

Arizona 140 - Full Year Resident Return						
2D Barcode Record Layout						
2020 FIELD NO	2021 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	2021
6	6	Tax Year Ending DateYY	8	N	140, 66F	MMDDYYYY (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 if 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)

Legend

Blue: Additions TY2021

Yellow: Changes for TY2021

Dark Orange: Removed Items for TY2021

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
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	Modified Fed Adjusted Gross Income	10	N	140, Line 14	Total from Line 12 (Line 13 not supported by 2D)
73	74	Non-AZ Mun Interest	10	N	140, Line 15	Formerly line 13
74	75	Partnership Income Adjustment Add	10	N	140, Line 16	Formerly line 14
75	76	Total Federal Depreciation	10	N	140, Line 17	Formerly line 15
76		Net capital (loss) derived from the exchange of legal tender	10	N	140, Line 16	
77	77	Other Additions	10	N	140, Line 18	Total from page 5 worksheet Formerly line 17
78	78	Subtotal	10	N	140, Line 19	Add lines 14 and 15 through 18 Formerly line 18
79	79	Net Capital Gain/Loss	10	N	140, Line 20	Formerly line 19
80	80	Total Net Short-Term Capital Gain/Loss	10	N	140, Line 21	Formerly line 20
81	81	Total Net Long-Term Capital Gain/Loss	10	N	140, Line 22	Formerly line 21
82	82	Net Long-Term Capital Gain From Assets	10	N	140, Line 23	Formerly line 22
83	83	Capital Gain Allowable Subt. Calculation	10	N	140, Line 24	Multiply Line 23 by 25% (.25) and enter the result Formerly line 23
84	84	Net Capital Gain - Investment In Qual. Small Business	10	N	140, Line 25	Formerly line 24
85		Net capital gain derived from the exchange of legal tender	10	N	140, Line 25	
86	85	Recalculated Arizona Depreciation	10	N	140, Line 26	
87	86	Partnership Income Adjustment Sub	10	N	140, Line 27	
88	87	Int Savings Bond	10	N	140, Line 28	
89	88	Exclusive Govt Pens	10	N	140, Line 29a	Cannot exceed threshold of \$2500 per person, Max \$5000
90	89	Benefits pensions for uniformed services	10	N	140, Line 29b	For TY2021 - taxpayers can claim 100% of benefits - no threshold
91	90	SS or RR Benefits	10	N	140, Line 30	
92	91	Wages Native American	10	N	140, Line 31	
93	92	Active Duty Military Pay	10	N	140, Line 32	
94	93	Net Operating Loss Adjust	10	N	140, Line 33	
95	94	Contr 529 Savings Plan amount	10	N	140, Line 34a	No Threshold amount for TY2021
	95	Contr 529A (ABLE acct) amount	10	N	140, Line 34b	No Threshold amount for TY2021
	96	Contributions To 529 College Savings Plans Calculation	10	N	140, Line 34c	Add lines 34a and 34b
96	97	Subtotal lines 24-34c	10	N	140, Line 35	Subtract lines 24-34c from line 19
97	98	Other Subtractions	10	N	140, Line 36	Total from page 6 worksheet - added page 6 to return
98	99	Total Subtractions	10	N	140, Line 37	Subtract lines 36 from 35

