	140PY, Line 21Fed	
80	80	Rents etc (E) AZ	10	N	140PY, Line 21AZ	
81	81	Other Fed Income Fed	10	N	140PY, Line 22Fed	
82	82	Other Fed Income AZ	10	N	140PY, Line 22AZ	
83	83	Total Income Fed	10	N	140PY, Line 23 Fed	Add lines 15-22 FED
84	84	Total Income AZ	10	N	140PY, Line 23AZ	Add lines 15-22 AZ
85	85	Other Fed Adjust Fed	10	N	140PY, Line 24 Fed	
86	86	Other Fed Adjust AZ	10	N	140PY, Line 24 AZ	
87	87	Fed Adjusted Gross	10	N	140PY, Line 25	Subtract lines 24 from line 23 in FEDERAL column
88	88	Arizona Income	10	N	140PY, Line 26	Subtract lines 24 from line 23 in ARIZONA column
89	89	Arizona Income Ratio	5	D(4,3)	140PY, Line 27	Divide line 26 by line 25 Enter 100% as 1.000; 50% as 0.500; 80.63% as 0.806
90	90	Total Depreciation	10	N	140PY, Line 28	
91	91	Net capital (loss) derived from the exchange of legal tender	10	N	140PY, Line 29	
92	92	Other Additions	10	N	140PY, Line 30	Total from page 5 worksheet
93	93	Total Additions	10	N	140PY, Line 31	Add lines 26, 28, 29 and 30
94	94	Total Arizona sourced net capital Gain/Loss	10	N	140PY, Line 32	
95	95	Total Net Short-Term Capital Gains	10	N	140PY, Line 33	
96	96	Total Net Long-Term Capital Gains	10	N	140PY, Line 34	
97	97	Total Capital Gains Assets	10	N	140PY, Line 35	
98	98	Allowable Subtraction Calculation	10	N	140PY, Line 36	Multiply Line 35 by 25% (.25)
99	99	Net Capital Gain - Investment In Qual. Small Business	10	N	140PY, Line 37	
100	100	Net capital (gain) derived from the exchange of legal tender	10	N	140PY, Line 38	
101	101	Subtractions from Income	10	N	140PY, Line 39	Subtract lines 36, 37, and 38 from line 31
102	102	Recalculated Arizona Depreciation	10	N	140PY, Line 40	
103	103	Contributions To 529 College Savings Plans	10	N	140PY, Line 41	
104	104	Int. Savings Bond	10	N	140PY, Line 42	
105	105	US Social Security AZ	10	N	140PY, Line 43	
106	106	Other Subtractions	10	N	140PY, Line 44	Total from page 5 worksheet
107	107	Total Subtractions	10	N	140PY, Line 45	Subtract lines 40 through 44 from line 39
108	108	Age 65 Exempt Amt	10	N	140PY, Line 46	Multiply the number in Box 8 by \$2100
109	109	Blind Exempt Amount	10	N	140PY, Line 47	Multiply the number in Box 9 by \$1500
110	110	Total other exemptions	2	N	140PY, Line 48E	Amount from page 4, part 3
111	111	Other Exemptions	10	N	140PY, Line 48	Multiply the number in Box 48E by \$2300
112	112	Qulfy Parent Exempt Amount	10	N	140PY, Line 49	Multiply the number in Box 11a by \$10000
113	113	Total Exemptions	10	N	140PY, Line 50	Add lines 46 through 49
114	114	AZ Exemption Portion	10	N	140PY, Line 51	Multiply line 50 by the Arizona Income Ratio on line 27
115	115	Az Adjusted Gross	10	N	140PY, Line 52	Subtract Line 51 from Line 45 If < zero, enter "0"
116	116	Itemized Deductions	1	A	140PY, 53 I	X or null
117	117	Standard Deductions	1	A	140PY, 53 S	X or null
118	118	Deduction Amount	10	N	140PY, Line 53	ITEMIZED OR PRORATED IF NOT MILITARY Single, Married Filing Separate = \$12,400 Married Filing Jointly = \$24,800 Head of Household = \$18,650
119	119	Claiming Charitable Deductions	1	A	140PY, Line 54C	X or null
120	120	Additional Charitable Deductions	10	N	140PY, Line 54	Total from Line 7C, page 3 Qualifying Charitable Deductions
121	121	Az Taxable Income	10	N	140PY, Line 55	Subtract Lines 53 and 54 from Line 52
122	122	Computed Tax	10	N	140PY, Line 56	Compute the Tax using amount on Line 55 and Tax Table X or Y
123	123	Tax from Recapture Credits	10	N	140PY, Line 57	Amount from AZ Credit Form 301 Part 2 Line 31
124	124	Subtotal of tax	10	N	140PY, Line 58	Add lines 56 and 57
125	125	Dependent Credit	10	N	140PY, Line 59	Amount calculated from totals in Boxes 10a and 10b
126	126	Family Income Tax Credit	10	N	140PY, Line 60	
127	127	Non-Refundable Credits from AZ Credit Forms	10	N	140PY, Line 61	Amount from AZ Credit Form 301 Part 2 Line 61
128	128	Balance of Tax	10	N	140PY, Line 62	Subtract Lines 59, 60 and 61 from Line 58. If sum is > line 58, enter "0"
129	129	Withholding	10	N	140PY, Line 63	
130	130	Estimated Payments	10	N	140PY, Line 64a	
131	131	Claim of Right	10	N	140PY, Line 64b	
132	132	Total Estimated Payments	10	N	140PY, Line 64c	Add lines 64a and 64b
133	133	Extension Payments	10	N	140PY, Line 65	
134	134	Increased Excise Tax Credit	10	N	140PY, Line 66	Use worksheet to determine amount.
135	135	Refundable Credit Form 308-I	1	A	140PY, 67-1	"X" or null
136	136	Refundable Credit Form 349	1	A	140PY, 67-2	"X" or null
137	137	Other Refundable Credits	10	N	140PY, Line 67	
138	138	Total Payments	10	N	140PY, Line 68	Add Lines 63 through 67
139	139	Tax Due	10	N	140PY, Line 69	If line 62 > line 68 subtract 68 from 62 and enter tax due
140	140	Overpayment	10	N	140PY, Line 70	If line 68 > line 62 subtract 62 from 68 and enter
141	141	Next Year's Est Pmt	10	N	140PY, Line 71	Amount of Line 70 to be applied to 2021 estimated tax
142	142	Bal of Overpayment	10	N	140PY, Line 72	Subtract Line 71 from 70
143	143	Solutions Teams Assigned To Schools Contrib	10	N	140PY, 73	
144	144	Wildlife Contrib	10	N	140PY, 74	