Legend

Blue: Additions TY2021

Yellow: Changes for TY2021

Dark Orange: Removed Items for TY2021

99	100	Exemption Age 65 or Over	10	N	140, Line 38	Multiply the number in Box 8 by \$2100
100	101	Exemption Blind	10	N	140, Line 39	Multiply the number in Box 9 by \$1500
101	102	Total Other Exemptions	2	N	140, Line 40E	Amount from page 4, part 3
102	103	Other Exemptions	10	N	140, Line 40	Multiply the number in Box 40E by \$2300
103	104	Exemption Parents and Grand Parents	10	N	140, Line 41	Multiply the number in Box 11a by \$10000
104	105	AZ Adjusted Gross	10	N	140, Line 42	Subtract Lines 38 through 41 from 37, if < 0, enter '0'
105	106	Itemized Deduction	1	A	140 Box 43-I	X or null
106	107	Standard Deduction	1	A	140 Box 43-S	X or null
107	108	Deduction Amount	10	N	140 Line 43	Single, Married Filing Separate = <b>\$12,550</b> Married Filing Jointly = <b>\$25,100</b> Head of Household = <b>\$18,800</b>
108	109	Claiming Charitable Contributions	1	A	140, Line 44C	X or null
109	110	Additional Charitable Contributions	10	N	140, Line 44	Total from Line 7C, page 3 Qualifying Charitable Contributions
110	111	AZ Taxable Income	10	N	140 Line 45	Subtract lines 43 and 44 from line 42. If < 0 enter "0"
111	112	Compute Tax	10	N	140 Line 46a	Compute the tax using amount on line 45 and Tax Table X&Y or Optional Tax Tables
	113	Compute Tax Surcharge	10	N	140 Line 46b	Compute tax surcharge if AZ taxable income on L45 is: >\$250,000 for Single/MFS >\$500,000 for MFJ/HOH Multiply the taxable income amount that is over by 3.5% and enter on line 46b
112	114	Tax from Recapture Credits	10	N	140 Line 47	From AZ Form 301, Part 2, <b>line 30</b>
113	115	Subtotal Tax	10	N	140 Line 48	Add lines 46a, 46b and 47
114	116	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	117	Family Income Credit	10	N	140 Line 50	
116	118	Credits from Arizona Credit Forms	10	N	140 Line 51	From AZ Form 301, Part 2, line 61
117	119	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	120	Withholding	10	N	140 Line 53	
119	121	Estimated Payments	10	N	140 Line 54a	
120	122	Claim of Right	10	N	140 Line 54b	
121	123	Total Estimated Payments	10	N	140 Line 54c	Add lines 54a and 54b
122	124	Extension Amount (Extension Payments)	10	N	140 Line 55	
123	125	Increase Excise Tax Credit	10	N	140 Line 56	Use worksheet to determine amount.
124	126	Property Tax Credit	10	N	140 Line 57	
125	127	Refundable Credit Form 308-I	1	A	140 Line 58-1	"X" or null
126	128	Refundable Credit Form 349	1	A	140 Line 58-2	"X" or null
127	129	Other Refundable Credits	10	N	140 Line 58	
128	130	Total Payments	10	N	140 Line 59	Add lines 53 through 58
129	131	Tax Due	10	N	140 Line 60	If line 52 > line 59, subtract 59 from 52 and enter tax due
130	132	Overpayment	10	N	140 Line 61	If line 59 > line 52, subtract 52 from 59 and enter overpayment
131	133	Next Year Est Payment	10	N	140 Line 62	Amount of Line 61 to be Applied to 2022 Estimated Tax
132	134	Balance Overpayment	10	N	140 Line 63	Subtract line 62 from line 61
133	135	Solutions Teams Assigned To Schools Contrib	10	N	140 Line 64	
134	136	AZ Wildlife Contrib	10	N	140 Line 65	
135	137	Child Abuse Contrib	10	N	140 Line 66	
136	138	Domestic Violence Contrib	10	N	140 Line 67	
137	139	Political Gift	10	N	140 Line 68	
138	140	Neighbors Help Contrib	10	N	140 Line 69	
139	141	Spec Olympic Contrib	10	N	140 Line 70	
140	142	Veterans' Donations Fund	10	N	140 Line 71	

Legend

Blue: Additions TY2021

Yellow: Changes for TY2021

Dark Orange: Removed Items for TY2021

141	143	I Didn't Pay Enough Fund	10	N	140 Line 72	
142	144	Sustainable State Parks and Road Fund	10	N	140 Line 73	
143	145	Spay/Neuter of Animals	10	N	140 Line 74	
144	146	Democratic Party	1	A	140 Line 75-1	"X" or null
145	147	Libertarian Party	1	A	140 Line 75-2	"X" or null
146	148	Republican Party	1	A	140 Line 75-3	"X" or null
147	149	Est Payment Penalty	10	N	140 Line 76	
148	150	Annualized Other	1	A	140 Line 77-1	Y or null
149	151	Farmer/Fisherman	1	A	140 Line 77-2	Y or null
150	152	Form 221 Attached	1	A	140 Line 77-3	Y or null
151	153	Total Contributions & Penalty	10	N	140 Line 78	Add lines 64 through 74 and 76
152	154	Refund Amount	10	N	140 Line 79	Subtract line 78 from line 63
153	155	Foreign Account	1	A	140 Line 79A	Y or Null; If "Y" fields 154-157 disabled
154	156	Dir Dep Routing Nbr	9	N	140 Line 98	For direct deposit; direct debit is not supported
155	157	Dir Dep Account Nbr	17	A/N	140 Line 98	For direct deposit; direct debit is not supported
156	158	Dir Dep Checking	1	A	140 Line 98	X or null; direct deposit only
157	159	Dir Dep Savings	1	A	140 Line 98	X or null; direct deposit only
158	160	Amount Owed	10	N	140 Line 80	Add lines 60 and 78
159	161	Primary Occupation	16	A	140, pg2	
160	162	Spouse Occupation	16	A	140, pg2	
161	163	Preparer Name	35	A/N	140, pg2	
162	164	Preparer FEIN	9	N	140, pg2	No hyphens
163	165	Preparer Address	35	A/N	140, pg2	
164	166	Preparer City	21	A	140, pg2	
165	167	Preparer State	2	A	140, pg2	
166	168	Preparer Zip Code	9	N	140, pg2	
167	169	Paid Preparer Phone Number	10	N	140, pg2	
168	170	Prior Last Names	20	A	Front Page Line 97	Comma Delimited
169	171	Gifts by Cash or Check	10	N	140, pg3, Line 1C	
170	172	Other than by Cash or Check	10	N	140, pg3, Line 2C	
171	173	Carryover Prior Year	10	N	140, pg3, Line 3C	
172	174	Sum lines 1C thru 3C	10	N	140, pg3, Line 4C	Add lines 1C thru 3C
173		Federal Charitable contribution deduction	10	N	140, pg3, Line 5C	
174	175	Total Char Ded Claiming a AZ credit	10	N	140, pg3, Line 5C	
175	176	Total Subtraction	10	N	140, pg3, Line 6C	Subtract line 5C from line 4C
176	177	Total Increase	10	N	140, pg3, Line 7C	Multiply line 6C by .25
177	178	Medical/Dental Expenses	10	N	FedSchA(2-D) 1	
178	179	Adjusted Gross Income	10	N	FedSchA(2-D) 2	
179	180	Medical Allowance	10	N	FedSchA(2-D) 3	
180	181	Total Medical/Dental	10	N	FedSchA(2-D) 4	
181	182	State and Local Taxes	10	N	FedSchA(2-D) 5a	
182	183	Real Estate Taxes	10	N	FedSchA(2-D) 5b	
183	184	Personal Property Taxes	10	N	FedSchA(2-D) 5c	
184	185	Other Taxes	10	N	FedSchA(2-D) 6	
185	186	Total Other Taxes	10	N	FedSchA(2-D) 7	
186	187	Mortgage Interest from 1098	10	N	FedSchA(2-D) 8a	
187	188	Other Mortgage Interest	10	N	FedSchA(2-D) 8b	
188	189	Deductible Points	10	N	FedSchA(2-D) 8c	
189	190	Investment Interest	10	N	FedSchA(2-D) 9	
190	191	Total Interest	10	N	FedSchA(2-D) 10	
191	192	Total Cash/Check Contrib	10	N	FedSchA(2-D) 11	
192	193	Non-Cash/Check Contrib	10	N	FedSchA(2-D) 12	
193	194	Carryover Prior Year	10	N	FedSchA(2-D) 13	
194	195	Total Contrib	10	N	FedSchA(2-D) 14	
195	196	Casualty/Theft Loss	10	N	FedSchA(2-D) 15	
196	197	Tot Other Misc Deduct	10	N	FedSchA(2-D) 16	
197	198	Total Item Deduct	10	N	FedSchA(2-D) 17	