Legend

Blue: Additions for TY2020

Yellow: Changes for TY2020

Dark Orange: Removed Items for TY2020

145	145	Child Abuse Contrib	10	N	140PY, 75	
146	146	Domestic Violence Contrib	10	N	140PY, 76	
147	147	Political Contrib	10	N	140PY, 77	
148	148	Neighbors Helping Contrib	10	N	140PY, 78	
149	149	Special Olympics Contrib	10	N	140PY, 79	
150	150	Veterans' Donation Fund	10	N	140PY, 80	
151	151	I Didn't Pay Enough Fund	10	N	140PY, 81	
152	152	Sustainable State Parks and Road Fund	10	N	140PY, 82	
153	153	Spay/Neuter of Animals	10	N	140PY, 83	
154	154	Democratic Party	1	A	140PY, 84-1	"X" or null
155	155	Green Party	1	A	140PY, 84-2	"X" or null
156	155	Libertarian Party	1	A	140PY, 84-2	Line number change - "X" or null
157	156	Republican Party	1	A	140PY, 84-3	Line number change - "X" or null
158	157	Est Pmt Pen	10	N	140PY, 85	
159	158	Annualized Other	1	A	140PY, 86-1	Y or null
160	159	Farmer/Fisherman	1	A	140PY, 86-2	Y or null
161	160	Form 221 Attached	1	A	140PY, 86-3	Y or null
162	161	Tot Contrib/Penalty	10	N	140PY, Line 87	Add lines 73 - 83 and 85
163	162	Refund Amount	10	N	140PY, Line 88	Subtract Line 87 from 72, If < 0, enter amount owed on line 89
164	163	Foreign Account	1	A	140PY, 88A	Y or Null; If "Y", Fields 164-167 should be disabled.
165	164	Dir Dep Routing Nbr	9	N	140PY, 98	For direct deposit; direct debit is not supported.
166	165	Dir Dep Account Nbr	17	A/N	140PY, 98	For direct deposit; direct debit is not supported.
167	166	Dir Dep Checking	1	A	140PY, 98	X or null; direct deposit only
168	167	Dir Dep Savings	1	A	140PY, 98	X or null; direct deposit only
169	168	Amount Owed	10	N	140PY, Line 89	Add lines 69 and 87
170	169	Prior Last Names	20	A	Front Page, 97	Comma delimited
171	170	Primary Occupation	16	A	140PY, pg2	
172	171	Spouse Occupation	16	A	140PY, pg2	
173	172	Preparer Name	35	A/N	140PY, pg2	
174	173	Preparer FEIN	9	N	140PY, pg2	No hyphens
175	174	Preparer Address	35	A/N	140PY, pg2	
176	175	Preparer City	21	A	140PY, pg2	
177	176	Preparer State	2	A	140PY, pg2	
178	177	Preparer Zip Code	9	N	140PY, pg2	
179	178	Paid Preparer Phone Number	10	N	140PY, pg2	
180	179	Gifts by Cash or Check	10	N	140PY, pg3, Line 1C	
181	180	Other than by Cash or Check	10	N	140PY, pg3, Line 2C	
182	181	Carryover Prior Year	10	N	140PY, pg3, Line 3C	
183	182	Sum lines 1C thru 3C	10	N	140PY, pg3, Line 4C	Add lines 1C thru 3C
	183	Federal Charitable contribution deduction	10	N	140PY, pg3, Line 5C	
184	184	Total Char Ded Claiming a AZ credit	10	N	140PY, pg3, Line 6C	
185	185	Total Subtraction	10	N	140PY, pg3, Line 7C	Subtract line 5C and 6C from line 4C
186	186	Total Increase	10	N	140PY, pg3, Line 8C	Multiply line 7C by .25
187	187	Medical/Dental Expenses	10	N	FedSchA(2-D) 1	
188	188	Adjusted Gross Income	10	N	FedSchA(2-D) 2	
189	189	Medical Allowance	10	N	FedSchA(2-D) 3	
190	190	Total Medical/Dental	10	N	FedSchA(2-D) 4	
191	191	State and Local Taxes	10	N	FedSchA(2-D) 5a	
192	192	Real Estate Taxes	10	N	FedSchA(2-D) 5b	
193	193	Personal Property Taxes	10	N	FedSchA(2-D) 5c	
194	194	Other Taxes	10	N	FedSchA(2-D) 6	
195	195	Total Other Taxes	10	N	FedSchA(2-D) 7	
196	196	Mortgage Interest from 1098	10	N	FedSchA(2-D) 8a	
197	197	Other Mortgage Interest	10	N	FedSchA(2-D) 8b	
198	198	Deductible Points	10	N	FedSchA(2-D) 8c	
199	199	Investment Interest	10	N	FedSchA(2-D) 9	
200	200	Total Interest	10	N	FedSchA(2-D) 10	
201	201	Total Cash/Check Contrib	10	N	FedSchA(2-D) 11	
202	202	Non-Cash/Check Contrib	10	N	FedSchA(2-D) 12	
203	203	Carryover Prior Year	10	N	FedSchA(2-D) 13	
204	204	Total Contrib	10	N	FedSchA(2-D) 14	
205	205	Casualty/Theft Loss	10	N	FedSchA(2-D) 15	
206	206	Tot Other Misc Deduct	10	N	FedSchA(2-D) 16	
207	207	Total Item Deduct	10	N	FedSchA(2-D) 17	
208	208	Medical/Dental Expenses	10	N	AZSchA(PY)/(PYN) 1	
209	209	Taxes Allowed	10	N	AZSchA(PY)/(PYN) 2	
210	210	Interest Expense	10	N	AZSchA(PY)/(PYN) 3	
	211	Fed Credit Int Paid	10	N	AZSchA(PY)/(PYN) 4	
211	212	Gifts Charity Allowed on Fed	10	N	AZSchA(PY)/(PYN) 5	Formerly Line 4
212	213	Casualty Loss 4684	10	N	AZSchA(PY)/(PYN) 6	Formerly Line 5
213	214	Amount of Loss AZ	10	N	AZSchA(PY)/(PYN) 7	Formerly Line 6

Legend
 Blue: Additions for TY2020
 Yellow: Changes for TY2020
 Dark Orange: Removed Items for TY2020

214	215	Miscellaneous Fed	10	N	AZSchA(PY)/(PYN) 8	Formerly Line 7
215	216	Tot Other Expense Misc	10	N	AZSchA(PY)/(PYN) 9	Add lines 1,2,3,4,5,7 and 8, Formerly Line 8
	217	State Inc Tax Adjust	10	N	AZSchA(PY)/(PYN) 10	
	218	Char Contributions taking AZ credit	10	N	AZSchA(PY)/(PYN) 11	
	219	Total Adjustments	10	N	AZSchA(PY)/(PYN) 12	Subtract lines 10 and 11 from line 9
216	220	Part2 Med/Dent Exp	10	N	AZSchA (PYN) 13	Formerly Line 9
217	221	Part2 Fed Med Deduct	10	N	AZSchA (PYN) 14	Formerly Line 10
218	222	Part2 Med Add Adjust	10	N	AZSchA (PYN) 15	Formerly Line 11
219	223	Part2 Med Subt Adj	10	N	AZSchA (PYN) 16	Formerly Line 12
220	224	Part2 Fed Credit Int Paid	10	N	AZSchA (PYN) 17	Formerly Line 13
221	225	Part2 Contrib Ad	10	N	AZSchA (PYN) 18	Formerly Line 14
	226	Adj to State Income Tax	10	N	AZSchA (PYN) 19	
222	227	Part2 Sum Add Adj	10	N	AZSchA (PYN) 20	Add lines 15 and 17, Formerly Line 15
223	228	Part2 Sum Subt Adj	10	N	AZSchA (PYN) 21	Add lines 16, 18 and 19, Formerly Line 16
224	229	Part2 Tot Fed Item Deductions	10	N	AZSchA (PYN) 22	Formerly Line 17
225	230	Part2 SumTotAzItem Deduct	10	N	AZSchA (PYN) 24	Add amounts from lines 22 and 23, Formerly Line 19
226	231	Part2 Subt Subtotal	10	N	AZSchA (PYN) 26	subtract line 25 from 24, Formerly Line 21
227	232	Part2 Subt Sum	10	N	AZSchA (PYN) 27	subtract line 12 from 26, Formerly Line 22
228	233	Part2 Az Percentage	5	D(4,3)	AZSchA (PYN) 28	Formerly Line 23
229	234	Part2 Multi Sum	10	N	AZSchA (PYN) 29	Multiply Line 27 by ratio on Line 28, Formerly 24
230	235	Part2 Az Item Deduct	10	N	AZSchA (PYN) 30	Add lines 12 and 29, Formerly 25
231	236	Employer ID (1)	9	N	W-2 (1st Wage Statement)	No hyphens
232	237	Employees SSN (1)	9	N	W-2 (1st Wage Statement)	No hyphens
233	238	Arizona Wages (1)	10	N	W-2 (1st Wage Statement)	
234	239	Arizona Withholding (1)	10	N	W-2 (1st Wage Statement)	
235	240	Employer ID (2)	9	N	W-2 (2nd Wage Statement)	No hyphens
236	241	Employees SSN (2)	9	N	W-2 (2nd Wage Statement)	No hyphens
237	242	Arizona Wages (2)	10	N	W-2 (2nd Wage Statement)	
238	243	Arizona Withholding (2)	10	N	W-2 (2nd Wage Statement)	
239	244	Employer ID (3)	9	N	W-2 (3rd Wage Statement)	No hyphens
240	245	Employees SSN (3)	9	N	W-2 (3rd Wage Statement)	No hyphens
241	246	Arizona Wages (3)	10	N	W-2 (3rd Wage Statement)	
242	247	Arizona Withholding (3)	10	N	W-2 (3rd Wage Statement)	
243	248	Employer ID (4)	9	N	W-2 (4th Wage Statement)	No hyphens
244	249	Employees SSN (4)	9	N	W-2 (4th Wage Statement)	No hyphens
245	250	Arizona Wages (4)	10	N	W-2 (4th Wage Statement)	
246	251	Arizona Withholding (4)	10	N	W-2 (4th Wage Statement)	
247	252	Payer's ID (1)	9	N	1099-R (1st Statement)	No hyphens
248	253	Recipient's SSN (1)	9	N	1099-R (1st Statement)	No hyphens
249	254	1099 Gross Amt (1)	10	N	1099-R (1st Statement)	
250	255	1099 Taxable Amount (1)	10	N	1099-R (1st Statement)	
251	256	1099 Az WH (1)	10	N	1099-R (1st Statement)	
252	257	Payer's ID (2)	9	N	1099-R (2nd Statement)	No hyphens
253	258	Recipient's SSN (2)	9	N	1099-R (2nd Statement)	No hyphens
254	259	1099 Gross Amt (2)	10	N	1099-R (2nd Statement)	
255	260	1099 Taxable Amount (2)	10	N	1099-R (2nd Statement)	
256	261	1099 Az WH (2)	10	N	1099-R (2nd Statement)	
257		Environ Tech Fac Credit a	10	N	301, Line 1a (Form 305)	
258		Environ Tech Fac Credit b	10	N	301, Line 1b (Form 305)	
259		Environ Tech Fac Credit c	10	N	301, Line 1c (Form 305)	
260	262	Military Reuse Zone Credit b	10	N	301, Line 1b (Form 306)	Line number change
261	263	Military Reuse Zone Credit c	10	N	301, Line 1c (Form 306)	Line number change
262	264	Increased Research Act Ind Credit a	10	N	301, Line 2a (Form 308-I)	Line number change
263	265	Increased Research Act Ind Credit b	10	N	301, Line 2b (Form 308-I)	Line number change
264	266	Increased Research Act Ind Credit c	10	N	301, Line 2c (Form 308-I)	Line number change
265	267	Tax Paid Other State Cntry Credit a	10	N	301, Line 3a (Form 309)	Line number change
266	268	Tax Paid Other State Cntry Credit c	10	N	301, Line 3c (Form 309)	Line number change
267	269	Solar Energy Devices Credit a	10	N	301, Line 4a (Form 310)	Line number change
268	270	Solar Energy Devices Credit b	10	N	301, Line 4b (Form 310)	Line number change
269	271	Solar Energy Devices Credit c	10	N	301, Line 4c (Form 310)	Line number change
270	272	Agri Water Conserv Sys Credit a	10	N	301, Line 5a (Form 312)	Line number change
271	273	Agri Water Conserv Sys Credit b	10	N	301, Line 5b (Form 312)	Line number change
272	274	Agri Water Conserv Sys Credit c	10	N	301, Line 5c (Form 312)	Line number change
273	275	Polution Control Credit a	10	N	301, Line 6a (Form 315)	Line number change
274	276	Polution Control Credit b	10	N	301, Line 6b (Form 315)	Line number change
275	277	Polution Control Credit c	10	N	301, Line 6c (Form 315)	Line number change
276	278	Solar Heat and Elect Veh Outlets Credit b	10	N	301, Line 7b (Form 319)	Line number change
277	279	Solar Heat and Elect Veh Outlets Credit c	10	N	301, Line 7c (Form 319)	Line number change
278	280	Employ TANF Recipients Credit a	10	N	301, Line 8a (Form 320)	Line number change
279	281	Employ TANF Recipients Credit b	10	N	301, Line 8b (Form 320)	Line number change
280	282	Employ TANF Recipients Credit c	10	N	301, Line 8c (Form 320)	Line number change
281	283	Contrib Qual Chart Orgns Credit a	10	N	301, Line 9a (Form 321)	Line number change
282	284	Contrib Qual Chart Orgns Credit b	10	N	301, Line 9b (Form 321)	Line number change
283	285	Contrib Qual Chart Orgns Credit c	10	N	301, Line 9c (Form 321)	Line number change
284	286	Contrib Fees Paid Pub Schs Credit a	10	N	301, Line 10a (Form 322)	Line number change
285	287	Contrib Fees Paid Pub Schs Credit b	10	N	301, Line 10b (Form 322)	Line number change
286	288	Contrib Fees Paid Pub Schs Credit c	10	N	301, Line 10c (Form 322)	Line number change
287	289	Contrib Priv Sch Tuit Orgns Credit a	10	N	301, Line 11a (Form 323)	Line number change
288	290	Contrib Priv Sch Tuit Orgns Credit b	10	N	301, Line 11b (Form 323)	Line number change
289	291	Contrib Priv Sch Tuit Orgns Credit c	10	N	301, Line 11c (Form 323)	Line number change