Legend

Blue: Additions TY2021

Yellow: Changes for TY2021

Dark Orange: Removed Items for TY2021

198	199	Med/Dent Expenses	10	N	AzSchA 1	
199	200	Fed Med Deductions	10	N	AzSchA 2	
200	201	Medical Add Adjust	10	N	AzSchA 3	
201	202	Medical Subt Adjust	10	N	AzSchA 4	
202	203	Fed Credit Int Paid	10	N	AzSchA 5	
203	204	Contribution Adjust	10	N	AzSchA 6	
204	205	State Inc Tax Adjust	10	N	AzSchA 7	
205	206	Other Adjustments	10	N	AzSchA 8	
206	207	Sum Add Adjust	10	N	AzSchA 9	Add Lines 3 & 5
207	208	Sum Subt Adjust	10	N	AzSchA 10	Add Lines 4, 6, 7 & 8
208	209	Tot Fed Item Deduct	10	N	AzSchA 11	
209	210	Sum Az Item Deduct	10	N	AzSchA 13	Add Lines 11 & 12
210	211	Az Item Deductions	10	N	AzSchA 15	Subtract Line 14 from Line 13
211	212	Employer ID (1)	10	N	W-2 (1st Wage Statement)	No hyphens
212	213	Employee SSN (1)	10	N	W-2 (1st Wage Statement)	No hyphens
213	214	Arizona Wages (1)	10	N	W-2 (1st Wage Statement)	
214	215	Arizona Withholding (1)	10	N	W-2 (1st Wage Statement)	
215	216	Employer ID (2)	10	N	W-2 (2nd Wage Statement)	No hyphens
216	217	Employee SSN (2)	10	N	W-2 (2nd Wage Statement)	No hyphens
217	218	Arizona Wages (2)	10	N	W-2 (2nd Wage Statement)	
218	219	Arizona Withholding (2)	10	N	W-2 (2nd Wage Statement)	
219	220	Employer ID (3)	9	N	W-2 (3rd Wage Statement)	No hyphens
220	221	Employee SSN (3)	9	N	W-2 (3rd Wage Statement)	No hyphens
221	222	Arizona Wages (3)	10	N	W-2 (3rd Wage Statement)	
222	223	Arizona Withholding (3)	10	N	W-2 (3rd Wage Statement)	
223	224	Employer ID (4)	9	N	W-2 (4th Wage Statement)	No hyphens
224	225	Employee SSN (4)	9	N	W-2 (4th Wage Statement)	No hyphens
225	226	Arizona Wages (4)	10	N	W-2 (4th Wage Statement)	
226	227	Arizona Withholding (4)	10	N	W-2 (4th Wage Statement)	
227	228	Payer's ID (1)	9	N	1099-R (1st Statement)	No hyphens
228	229	Recipient's SSN (1)	9	N	1099-R (1st Statement)	No hyphens
229	230	1099 Gross Amt (1)	10	N	1099-R (1st Statement)	
230	231	1099 Taxable Amount (1)	10	N	1099-R (1st Statement)	
231	232	1099 Az WH (1)	10	N	1099-R (1st Statement)	
232	233	Payer's ID (2)	9	N	1099-R (2nd Statement)	No hyphens
233	234	Recipient's SSN (2)	9	N	1099-R (2nd Statement)	No hyphens
234	235	1099 Gross Amt (2)	10	N	1099-R (2nd Statement)	
235	236	1099 Taxable Amount (2)	10	N	1099-R (2nd Statement)	
236	237	1099 Az WH (2)	10	N	1099-R (2nd Statement)	
237	238	Military Reuse Zone Credit b	10	N	301, Line 1b (Form 306)	
238	239	Military Reuse Zone Credit c	10	N	301, Line 1c (Form 306)	
239	240	Increased Research Act Ind Credit a	10	N	301, Line 2a (Form 308-I)	
240	241	Increased Research Act Ind Credit b	10	N	301, Line 2b (Form 308-I)	
241	242	Increased Research Act Ind Credit c	10	N	301, Line 2c (Form 308-I)	
242	243	Tax Paid Other State Cntry Credit a	10	N	301, Line 3a (Form 309)	
243	244	Tax Paid Other State Cntry Credit c	10	N	301, Line 3c (Form 309)	
244	245	Solar Energy Devices Credit a	10	N	301, Line 4a (Form 310)	
245	246	Solar Energy Devices Credit b	10	N	301, Line 4b (Form 310)	
246	247	Solar Energy Devices Credit c	10	N	301, Line 4c (Form 310)	
247	248	Agri Water Conserv Sys Credit a	10	N	301, Line 5a (Form 312)	
248	249	Agri Water Conserv Sys Credit b	10	N	301, Line 5b (Form 312)	
249	250	Agri Water Conserv Sys Credit c	10	N	301, Line 5c (Form 312)	
250	251	Polution Control Credit a	10	N	301, Line 6a (Form 315)	
251	252	Polution Control Credit b	10	N	301, Line 6b (Form 315)	
252	253	Polution Control Credit c	10	N	301, Line 6c (Form 315)	
253	254	Solar Heat and Elect Veh Outlets Credit b	10	N	301, Line 7b (Form 319)	
254	255	Solar Heat and Elect Veh Outlets Credit c	10	N	301, Line 7c (Form 319)	
255		Employ TANF Recipients Credit a	10	N	301, Line 8a (Form 320)	
256		Employ TANF Recipients Credit b	10	N	301, Line 8b (Form 320)	
257		Employ TANF Recipients Credit c	10	N	301, Line 8c (Form 320)	
258	256	Contrib Qual Chart Orgns Credit a	10	N	301, Line 8a (Form 321)	Line number change
259	257	Contrib Qual Chart Orgns Credit b	10	N	301, Line 8b (Form 321)	Line number change

## Legend

Blue: Additions TY2021

Yellow: Changes for TY2021

Dark Orange: Removed Items for TY2021

260	258	Contrib Qual Chart Orgns Credit c	10	N	301, Line 8c (Form 321)	Line number change
261	259	Contrib Fees Paid Pub Schs Credit a	10	N	301, Line 9a (Form 322)	Line number change
262	260	Contrib Fees Paid Pub Schs Credit b	10	N	301, Line 9b (Form 322)	Line number change
263	261	Contrib Fees Paid Pub Schs Credit c	10	N	301, Line 9c (Form 322)	Line number change
264	262	Contrib Priv Sch Tuit Orgns Credit a	10	N	301, Line 10a (Form 323)	Line number change
265	263	Contrib Priv Sch Tuit Orgns Credit b	10	N	301, Line 10b (Form 323)	Line number change
266	264	Contrib Priv Sch Tuit Orgns Credit c	10	N	301, Line 10c (Form 323)	Line number change
267	265	Agri Pol Cntrl Equip Credit a	10	N	301, Line 11a (Form 325)	Line number change
268	266	Agri Pol Cntrl Equip Credit b	10	N	301, Line 11b (Form 325)	Line number change
269	267	Agri Pol Cntrl Equip Credit c	10	N	301, Line 11c (Form 325)	Line number change
270	268	Donation School Site Credit a	10	N	301, Line 12a (Form 331)	Line number change
271	269	Donation School Site Credit b	10	N	301, Line 12b (Form 331)	Line number change
272	270	Donation School Site Credit c	10	N	301, Line 12c (Form 331)	Line number change
273	271	Healthy Forest Enterprises Credit a	10	N	301, Line 13a (Form 332)	Line number change
274	272	Healthy Forest Enterprises Credit b	10	N	301, Line 13b (Form 332)	Line number change
275	273	Healthy Forest Enterprises Credit c	10	N	301, Line 13c (Form 332)	Line number change
276	274	Employ Natl Guard Members Credit a	10	N	301, Line 14a (Form 333)	Line number change
277	275	Employ Natl Guard Members Credit b	10	N	301, Line 14b (Form 333)	Line number change
278	276	Employ Natl Guard Members Credit c	10	N	301, Line 14c (Form 333)	Line number change
279	277	Business Contrib School Tuition Org a	10	N	301, Line 15a (Form 335-I)	Line number change
280	278	Business Contrib School Tuition Org b	10	N	301, Line 15b (Form 335-I)	Line number change
281	279	Business Contrib School Tuition Org c	10	N	301, Line 15c (Form 335-I)	Line number change
282	280	Solar Energy Devices Comm Ind Credit b	10	N	301, Line 16b (Form 336)	Line number change
283	281	Solar Energy Devices Comm Ind Credit c	10	N	301, Line 16c (Form 336)	Line number change
284	282	Invest Qual Small Bus Credit a	10	N	301, Line 17a (Form 338)	Line number change
285	283	Invest Qual Small Bus Credit b	10	N	301, Line 17b (Form 338)	Line number change
286	284	Invest Qual Small Bus Credit c	10	N	301, Line 17c (Form 338)	Line number change
287	285	Military Fam Relf Fnd Credit a	10	N	301, Line 18a (Form 340)	Line number change
288	286	Military Fam Relf Fnd Credit c	10	N	301, Line 18c (Form 340)	Line number change