Legend

Blue: Additions for TY2020

Yellow: Changes for TY2020

Dark Orange: Removed Items for TY2020

290	292	Agri Pol Cntrl Equip Credit a	10	N	301, Line 12a (Form 325)	Line number change
291	293	Agri Pol Cntrl Equip Credit b	10	N	301, Line 12b (Form 325)	Line number change
292	294	Agri Pol Cntrl Equip Credit c	10	N	301, Line 12c (Form 325)	Line number change
293	295	Donation School Site Credit a	10	N	301, Line 13a (Form 331)	Line number change
294	296	Donation School Site Credit b	10	N	301, Line 13b (Form 331)	Line number change
295	297	Donation School Site Credit c	10	N	301, Line 13c (Form 331)	Line number change
296	298	Healthy Forest Enterprises Credit a	10	N	301, Line 14a (Form 332)	Line number change
297	299	Healthy Forest Enterprises Credit b	10	N	301, Line 14b (Form 332)	Line number change
298	300	Healthy Forest Enterprises Credit c	10	N	301, Line 14c (Form 332)	Line number change
299	301	Employ Natl Guard Members Credit a	10	N	301, Line 15a (Form 333)	Line number change
300	302	Employ Natl Guard Members Credit b	10	N	301, Line 15b (Form 333)	Line number change
301	303	Employ Natl Guard Members Credit c	10	N	301, Line 15c (Form 333)	Line number change
302	304	Business Contrib School Tuition Org a	10	N	301, Line 16a (Form 335-I)	Line number change
303	305	Business Contrib School Tuition Org b	10	N	301, Line 16b (Form 335-I)	Line number change
304	306	Business Contrib School Tuition Org c	10	N	301, Line 16c (Form 335-I)	Line number change
305	307	Solar Energy Devices Comm Ind Credit b	10	N	301, Line 17b (Form 336)	Line number change
306	308	Solar Energy Devices Comm Ind Credit c	10	N	301, Line 17c (Form 336)	Line number change
307	309	Invest Qual Small Bus Credit a	10	N	301, Line 18a (Form 338)	Line number change
308	310	Invest Qual Small Bus Credit b	10	N	301, Line 18b (Form 338)	Line number change
309	311	Invest Qual Small Bus Credit c	10	N	301, Line 18c (Form 338)	Line number change
310	312	Military Fam Relf Fnd Credit a	10	N	301, Line 19a (Form 340)	Line number change
311	313	Military Fam Relf Fnd Credit c	10	N	301, Line 19c (Form 340)	Line number change
312	314	Business Contrib School Tuition Disabled a	10	N	301, Line 20a (Form 341-I)	Line number change
313	315	Business Contrib School Tuition Disabled b	10	N	301, Line 20b (Form 341-I)	Line number change
314	316	Business Contrib School Tuition Disabled c	10	N	301, Line 20c (Form 341-I)	Line number change
315	317	Renew Energy Prod Tax Credit a	10	N	301, Line 21a (Form 343)	Line number change
316	318	Renew Energy Prod Tax Credit b	10	N	301, Line 21b (Form 343)	Line number change
317	319	Renew Energy Prod Tax Credit c	10	N	301, Line 21c (Form 343)	Line number change
318	320	New Employment Credit a	10	N	301, Line 22a (Form 345)	Line number change
319	321	New Employment Credit b	10	N	301, Line 22b (Form 345)	Line number change
320	322	New Employment Credit c	10	N	301, Line 22c (Form 345)	Line number change
321	323	Increased Resrch Act Basic Resrch Credit a	10	N	301, Line 23a (Form 346)	Line number change
322	324	Incres Resrch Act Basic Resrch Credit b	10	N	301, Line 23b (Form 346)	Line number change
323	325	Incres Resrch Act Basic Resrch Credit c	10	N	301, Line 23c (Form 346)	Line number change
324	326	Contrib Cert Schl Tuit Orgns Credit a	10	N	301, Line 24a (Form 348)	Line number change
325	327	Contrib Cert Schl Tuit Orgns Credit b	10	N	301, Line 24b (Form 348)	Line number change
326	328	Contrib Cert Schl Tuit Orgns Credit c	10	N	301, Line 24c (Form 348)	Line number change
327	329	Contrib Qual Foster Care Char Orgns Credit a	10	N	301, Line 25a (Form 352)	Line number change
328	330	Contrib Qual Foster Care Char Orgns Credit b	10	N	301, Line 25b (Form 352)	Line number change
329	331	Contrib Qual Foster Care Char Orgns Credit c	10	N	301, Line 25c (Form 352)	Line number change
330	332	Total Available Nonrefundable Tax Credits	10	N	301, Line 27	Add Lines 1 through 25 Column c Only
331	333	Total AZ Tax	10	N	301, Line 28	Tax From F140 L46 or F140PY L56 or F140NR L56 or F14
332		Tax Recap Environ Tech Fac Credit	10	N	301, Line 31	
333	334	Tax Recap Credits Hlthy Forest Entrs	10	N	301, Line 29	From AZ Credit Form 332 Part 9 Line 39 and Part 10 Line 45
334	335	Tax Recap Credits Qual Facs	10	N	301, Line 30	From AZ Credit Form 349 Part 7 Line 19
335	336	Total Recapture of Credits	10	N	301, Line 31	Add Lines 29 and 30
336	337	Subtotal Tax Credits and Recap Credits	10	N	301, Line 32	Add Lines 28 through 31
337	338	Family Income Tax Credit/Dependent Tax Credit	10	N	301, Line 33	From F140 L49 and L50 or F140PY L59 and L60 or F140X L38a and L38b or F140NR L59 - Total of both lines
338	339	Total Tax Credits and Recap Credits	10	N	301, Line 34	Subtract Line 33 from Line 32. If < 0 Enter "0"
339		Environ Tech Fac Credit Used	10	N	301, Line 39 (Form 305)	
340	340	Military Reuse Zone Credit Used	10	N	301, Line 35 (Form 306)	Line number change
341	341	Increased Research Act Indiv Credit Used	10	N	301, Line 36 (Form 308-I)	Line number change
342	342	Tax Paid Other State Ctry Credit Used	10	N	301, Line 37 (Form 309)	Line number change
343	343	Solar Energy Devices Credit Used	10	N	301, Line 38 (Form 310)	Line number change
344	344	Agri Water Conserv Sys Credit Used	10	N	301, Line 39 (Form 312)	Line number change
345	345	Polution Control Credit Used	10	N	301, Line 40 (Form 315)	Line number change
346	346	Solar Heat and Elect Veh Outlets Credit Used	10	N	301, Line 41 (Form 319)	Line number change
347	347	Employ TANF Recipients Credit Used	10	N	301, Line 42 (Form 320)	Line number change
348	348	Contrib Qual Chart Orgns Credit Used	10	N	301, Line 43 (Form 321)	Line number change
349	349	Contrib Fees Paid Pub Schs Credit Used	10	N	301, Line 44 (Form 322)	Line number change
350	350	Contrib Priv Sch Tuit Orgns Credit Used	10	N	301, Line 45 (Form 323)	Line number change
351	351	Agri Pol Cntrl Equip Credit Used	10	N	301, Line 46 (Form 325)	Line number change
352	352	Donation School Site Credit Used	10	N	301, Line 47 (Form 331)	Line number change
353	353	Healthy Forest Enterprises Credit Used	10	N	301, Line 48 (Form 332)	Line number change
354	354	Employ Natl Guard Members Credit Used	10	N	301, Line 49 (Form 333)	Line number change
355	355	Business Contrib School Tuition Org Used	10	N	301, Line 50 (Form 335-I)	Line number change
356	356	Solar Energy Devices Comm Indus Used	10	N	301, Line 51 (Form 336)	Line number change
357	357	Invest Qual Small Bus Credit Used	10	N	301, Line 52 (Form 338)	Line number change
358	358	Donations Military Fam Relf Fnd Credit Used	10	N	301, Line 53 (Form 340)	Line number change
359	359	Business Contrib School Tuition Disabled Used	10	N	301, Line 54 (Form 341-I)	Line number change
360	360	Renew Energy Prod Tax Credit Used	10	N	301, Line 55 (Form 343)	Line number change
361	361	New Employment Credit Used	10	N	301, Line 56 (Form 345)	Line number change
362	362	Incres Resrch Act Basic Resrch Credit Used	10	N	301, Line 57 (Form 346)	Line number change
363	363	Contrib Cert Schl Tuit Orgns Credit Used	10	N	301, Line 58 (Form 348)	Line number change
364	364	Contrib Qual Foster Care Char Orgns Credit Used	10	N	301, Line 59 (Form 352)	Line number change