289	287	Business Contrib School Tuition Disabled a	10	N	301, Line 19a (Form 341-I)	Line number change
290	288	Business Contrib School Tuition Disabled b	10	N	301, Line 19b (Form 341-I)	Line number change
291	289	Business Contrib School Tuition Disabled c	10	N	301, Line 19c (Form 341-I)	Line number change
292	290	Renew Energy Prod Tax Credit a	10	N	301, Line 20a (Form 343)	Line number change
293	291	Renew Energy Prod Tax Credit b	10	N	301, Line 20b (Form 343)	Line number change
294	292	Renew Energy Prod Tax Credit c	10	N	301, Line 20c (Form 343)	Line number change
295	293	New Employment Credit a	10	N	301, Line 21a (Form 345)	Line number change
296	294	New Employment Credit b	10	N	301, Line 21b (Form 345)	Line number change
297	295	New Employment Credit c	10	N	301, Line 21c (Form 345)	Line number change
298	296	Increased Resrch Act Basic Resrch Credit a	10	N	301, Line 22a (Form 346)	Line number change
299	297	Incrs Resrch Act Basic Resrch Credit b	10	N	301, Line 22b (Form 346)	Line number change
300	298	Incrs Resrch Act Basic Resrch Credit c	10	N	301, Line 22c (Form 346)	Line number change
301	299	Contrib Cert Schl Tuit Orgns Credit a	10	N	301, Line 23a (Form 348)	Line number change
302	300	Contrib Cert Schl Tuit Orgns Credit b	10	N	301, Line 23b (Form 348)	Line number change
303	301	Contrib Cert Schl Tuit Orgns Credit c	10	N	301, Line 23c (Form 348)	Line number change
304	302	Contrib Qual Foster Care Char Orgns Credit a	10	N	301, Line 24a (Form 352)	Line number change
305	303	Contrib Qual Foster Care Char Orgns Credit b	10	N	301, Line 24b (Form 352)	Line number change
306	304	Contrib Qual Foster Care Char Orgns Credit c	10	N	301, Line 24c (Form 352)	Line number change
	305	Healthy Forest Production Credit a	10	N	301, Line 25a (Form 353)	
	306	Healthy Forest Production Credit b	10	N	301, Line 25b (Form 353)	
	307	Healthy Forest Production Credit c	10	N	301, Line 25c (Form 353)	
307	308	Total Available Nonrefundable Tax Credits	10	N	301, Line 26	Add Lines 1 through 25 Column c Only
308	309	Total AZ Tax	10	N	301, Line 27	Tax From F140 L46a and L46b or F140PY L56a and L56b or F140NR L56a and L56b or F140X L37a and L37b
309	310	Tax Recap Credits Hlthy Forest Entrs	10	N	301, Line 28	From AZ Credit Form 332 Part 9 Line 39 and Part 10 Line 45
310	311	Tax Recap Credits Qual Facs	10	N	301, Line 29	From AZ Credit Form 349 Part 7 Line 19
311	312	Total Recapture of Credits	10	N	301, Line 30	Add Lines 28 and 29
312	313	Subtotal Tax Credits and Recap Credits	10	N	301, Line 31	Add Lines 27 and 30
313	314	Family Income Tax Credit/Dependent Tax Credit	10	N	301, Line 32	From F140 L49 and L50 or F140PY L59 and L60 or F140X L40a and L40b or F140NR L59 - Total of both lines

Legend

Blue: Additions TY2021

Yellow: Changes for TY2021

Dark Orange: Removed Items for TY2021



314	315	Total Tax Credits and Recap Credits	10	N	301, Line 33	Subtract Line 32 from Line 31. If < 0 Enter "0"
315	316	Military Reuse Zone Credit Used	10	N	301, Line 34 (Form 306)	Line number change
316	317	Increased Research Act Indiv Credit Used	10	N	301, Line 35 (Form 308-l)	Line number change
317	318	Tax Paid Other State Ctry Credit Used	10	N	301, Line 36 (Form 309)	Line number change
318	319	Solar Energy Devices Credit Used	10	N	301, Line 37 (Form 310)	Line number change
319	320	Agri Water Conserv Sys Credit Used	10	N	301, Line 38 (Form 312)	Line number change
320	321	Polution Control Credit Used	10	N	301, Line 39 (Form 315)	Line number change
321	322	Solar Heat and Elect Veh Outlets Credit Used	10	N	301, Line 40 (Form 319)	Line number change
322		Employ TANF Recipients Credit Used	10	N	301, Line 42 (Form 320)	
323	323	Contrib Qual Chart Orgns Credit Used	10	N	301, Line 41 (Form 321)	Line number change
324	324	Contrib Fees Paid Pub Schs Credit Used	10	N	301, Line 42 (Form 322)	Line number change
325	325	Contrib Priv Sch Tuit Orgns Credit Used	10	N	301, Line 43 (Form 323)	Line number change
326	326	Agri Pol Cntrl Equip Credit Used	10	N	301, Line 44 (Form 325)	Line number change
327	327	Donation School Site Credit Used	10	N	301, Line 45 (Form 331)	Line number change
328	328	Healthy Forest Enterprises Credit Used	10	N	301, Line 46 (Form 332)	Line number change
329	329	Employ Natl Guard Members Credit Used	10	N	301, Line 47 (Form 333)	Line number change
330	330	Business Contrib School Tuition Org Used	10	N	301, Line 48 (Form 335-l)	Line number change
331	331	Solar Energy Devices Comm Indus Used	10	N	301, Line 49 (Form 336)	Line number change
332	332	Invest Qual Small Bus Credit Used	10	N	301, Line 50 (Form 338)	Line number change
333	333	Donations Military Fam Relf Fnd Credit Used	10	N	301, Line 51 (Form 340)	Line number change
334	334	Business Contrib School Tuition Disabled Used	10	N	301, Line 52 (Form 341-l)	Line number change
335	335	Renew Energy Prod Tax Credit Used	10	N	301, Line 53 (Form 343)	Line number change
336	336	New Employment Credit Used	10	N	301, Line 54 (Form 345)	Line number change
337	337	Incrs Resrch Act Basic Resrch Credit Used	10	N	301, Line 55 (Form 346)	Line number change
338	338	Contrib Cert Schl Tuit Orgns Credit Used	10	N	301, Line 56 (Form 348)	Line number change
339	339	Contrib Qual Foster Care Char Orgns Credit Used	10	N	301, Line 57 (Form 352)	Line number change
	340	Healthy Forest Production Credit Used	10	N	301, Line 58 (Form 353)	
340	341	Total Credits Used from Form 301	10	N	301, Line 59	Add Lines 34 through 58.
	342	Total Nonrefundable Credits Used	10	N	301, Line 61	Total from Line 59. Line 60 not supported by 2D. Enter this total on Form 140, L51; Form 140PY, L61; Form 140NR, L60; Form 140X, L41
341	343	Description of Income Items a	30	A	309, Line 1a	
342	344	Description of Income Items b	30	A	309, Line 1b	
343	345	Description of Income Items c	30	A	309, Line 1c	
344	346	Amt Income Listed Report AZ Oth St Cntry a	10	N	309, Line 2a	
345	347	Amt Income Listed Report AZ Oth St Cntry b	10	N	309, Line 2b	
346	348	Amt Income Listed Report AZ Oth St Cntry c	10	N	309, Line 2c	
347	349	Amt Income Include AZ Adj Gross a	10	N	309, Line 3a	
348	350	Amt Income Include AZ Adj Gross b	10	N	309, Line 3b	
349	351	Amt Income Include AZ Adj Gross c	10	N	309, Line 3c	
350	352	Amt Income Include Oth Adj Gross a	10	N	309, Line 4a	
351	353	Amt Income Include Oth Adj Gross b	10	N	309, Line 4b	
352	354	Amt Income Include Oth Adj Gross c	10	N	309, Line 4c	
353	355	Amt Income Taxable by Both AZ Oth a	10	N	309, Line 5a	Enter smaller of Line 3 or 4
354	356	Amt Income Taxable by Both AZ Oth b	10	N	309, Line 5b	Enter smaller of Line 3 or 4
355	357	Amt Income Taxable by Both AZ Oth c	10	N	309, Line 5c	Enter smaller of Line 3 or 4
356	358	Tot Income Taxable by Both AZ Other	10	N	309, Line 6	Add Line 5 a, b, and c If < 0, enter "0"
357	359	AZ Tax Liable Less Credits	10	N	309, Line 7	
358	360	Amt Part1 Line6	10	N	309, Line 8	
359	361	Amt AZ Income Tax Imposed	10	N	309, Line 9	
360	362	Pct Income Taxable by Both AZ Oth1	6	D(4,3)	309, Line 10	Divide Line 8 by Line 9 (Cannot be greater than
361	363	Amt AZ Tax Liability After Credits	10	N	309, Line 11	Multiply Line 7 by the Decimal on Line 10
362	364	Amt Income Tax Paid St or Cntry	10	N	309, Line 12b	
363	365	Tot Income Taxable By Both	10	N	309, Line 13	From Part 1 Line 6
364	366	Tot Income Taxable By Other	10	N	309, Line 14	
365	367	Pct Income Taxable by Other	6	D(4,3)	309, Line 15	Divide Line 13 by Line 14 (Cannot be greater than 1.000)
366	368	Tot Amt Tax Paid Other	10	N	309, Line 16	Multiply Line 12 by the Decimal on Line 15
367	369	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
368	370	Description of Income Items a	30	A	309, Line 1a (2)	
369	371	Description of Income Items b	30	A	309, Line 1b (2)	
370	372	Description of Income Items c	30	A	309, Line 1c (2)	