Legend

Blue: Additions for TY2020

Yellow: Changes for TY2020

Dark Orange: Removed Items for TY2020

365	365	Total Nonrefundable Tax Credits Used	10	N	301, Line 60	Add Lines 35 through 59. Total Cannot be more than 34. Enter this amount on Form 140 L51, 140PY L61, 140NR L60, or 140X L39
366	366	Description of Income Items a	30	A	309, Line 1a	
367	367	Description of Income Items b	30	A	309, Line 1b	
368	368	Description of Income Items c	30	A	309, Line 1c	
369	369	Amt Income Listed Report AZ Oth St Cntry a	10	N	309, Line 2a	
370	370	Amt Income Listed Report AZ Oth St Cntry b	10	N	309, Line 2b	
371	371	Amt Income Listed Report AZ Oth St Cntry c	10	N	309, Line 2c	
372	372	Amt Income Include AZ Adj Gross a	10	N	309, Line 3a	
373	373	Amt Income Include AZ Adj Gross b	10	N	309, Line 3b	
374	374	Amt Income Include AZ Adj Gross c	10	N	309, Line 3c	
375	375	Amt Income Include Oth Adj Gross a	10	N	309, Line 4a	
376	376	Amt Income Include Oth Adj Gross b	10	N	309, Line 4b	
377	377	Amt Income Include Oth Adj Gross c	10	N	309, Line 4c	
378	378	Amt Income Taxable by Both AZ Oth a	10	N	309, Line 5a	Enter smaller of Line 3 or 4
379	379	Amt Income Taxable by Both AZ Oth b	10	N	309, Line 5b	Enter smaller of Line 3 or 4
380	380	Amt Income Taxable by Both AZ Oth c	10	N	309, Line 5c	Enter smaller of Line 3 or 4
381	381	Tot Income Taxable by Both AZ Other	10	N	309, Line 6	Add Line 5 a, b, and c
382	382	AZ Tax Liable Less Credits	10	N	309, Line 7	
383	383	Amt Part1 Line6	10	N	309, Line 8	Amount from Part 1 L6
384	384	Amt AZ Income Tax Imposed	10	N	309, Line 9	
385	385	Pct Income Taxable by Both AZ Oth1	6	D(4,3)	309, Line 10	Divide Line 8 by Line 9 (Cannot be greater than 1.000)
386	386	Amt AZ Tax Liability After Credits	10	N	309, Line 11	Multiply Line 7 by the Decimal on Line 10
387	387	Amt Income Tax Paid St or Cntry	10	N	309, Line 12b	
388	388	Tot Income Taxable By Both	10	N	309, Line 13	Amount from Part 1 L6
389	389	Tot Income Taxable By Other	10	N	309, Line 14	
390	390	Pct Income Taxable by Other	6	D(4,3)	309, Line 15	Divide Line 13 by Line 14 (Cannot be greater than 1.000)
391	391	Tot Amt Tax Paid Other	10	N	309, Line 16	Multiply Line 12 by the Decimal on Line 15
392	392	Credit Allow Tax Paid Other	10	N	309, Line 17	Enter smaller of Line 11 or 16 and on Form 301, Part 1, line 3, column a
393	393	Description of Income Items a	30	A	309, Line 1a (2)	
394	394	Description of Income Items b	30	A	309, Line 1b (2)	
395	395	Description of Income Items c	30	A	309, Line 1c (2)	
396	396	Amt Income Listed Report AZ Oth St Cntry a	10	N	309, Line 2a (2)	
397	397	Amt Income Listed Report AZ Oth St Cntry b	10	N	309, Line 2b (2)	
398	398	Amt Income Listed Report AZ Oth St Cntry c	10	N	309, Line 2c (2)	
399	399	Amt Income Include AZ Adj Gross a	10	N	309, Line 3a (2)	
400	400	Amt Income Include AZ Adj Gross b	10	N	309, Line 3b (2)	
401	401	Amt Income Include AZ Adj Gross c	10	N	309, Line 3c (2)	
402	402	Amt Income Include Oth Adj Gross a	10	N	309, Line 4a (2)	
403	403	Amt Income Include Oth Adj Gross b	10	N	309, Line 4b (2)	
404	404	Amt Income Include Oth Adj Gross c	10	N	309, Line 4c (2)	
405	405	Amt Income Taxable by Both AZ Oth a	10	N	309, Line 5a (2)	Enter smaller of Line 3 or 4
406	406	Amt Income Taxable by Both AZ Oth b	10	N	309, Line 5b (2)	Enter smaller of Line 3 or 4
407	407	Amt Income Taxable by Both AZ Oth c	10	N	309, Line 5c (2)	Enter smaller of Line 3 or 4
408	408	Tot Income Taxable by Both AZ Other	10	N	309, Line 6 (2)	Add Line 5 a, b, and c
409	409	AZ Tax Liable Less Credits	10	N	309, Line 7 (2)	
410	410	Amt Part1 Line6	10	N	309, Line 8 (2)	Amount from Part 1 L6
411	411	Amt AZ Income Tax Imposed	10	N	309, Line 9 (2)	
412	412	Pct Income Taxable by Both AZ Oth1	6	D(4,3)	309, Line 10 (2)	Divide Line 8 by Line 9 (Cannot be greater than 1.000)
413	413	Amt AZ Tax Liability After Credits	10	N	309, Line 11 (2)	Multiply Line 7 by the Decimal on Line 10
414	414	Amt Income Tax Paid St or Cntry	10	N	309, Line 12b (2)	
415	415	Tot Income Taxable By Both	10	N	309, Line 13 (2)	Amount from Part 1 L6
416	416	Tot Income Taxable By Other	10	N	309, Line 14 (2)	
417	417	Pct Income Taxable by Other	6	D(4,3)	309, Line 15 (2)	Divide Line 13 by Line 14 (Cannot be greater than 1.000)
418	418	Tot Amt Tax Paid Other	10	N	309, Line 16 (2)	Multiply Line 12 by the Decimal on Line 15
419	419	Credit Allow Tax Paid Other	10	N	309, Line 17 (2)	Enter smaller of Line 11 or 16 and on Form 301, Part 1, line 3, column a
420	420	Address of Solar Energy Device	35	A/N	310, Line 1a	
421	421	City of Solar Energy Device	21	A	310, Line 1b	
422	422	State of Solar Energy Device	2	A	310, Line 1c	
423	423	Zip Code of Solar Energy Device	9	N	310, Line 1d	Include zip plus 4 in last 4 digits or zero fill if not available
424	424	Cost of Solar Energy Device	10	N	310, Line 2	
425	425	Percentage of Cost Solar Energy Device	10	N	310, Line 3	AZ Credit Form 310 Multiply Line 2 by .25 (25%)
426	426	Enter Lesser of Line 3 or \$1000	10	N	310, Line 4	
427	427	Amt Credit Prior Years	10	N	310, Line 5	
428	428	Total Credit Current Prior Years	10	N	310, Line 6	Add Lines 4 and 5
429	429	Enter Lesser of Line 6 or \$1000	10	N	310, Line 7	
430	430	Subtotal Allowable Credit	10	N	310, Line 8	
431	431	Total Allowable Credit	10	N	310, Line 9	Subtract Line 5 from Line 7
432	432	Original Credit Amount 10b	10	N	310, Line 10b	Enter smaller of Line 4 or Line 8
433	433	Previous Used Amount 10c	10	N	310, Line 10c	Enter Amount from Prior Year 5
434	434	Available Carryover Amount 10d	10	N	310, Line 10d	Enter Amount from Prior Year 5
435	435	Original Credit Amount 11b	10	N	310, Line 11b	Enter Amount from Prior Year 4
436	436	Previous Used Amount 11c	10	N	310, Line 11c	Enter Amount from Prior Year 4
437	437	Available Carryover Amount 11d	10	N	310, Line 11d	Enter Amount from Prior Year 4
438	438	Original Credit Amount 12b	10	N	310, Line 12b	Enter Amount from Prior Year 3
439	439	Previous Used Amount 12c	10	N	310, Line 12c	Enter Amount from Prior Year 3
440	440	Available Carryover Amount 12d	10	N	310, Line 12d	Enter Amount from Prior Year 3

Legend

Blue: Additions for TY2020

Yellow: Changes for TY2020

Dark Orange: Removed Items for TY2020

441	441	Original Credit Amount 13b	10	N	310, Line 13b	Enter Amount from Prior Year 2
442	442	Previous Used Amount 13c	10	N	310, Line 13c	Enter Amount from Prior Year 2
443	443	Available Carryover Amount 13d	10	N	310, Line 13d	Enter Amount from Prior Year 2
444	444	Original Credit Amount 14b	10	N	310, Line 14b	Enter Amount from Prior Year 1
445	445	Previous Used Amount 14c	10	N	310, Line 14c	Enter Amount from Prior Year 1
446	446	Available Carryover Amount 14d	10	N	310, Line 14d	Enter Amount from Prior Year 1
447	447	Total Available Carryover	10	N	310, Line 15	Add Lines 10 through 14 column d
448	448	Current Year Credit	10	N	310, Line 16	Amount from Part 1 L9 and enter on Form 301, Part 1, line 4, column a
449	449	Current Available Carryover	10	N	310, Line 17	Amount from Part 2 L15 and enter on Form 301, Part 1, line 4, column b
450	450	Total Available Credit	10	N	310, Line 18	Add Lines 16 and 17 and enter on Form 301, Part 1, line 4, column c
451	451	Qualifying Charity Code 1	5	N	321, Line 1a	
452	452	Name of Qualifying Charity 1	30	A	321, Line 1b	
453	453	Amt Contributed 1	10	N	321, Line 1c	
454	454	Qualifying Charity Code 2	5	N	321, Line 2a	
455	455	Name of Qualifying Charity 2	30	A	321, Line 2b	
456	456	Amount Contributed 2	10	N	321, Line 2c	
457	457	Qualifying Charity Code 3	5	N	321, Line 3a	
458	458	Name of Qualifying Charity 3	30	A	321, Line 3b	
459	459	Amount Qualifying Charity Contributed 3	10	N	321, Line 3c	
460	460	Continuation Sheet 4h or Zero	10	N	321, Line 4	
461	461	Total Charitable Organizations	10	N	321, Line 5	Add lines 1-4 Column c
462	462	Qualifying Charity Code 4	5	N	321, Line 6a	
463	463	Name of Qualifying Charity 4	30	A	321, Line 6b	
464	464	Amt Contributed 4	10	N	321, Line 6c	
465	465	Qualifying Charity Code 5	5	N	321, Line 7a	
466	466	Name of Qualifying Charity 5	30	A	321, Line 7b	
467	467	Amount Contributed 5	10	N	321, Line 7c	
468	468	Qualifying Charity Code 6	5	N	321, Line 8a	
469	469	Name of Qualifying Charity 6	30	A	321, Line 8b	
470	470	Amount Qualifying Charity Contributed 6	10	N	321, Line 8c	
471	471	Continuation Sheet 9h or Zero	10	N	321, Line 9	
472	472	Total Qualifying Charity2	10	N	321, Line 10	Add lines 6-9 Column c
473	473	Total Cash Contri Qual Charity	10	N	321, Line 11	AZ Credit Form 321 Add Lines 5 and 10
474	474	Allowable Charity Credit	10	N	321, Line 12	Household Enter \$400 Married Taxpayer Enter \$800
475	475	Current Year's Qualifying Charity Credit	10	N	321, Line 13	Enter smaller of Line 11 or Line 12
476	476	Original Credit Amount 14b	10	N	321, Line 14b	Enter Amount from Prior Year 5
477	477	Previous Used Amount 14c	10	N	321, Line 14c	Enter Amount from Prior Year 5
478	478	Available Credit Carryover 14d	10	N	321, Line 14d	Enter Amount from Prior Year 5
479	479	Original Credit Amount 15b	10	N	321, Line 15b	Enter Amount from Prior Year 4
480	480	Previous Used Amount 15c	10	N	321, Line 15c	Enter Amount from Prior Year 4
481	481	Previous Used Amount 15d	10	N	321, Line 15d	Enter Amount from Prior Year 4
482	482	Original Credit Amount 16b	10	N	321, Line 16b	Enter Amount from Prior Year 3
483	483	Previous Used Amount 16c	10	N	321, Line 16c	Enter Amount from Prior Year 3
484	484	Available Credit Carryover 16d	10	N	321, Line 16d	Enter Amount from Prior Year 3
485	485	Original Credit Amount 17b	10	N	321, Line 17b	Enter Amount from Prior Year 2
486	486	Previous Used Amount 17c	10	N	321, Line 17c	Enter Amount from Prior Year 2
487	487	Available Credit Carryover 17d	10	N	321, Line 17d	Enter Amount from Prior Year 2
488	488	Original Credit Amount 18b	10	N	321, Line 18b	Enter Amount from Prior Year 1
489	489	Previous Used Amount 18c	10	N	321, Line 18c	Enter Amount from Prior Year 1
490	490	Available Credit Carryover 18d	10	N	321, Line 18d	Enter Amount from Prior Year 1
491	491	Total Available Credit Carryover	10	N	321, Line 19	Add Lines 14 through 18 Column d
492	492	Current Yr's Credit	10	N	321, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 9, column a
493	493	Available Carryover	10	N	321, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 9, column b
494	494	Total Available Credit	10	N	321, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 9, column c
495	495	CTDS Code 1	9	N	322, Line 1a	
496	496	Name of Public School 1	30	A	322, Line 1b	
497	497	School District Name/Number 1	30	A	322, Line 1c	
498	498	Amt of Fees Paid 1	10	N	322, Line 1d	
499	499	CTDS Code 2	9	N	322, Line 2a	
500	500	Name of Public School 2	30	A	322, Line 2b	
501	501	School District Name/Number 2	30	A	322, Line 2c	
502	502	Amt of Fees Paid 2	10	N	322, Line 2d	
503	503	CTDS Code 3	9	N	322, Line 3a	
504	504	Name of Public School 3	30	A	322, Line 3b	
505	505	School District Name/Number 3	30	A	322, Line 3c	
506	506	Amt of Fees Paid 3	10	N	322, Line 3d	
507	507	Continuation Sheet 4h or Zero	10	N	322, Line 4	
508	508	Cash Contributions Public Schools	10	N	322, Line 5	Add lines 1-4 Column d
509	509	CTDS Code 4	9	N	322, Line 6a	
510	510	Name of Public School 4	30	A	322, Line 6b	
511	511	School District Name/Number 4	30	A	322, Line 6c	

Legend

Blue: Additions for TY2020

Yellow: Changes for TY2020

Dark Orange: Removed Items for TY2020

512	512	Amt of Fees Paid 4	10	N	322, Line 6d	
513	513	CTDS Code 5	9	N	322, Line 7a	
514	514	Name of Public School 5	30	A	322, Line 7b	
515	515	School District Name/Number 5	30	A	322, Line 7c	
516	516	Amt of Fees Paid 5	10	N	322, Line 7d	
517	517	CTDS Code 6	9	N	322, Line 8a	
518	518	Name of Public School 6	30	A	322, Line 8b	
519	519	School District Name/Number 6	30	A	322, Line 8c	
520	520	Amt of Fees Paid 6	10	N	322, Line 8d	
521	521	Continuation Sheet 9h or Zero	10	N	322, Line 9	
522	522	Cash Contributions Public Schools2	10	N	322, Line 10	Add lines 6-9 Column d
523	523	Total Cash and Credit Contri Pub Schools	10	N	322, Line 11	Add Lines 5 and 10
524	524	Allowable Cash Contributions Public Schools	10	N	322, Line 12	Single Taxpayer or Heads of Household Enter \$200 Married Taxpayer Enter \$400
525	525	Current Year's Credit	10	N	322, Line 13	Enter smaller of Line 11 or Line 12
526	526	Original Credit Amount 14	10	N	322, Line 14b	Enter Amount from Prior Year 5
527	527	Previous Used Amount 14	10	N	322, Line 14c	Enter Amount from Prior Year 5
528	528	Available Credit Carryover 14	10	N	322, Line 14d	Enter Amount from Prior Year 5
529	529	Original Credit Amount 15	10	N	322, Line 15b	Enter Amount from Prior Year 4
530	530	Previous Used Amount 15	10	N	322, Line 15c	Enter Amount from Prior Year 4
531	531	Available Credit Carryover 15	10	N	322, Line 15d	Enter Amount from Prior Year 4
532	532	Original Credit Amount 16	10	N	322, Line 16b	Enter Amount from Prior Year 3
533	533	Previous Used Amount 16	10	N	322, Line 16c	Enter Amount from Prior Year 3
534	534	Available Credit Carryover 16	10	N	322, Line 16d	Enter Amount from Prior Year 3
535	535	Original Credit Amount 17	10	N	322, Line 17b	Enter Amount from Prior Year 2
536	536	Previous Used Amount 17	10	N	322, Line 17c	Enter Amount from Prior Year 2
537	537	Available Credit Carryover 17	10	N	322, Line 17d	Enter Amount from Prior Year 2
538	538	Original Credit Amount 18	10	N	322, Line 18b	Enter Amount from Prior Year 1
539	539	Previous Used Amount 18	10	N	322, Line 18c	Enter Amount from Prior Year 1
540	540	Available Credit Carryover 18	10	N	322, Line 18d	Enter Amount from Prior Year 1
541	541	Total Available Carryover	10	N	322, Line 19	Add lines 14-18 Column d
542	542	Current Year's Total Credit	10	N	322, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 10, column a
543	543	Available Credit Carryover	10	N	322, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 10, column b
544	544	Total Available Credit	10	N	322, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 10, column c
545	545	Name of School 1	30	A	323, Line 1a	
546	546	Street Address of School 1	30	A/N	323, Line 1b	
547	547	City State of School 1	30	A	323, Line 1c	
548	548	Amt of Contribution School 1	10	N	323, Line 1d	
549	549	Name of School 2	30	A	323, Line 2a	
550	550	Street Address of School 2	30	A/N	323, Line 2b	
551	551	City State of School 2	30	A	323, Line 2c	
552	552	Amt of Contribution School 2	10	N	323, Line 2d	
553	553	Name of School 3	30	A	323, Line 3a	
554	554	Street Address of School 3	30	A/N	323, Line 3b	
555	555	City State of School 3	30	A	323, Line 3c	
556	556	Amt of Contribution School 3	10	N	323, Line 3d	
557	557	Continuation Sheet 4h or Zero	10	N	323, Line 4	Amount from line 4h of Continuation Sheet or Zero.
558	558	Total Contributions School Prev Tuition	10	N	323, Line 5	Add lines 1-4 Column d
559	559	Name of School 4	30	A	323, Line 6a	
560	560	Street Address of School 4	30	A/N	323, Line 6b	
561	561	City State of School 4	30	A	323, Line 6c	
562	562	Amt of Contribution School 4	10	N	323, Line 6d	
563	563	Name of School 5	30	A	323, Line 7a	
564	564	Street Address of School 5	30	A/N	323, Line 7b	
565	565	City State of School 5	30	A	323, Line 7c	
566	566	Amt of Contribution School 5	10	N	323, Line 7d	
567	567	Name of School 6	30	A	323, Line 8a	
568	568	Street Address of School 6	30	A/N	323, Line 8b	
569	569	City State of School 6	30	A	323, Line 8c	
570	570	Amt of Contribution School 6	10	N	323, Line 8d	
571	571	Continuation Sheet 9h or Zero			323, Line 9	Amount from line 9h of Continuation Sheet or Zero.
572	572	Total Contributions School Tuition	10	N	323, Line 10	Add lines 6-9 Column d
573	573	Total Amt of Contribution	10	N	323, Line 11	Add Lines 5 and 10
574	574	Allowable Contributions School Tuition	10	N	323, Line 12	Revised threshold amounts - Single Taxpayer or Heads of Household Enter \$593 Married Taxpayer Enter \$1186
575	575	Current Year's Credit	10	N	323, Line 13	Enter smaller of Line 11 or Line 12
576	576	Original Credit Amount 14	10	N	323, Line 14b	Enter Amount from Prior Year 5
577	577	Previous Used Amount 14	10	N	323, Line 14c	Enter Amount from Prior Year 5
578	578	Available Credit Carryover 14	10	N	323, Line 14d	Enter Amount from Prior Year 5
579	579	Original Credit Amount 15	10	N	323, Line 15b	Enter Amount from Prior Year 4
580	580	Previous Used Amount 15	10	N	323, Line 15c	Enter Amount from Prior Year 4
581	581	Available Credit Carryover 15	10	N	323, Line 15d	Enter Amount from Prior Year 4
582	582	Original Credit Amount 16	10	N	323, Line 16b	Enter Amount from Prior Year 3
583	583	Previous Used Amount 16	10	N	323, Line 16c	Enter Amount from Prior Year 3
584	584	Available Credit Carryover 16	10	N	323, Line 16d	Enter Amount from Prior Year 3
585	585	Original Credit Amount 17	10	N	323, Line 17b	Enter Amount from Prior Year 2
586	586	Previous Used Amount 17	10	N	323, Line 17c	Enter Amount from Prior Year 2

Legend

Blue: Additions for TY2020

Yellow: Changes for TY2020

Dark Orange: Removed Items for TY2020

587	587	Available Credit Carryover 17	10	N	323, Line 17d	Enter Amount from Prior Year 2
588	588	Original Credit Amount 18	10	N	323, Line 18b	Enter Amount from Prior Year 1
589	589	Previous Used Amount 18	10	N	323, Line 18c	Enter Amount from Prior Year 1
590	590	Available Credit Carryover 18	10	N	323, Line 18d	Enter Amount from Prior Year 1
591	591	Total Available Carryover	10	N	323, Line 19	Add lines 14-18 Column d
592	592	Current Year's Total Credit	10	N	323, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 11, column a
593	593	Available Credit Carryover	10	N	323, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 11, column b
594	594	Total Available Credit	10	N	323, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 11, column c
595	595	Total Contribs Current Tx Yr	10	N	323, Line 23	
596	596	Max Credit Allow CR323	10	N	323, Line 24	Revised threshold amounts - Single Taxpayer or Heads of Household Enter \$593 Married Taxpayer Enter \$1186
597	597	Total Excess Contributions	10	N	323, Line 25	Subtract line 24 from line 23 or zero
598	598	ADVS Receipt Yes	1	A	340, Box 1-YES	X or null
599	599	ADVS Receipt No	1	A	340, Box 1-NO	X or null
600	600	Qualified Donations pre-9/11	10	N	340, Line 2	
601	601	Qualified Donations post-9/11	10	N	340, Line 3	
602	602	Total Qualified Donations	10	N	340, Line 4	Add lines 2 and 3
603	603	Allowable Qualified Donations	10	N	340, Line 5	Single Taxpayer or Heads of Household Enter \$200 Married Taxpayer Enter \$400
604	604	Current Year's Credit	10	N	340, Line 6	Enter smaller of Line 4 or Line 5. Form 301, Part 1, line 19, columns a and c
605	605	Claiming School Credit Form 323 Yes	1	A	348, Box 1a-YES	X or null
606	606	Claiming School Credit Form 323 No	1	A	348, Box 1a-NO	X or null
607	607	Excess School Credit Form 323 Yes	1	A	348, Box 1b-YES	X or null
608	608	Excess School Credit Form 323 No	1	A	348, Box 1b-NO	X or null
609	609	Claiming Carryover Only Yes	1	A	348, Box 1c-YES	X or null
610	610	Claiming Carryover Only No	1	A	348, Box 1c-NO	X or null
611	611	Name of School 1	30	A	348, Line 2a	
612	612	Address of School 1	30	A/N	348, Line 2b	
613	613	City State of School 1	30	A	348, Line 2c	
614	614	Amt of Contribution 1	10	N	348, Line 2d	
615	615	Name of School 2	30	A	348, Line 3a	
616	616	Address of School 2	30	A/N	348, Line 3b	
617	617	City State of School 2	30	A	348, Line 3c	
618	618	Amt of Contribution 2	10	N	348, Line 3d	
619	619	Name of School 3	30	A	348, Line 4a	
620	620	Address of School 3	30	A/N	348, Line 4b	
621	621	City State of School 3	30	A	348, Line 4c	
622	622	Amt of Contribution 3	10	N	348, Line 4d	
623	623	Amount from line 5h of Continuation Sheet or Zero.	10	N	348, Line 5	Amount from line 5h of Continuation Sheet or Zero.
624	624	Total Contributions Certified School Tuition Prev Yr	10	N	348, Line 6	Add lines 2-5 Column d
625	625	Name of School 4	30	A	348, Line 7a	
626	626	Address of School 4	30	A/N	348, Line 7b	
627	627	City State of School 4	30	A	348, Line 7c	
628	628	Amt of Contribution 4	10	N	348, Line 7d	
629	629	Name of School 5	30	A	348, Line 8a	
630	630	Address of School 5	30	A/N	348, Line 8b	
631	631	City State of School 5	30	A	348, Line 8c	
632	632	Amt of Contribution 5	10	N	348, Line 8d	
633	633	Name of School 6	30	A	348, Line 9a	
634	634	Address of School 6	30	A/N	348, Line 9b	
635	635	City State of School 6	30	A	348, Line 9c	
636	636	Amt of Contribution 6	10	N	348, Line 9d	
637	637	Amount from line 10h of Continuation Sheet or Zero.	10	N	348, Line 10	Amount from line 10h of Continuation Sheet or Zero.
638	638	Total Contributions Certified School Tuition	10	N	348, Line 11	Add lines 7-10 Column d
639	639	Total Contributions Prev and Curr	10	N	348, Line 12	Add Line 6 and 11
640	640	Allowable Credit Claimed Form 323	10	N	348, Line 13	Single Taxpayer or Heads of Household Enter \$593 Married Taxpayer Enter \$1186
641	641	Potential Credit	10	N	348, Line 14	Subtract Line 13 from Line 12
642	642	Allowable Max Credit	10	N	348, Line 15	Revised threshold amounts - Single Taxpayer or Heads of Household Enter \$590 Married Taxpayer Enter \$1179
643	643	Current Year's Credit	10	N	348, Line 16	Enter the smaller of Line 14 or Line 15
644	644	Original Credit Amount 17b	10	N	348, Line 17b	Enter Amount from Prior Year 5
645	645	Previous Used Amount 17c	10	N	348, Line 17c	Enter Amount from Prior Year 5
646	646	Available Credit Carryover 17d	10	N	348, Line 17d	Enter Amount from Prior Year 5
647	647	Original Credit Amount 18b	10	N	348, Line 18b	Enter Amount from Prior Year 4
648	648	Previous Used Amount 18c	10	N	348, Line 18c	Enter Amount from Prior Year 4
649	649	Available Credit Carryover 18d	10	N	348, Line 18d	Enter Amount from Prior Year 4
650	650	Original Credit Amount 19b	10	N	348, Line 19b	Enter Amount from Prior Year 3
651	651	Previous Used Amount 19c	10	N	348, Line 19c	Enter Amount from Prior Year 3
652	652	Available Credit Carryover 19d	10	N	348, Line 19d	Enter Amount from Prior Year 3
653	653	Original Credit Amount 20b	10	N	348, Line 20b	Enter Amount from Prior Year 2
654	654	Previous Used Amount 20c	10	N	348, Line 20c	Enter Amount from Prior Year 2
655	655	Available Credit Carryover 20d	10	N	348, Line 20d	Enter Amount from Prior Year 2
656	656	Original Credit Amount 21b	10	N	348, Line 21b	Enter Amount from Prior Year 1
657	657	Previous Used Amount 21c	10	N	348, Line 21c	Enter Amount from Prior Year 1

Legend

Blue: Additions for TY2020

Yellow: Changes for TY2020

Dark Orange: Removed Items for TY2020

658	658	Available Credit Carryover 21d	10	N	348, Line 21d	Enter Amount from Prior Year 1
659	659	Total Available Carryover	10	N	348, Line 22	Add lines 17-21 column d
660	660	Current Year's Total Credit	10	N	348, Line 23	Amount from Part 1 L16 and enter on Form 301, Part 1, line 24, column a
661	661	Available Credit Carryover	10	N	348, Line 24	Amount from Part 2 L22 and enter on Form 301, Part 1, line 24, column b
662	662	Total Available Credit	10	N	348, Line 25	Add lines 23 and 24 and enter on Form 301, Part 1, line 24, column c
663	663	Foster Care Charity Code 1	5	N	352, Line 1a	
664	664	Name of Qualifying Foster Care Charity 1	30	A	352, Line 1b	
665	665	Amt Contributed 1	10	N	352, Line 1c	
666	666	Foster Care Charity Code 2	5	N	352, Line 2a	
667	667	Name of Qualifying Foster Care Charity 2	30	A	352, Line 2b	
668	668	Amount Contributed 2	10	N	352, Line 2c	
669	669	Foster Care Charity Code 3	5	N	352, Line 3a	
670	670	Name of Qualifying Foster Care Charity 3	30	A	352, Line 3b	
671	671	Amt Contributed 3	10	N	352, Line 3c	
672	672	Continuation Sheet 4h or Zero	10	N	352, Line 4	
673	673	Total Qualifying Foster Care Charity	10	N	352, Line 5	Add lines 1-4 Column c
674	674	Foster Care Charity Code 4	5	N	352, Line 6a	
675	675	Name of Qualifying Foster Care Charity 4	30	A	352, Line 6b	
676	676	Amt Contributed 4	10	N	352, Line 6c	
677	677	Foster Care Charity Code 5	5	N	352, Line 7a	
678	678	Name of Qualifying Foster Care Charity 5	30	A	352, Line 7b	
679	679	Amount Contributed 5	10	N	352, Line 7c	
680	680	Foster Care Charity Code 6	5	N	352, Line 8a	
681	681	Name of Qualifying Foster Care Charity 6	30	A	352, Line 8b	
682	682	Amt Contributed 6	10	N	352, Line 8c	
683	683	Continuation Sheet 9h or Zero	10	N	352, Line 9	
684	684	Total Qualifying Charity2	10	N	352, Line 10	Add lines 6-9 Column c
685	685	Total Cash Contri Qual Charity	10	N	352, Line 11	Add lines 5 and 10
686	686	Allowable Charity Credit	10	N	352, Line 12	Single Taxpayer or Heads of Household Enter \$500 Married Taxpayer Enter \$1000
687	687	Current Year's Qualifying Charity Credit	10	N	352, Line 13	Enter smaller of Line 11 or Line 12
688	688	Original Credit Amount 14b	10	N	352, Line 14b	Enter Amount from Prior Year 4
689	689	Previous Used Amount 14c	10	N	352, Line 14c	Enter Amount from Prior Year 4
690	690	Available Credit Carryover 14d	10	N	352, Line 14d	Enter Amount from Prior Year 4
691	691	Original Credit Amount 15b	10	N	352, Line 15b	Enter Amount from Prior Year 3
692	692	Previous Used Amount 15c	10	N	352, Line 15c	Enter Amount from Prior Year 3
693	693	Available Credit Carryover 15d	10	N	352, Line 15d	Enter Amount from Prior Year 3
694	694	Original Credit Amount 16b	10	N	352, Line 16b	Enter Amount from Prior Year 2
695	695	Previous Used Amount 16c	10	N	352, Line 16c	Enter Amount from Prior Year 2
696	696	Available Credit Carryover 16d	10	N	352, Line 16d	Enter Amount from Prior Year 2
697	697	Original Credit Amount 17b	10	N	352, Line 17b	Enter Amount from Prior Year 1
698	698	Previous Used Amount 17c	10	N	352, Line 17c	Enter Amount from Prior Year 1
699	699	Available Credit Carryover 17d	10	N	352, Line 17d	Enter Amount from Prior Year 1
700	700	Original Credit Amount 18b	10	N	352, Line 18b	Enter Amount from Prior Year 0
701	701	Previous Used Amount 18c	10	N	352, Line 18c	Enter Amount from Prior Year 0
702	702	Available Credit Carryover 18d	10	N	352, Line 18d	Enter Amount from Prior Year 0
703	703	Total Available Credit Carryover	10	N	352, Line 19	Add Lines 14 through 18 Column d
704	704	Current Yr's Credit	10	N	352, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 25, column a
705	705	Available Carryover	10	N	352, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 25, column b

Legend

Blue: Additions for TY2020

Yellow: Changes for TY2020

Dark Orange: Removed Items for TY2020

Arizona 140PTC - Property Tax Credit						
2D Barcode Record Layout						
2019 FIELD NO	2020 FIELD NO	FIELD NAME	LENGTH	TYPE	FORM & Line Number	BUSINESS RULE
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	140PTC_TOP	2020
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 SSN 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	Date of Birth	8	N	140PTC, 79	MMDDCCYY
21	21	6 Month Extension	1	A	140 PTC, 82F	X or null
22	22	Rent Yes	1	A	140 PTC, 4	X or null
23	23	Own Yes	1	A	140 PTC, 4	X or null
24	24	Full Year Resident Yes	1	A	140 PTC, 5	X or null
25	25	Full Year Resident No	1	A	140 PTC, 5	X or null
26	26	Property Tax Paid Yes	1	A	140 PTC, 6	X or null
27	27	Property Tax Paid No	1	A	140 PTC, 6	X or null
28	28	PTR per household Yes	1	A	140 PTC, 7	X or null
29	29	PTR per household No	1	A	140 PTC, 7	X or null
30	30	Over 65 Yes	1	A	140 PTC, 8	X or null
31	31	Over 65 No	1	A	140 PTC, 8	X or null
32	32	Title 16 Yes	1	A	140 PTC, 9	X or null
33	33	Title 16 No	1	A	140 PTC, 9	X or null
34	34	Income	10	N	140 PTC, Line 10	
35	35	Live Alone Yes	1	A	140 PTC, 11a	X or null
36	36	Live Alone No	1	A	140 PTC, 11b	X or null
37	37	Tax Credit	10	N	140 PTC, Line 11	
38	38	Amt Property Tax Own	10	N	140 PTC, Line 12	
39	39	Amt Property Tax Rent	10	N	140 PTC, Line 13	
40	40	Tot Property Tax Paid	10	N	140 PTC, Line 14	Add lines 12 and 13
41	41	SubTotal Credit	10	N	140 PTC, Line 15	Smaller of line 11 or 14
42	42	Taxpayer Name	35	A	140 PTC, 16	Comma Delimited
43	43	Taxpayer SSN	9	N	140 PTC, 16	No hyphens
44	44	Address City State Zip	35	A/N	140 PTC, 16	Comma Delimited
45	45	Excise Tax Credit	10	N	140 PTC, Line 17	From page 2, Part 2, line 6
46	46	Total Dependents	10	N	140 PTC, Line 18	From page 2, Part 2, line 2
47	47	Total Credit	10	N	140 PTC, Line 19	Add lines 15 and 17
48	48	Foreign Account	1	A	140 PTC, 19A	Y or Null; If "Y", Fields 49-52 should be disabled.
49	49	Dir Dep Routing Nbr	9	N	140 PTC, 98	For direct deposit; direct debit is not supported.
50	50	Dir Dep Account Nbr	17	A/N	140 PTC, 98	For direct deposit; direct debit is not supported.
51	51	Dir Dep Checking	1	A	140 PTC, 98	X or null; direct deposit only
52	52	Dir Dep Savings	1	A	140 PTC, 98	X or null; direct deposit only
53	53	Wages You	10	N	140 PTCPart1A1	
54	54	Wages Spouse	10	N	140 PTCPart1A2	
55	55	Wages Other	10	N	140 PTCPart1A3	
56	56	Total Wages	10	N	140 PTCPart1A4	Total of (A1+A2+A3)
57	57	Div & Int You	10	N	140 PTCPart1B1	
58	58	Div & Int Spouse	10	N	140 PTCPart1B2	
59	59	Div & Int Other	10	N	140 PTCPart1B3	
60	60	Total Div & Int	10	N	140 PTCPart1B4	Total of (B1+B2+B3)
61	61	Bus Farm Income You	10	N	140 PTCPart1C1	
62	62	Bus Farm Inc Spouse	10	N	140 PTCPart1C2	
63	63	Bus Farm Inc Other	10	N	140 PTCPart1C3	
64	64	Total Bus Farm Inc	10	N	140 PTCPart1C4	Total of (C1+C2+C3)
65	65	Gain/Loss Prop You	10	N	140PTCPart1D1	
66	66	GainLoss Prop Spouse	10	N	140PTCPart1D2	
67	67	GainLoss Prop Other	10	N	140PTCPart1D3	
68	68	TotalGainLoss Prop	10	N	140PTCPart1D4	Total of (D1+D2+D3)
69	69	Pension You	10	N	140PTCPart1E1	
70	70	Pension Spouse	10	N	140PTCPart1E2	
71	71	Pension Other	10	N	140PTCPart1E3	
72	72	Total Pension	10	N	140PTCPart1E4	Total of (E1+E2+E3)
73	73	RentRoyalty IncYou	10	N	140PTCPart1F1	
74	74	RentRoyaltyInc Spous	10	N	140PTCPart1F2	
75	75	RentRoyalty Inc Other	10	N	140PTCPart1F3	
76	76	Total RentRoyalty Inc	10	N	140PTCPart1F4	Total of (F1+F2+F3)
77	77	Part, Estate, Trust You	10	N	140PTCPart1G1	
78	78	PartEstateTrt Spouse	10	N	140PTCPart1G2	
79	79	PartEstateTrt Other	10	N	140PTCPart1G3	
80	80	Tot PartEstateTrt Inc	10	N	140PTCPart1G4	Total of (G1+G2+G3)
81	81	Alimony You	10	N	140PTCPart1H1	
82	82	Alimony Spouse	10	N	140PTCPart1H2	
83	83	Alimony Other	10	N	140PTCPart1H3	
84	84	Total Alimony	10	N	140PTCPart1H4	Total of (H1+H2+H3)
85	85	Other Income You	10	N	140PTCPart1I1	
86	86	Other Income Spouse	10	N	140PTCPart1I2	
87	87	Other Income Other	10	N	140PTCPart1I3	
88	88	Total Other Income	10	N	140PTCPart1I4	Total of (I1+I2+I3)

Legend

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89	89	Tot Household Income	10	N	140PTCPart1J	Add lines A - I in column 4
90	90	Dependent 1 Name	20	A	140PTC Part2, 1a	
91	91	Dependent 1 SSN	9	N	140PTC Part2, 1a	No hyphens
92	92	Dep 1 Relationship	12	A	140PTC Part2, 1a	
93	93	Dependent 1 Months	2	N	140PTC Part2, 1a	
94	94	Dependent 2 Name	20	A	140PTC Part2, 1b	
95	95	Dependent 2 SSN	9	N	140PTC Part2, 1b	No hyphens
96	96	Dep 2 Relationship	12	A	140PTC Part2, 1b	
97	97	Dependent 2 Months	2	N	140PTC Part2, 1b	
98	98	Dependent 3 Name	20	A	140PTC Part2, 1c	
99	99	Dependent 3 SSN	9	N	140PTC Part2, 1c	No hyphens
100	100	Dep 3 Relationship	12	A	140PTC Part2, 1c	
101	101	Dependent 3 Months	2	N	140PTC Part2, 1c	
102	102	Total Dependents	2	N	140PTC Part2, 2	total number of dependents listed on 1a - 1c
103	103	MFJ Claim	1	N	140PTC Part2, 3	
104	104	Household Population	2	N	140PTC Part2, 4	Add lines 2 and 3
105	105	Calculate Credit	10	N	140PTC Part2, 5	Multiply amount on line 4 by \$25
106	106	Total Allowable Credit	10	N	140PTC Part2, 6	Enter smaller of line 5 or \$100
107	107	Primary Occupation	16	A	140PTC, bkpg	
108	108	Spouse Occupation	16	A	140PTC, bkpg	
109	109	Preparer Name	35	A/N	140PTC, bkpg	
110	110	Preparer Address	35	A/N	140PTC, bkpg	
111	111	Preparer City	21	A	140PTC, bkpg	
112	112	Preparer State	2	A	140PTC, bkpg	
113	113	Preparer Zip Code	9	N	140PTC, bkpg	
114	114	Paid Preparer Phone Number	10	N	140PTC, bkpg	
115	115	Preparer FEIN	9	N	140PTC, bkpg	No hyphens
116	116	Trailer	5	A	*EOD*	

Legend

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