Legend

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

Legend

Blue: Additions TY2021

Yellow: Changes for TY2021

Dark Orange: Removed Items for TY2021



428	430	Amt Contributed 1	10	N	321, Line 1d	Line column letter change
429	431	Qualifying Charity Code 2	5	N	321, Line 2b	Line column letter change
430	432	Name of Qualifying Charity 2	30	A	321, Line 2c	Line column letter change
431	433	Amount Contributed 2	10	N	321, Line 2d	Line column letter change
432	434	Qualifying Charity Code 3	5	N	321, Line 3b	Line column letter change
433	435	Name of Qualifying Charity 3	30	A	321, Line 3c	Line column letter change
434	436	Amount Contributed 3	10	N	321, Line 3d	Line column letter change
435	437	Continuation Sheet 4h or Zero	10	N	321, Line 4	
436	438	Total Contributions Charitable Organizations	10	N	321, Line 5	Add lines 1-4 Column d
437	439	Qualifying Charity Code 4	5	N	321, Line 6b	Line column letter change
438	440	Name of Qualifying Charity 4	30	A	321, Line 6c	Line column letter change
439	441	Amt Contributed 4	10	N	321, Line 6d	Line column letter change
440	442	Qualifying Charity Code 5	5	N	321, Line 7b	Line column letter change
441	443	Name of Qualifying Charity 5	30	A	321, Line 7c	Line column letter change
442	444	Amount Contributed 5	10	N	321, Line 7d	Line column letter change
443	445	Qualifying Charity Code 6	5	N	321, Line 8b	Line column letter change
444	446	Name of Qualifying Charity 6	30	A	321, Line 8c	Line column letter change
445	447	Amount Contributed 6	10	N	321, Line 8d	Line column letter change
446	448	Continuation Sheet 9h or Zero	10	N	321, Line 9	
447	449	Total Qualifying Charity2	10	N	321, Line 10	Add lines 6-9 Column c
448	450	Total Cash Contri Qual Charity	10	N	321, Line 11	AZ Credit Form 321 Add Lines 5 and 10
449	451	Allowable Charity Credit	10	N	321, Line 12	AZ Credit Form 321 Single Taxpayer or Heads of Household Enter \$400 Married Taxpayer Enter \$800
450	452	Current Year's Qualifying Charity Credit	10	N	321, Line 13	Enter smaller of Line 11 or Line 12
451	453	Original Credit Amount 14b	10	N	321, Line 14b	Enter Amount from Prior Year 5
452	454	Previous Used Amount 14c	10	N	321, Line 14c	Enter Amount from Prior Year 5
453	455	Available Credit Carryover 14d	10	N	321, Line 14d	Enter Amount from Prior Year 5
454	456	Original Credit Amount 15b	10	N	321, Line 15b	Enter Amount from Prior Year 4
455	457	Previous Used Amount 15c	10	N	321, Line 15c	Enter Amount from Prior Year 4
456	458	Available Credit Carryover 15d	10	N	321, Line 15d	Enter Amount from Prior Year 4
457	459	Original Credit Amount 16b	10	N	321, Line 16b	Enter Amount from Prior Year 3
458	460	Previous Used Amount 16c	10	N	321, Line 16c	Enter Amount from Prior Year 3
459	461	Available Credit Carryover 16d	10	N	321, Line 16d	Enter Amount from Prior Year 3
460	462	Original Credit Amount 17b	10	N	321, Line 17b	Enter Amount from Prior Year 2
461	463	Previous Used Amount 17c	10	N	321, Line 17c	Enter Amount from Prior Year 2
462	464	Available Credit Carryover 17d	10	N	321, Line 17d	Enter Amount from Prior Year 2
463	465	Original Credit Amount 18b	10	N	321, Line 18b	Enter Amount from Prior Year 1
464	466	Previous Used Amount 18c	10	N	321, Line 18c	Enter Amount from Prior Year 1
465	467	Available Credit Carryover 18d	10	N	321, Line 18d	Enter Amount from Prior Year 1
466	468	Total Available Credit Carryover	10	N	321, Line 19	Add Lines 14 through 18 Column d
467	469	Current Yr's Credit	10	N	321, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 8, column a
468	470	Available Carryover	10	N	321, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 8, column b
469	471	Total Available Credit	10	N	321, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 8, column c
470	472	CTDS Code 1	9	N	322, Line 1b	Line column letter change
471	473	Name of Public School 1	30	A	322, Line 1c	Line column letter change
472	474	School District Name/Number 1	30	A	322, Line 1d	Line column letter change
473	475	Amt of Fees Paid 1	10	N	322, Line 1e	Line column letter change
474	476	CTDS Code 2	9	N	322, Line 2b	Line column letter change
475	477	Name of Public School 2	30	A	322, Line 2c	Line column letter change
476	478	School District Name/Number 2	30	A	322, Line 2d	Line column letter change
477	479	Amt of Fees Paid 2	10	N	322, Line 2e	Line column letter change
478	480	CTDS Code 3	9	N	322, Line 3b	Line column letter change
479	481	Name of Public School 3	30	A	322, Line 3c	Line column letter change
480	482	School District Name/Number 3	30	A	322, Line 3d	Line column letter change
481	483	Amt of Fees Paid 3	10	N	322, Line 3e	Line column letter change
482	484	Continuation Sheet 4h or Zero	10	N	322, Line 4	
483	485	Cash Contributions Public Schools	10	N	322, Line 5	Add lines 1-4 Column e
484	486	CTDS Code 6	9	N	322, Line 6b	Line column letter change
485	487	Name of Public School 6	30	A	322, Line 6c	Line column letter change

## Legend

Blue: Additions TY2021

Yellow: Changes for TY2021

Dark Orange: Removed Items for TY2021

486	488	School District Name/Number 6	30	A	322, Line 6d	Line column letter change
487	489	Amt of Fees Paid 6	10	N	322, Line 6e	Line column letter change
488	490	CTDS Code 7	9	N	322, Line 7b	Line column letter change
489	491	Name of Public School 7	30	A	322, Line 7c	Line column letter change
490	492	School District Name/Number 7	30	A	322, Line 7d	Line column letter change
491	493	Amt of Fees Paid 7	10	N	322, Line 7e	Line column letter change
492	494	CTDS Code 8	9	N	322, Line 8b	Line column letter change
493	495	Name of Public School 8	30	A	322, Line 8c	Line column letter change
494	496	School District Name/Number 8	30	A	322, Line 8d	Line column letter change
495	497	Amt of Fees Paid 8	10	N	322, Line 8e	Line column letter change
496	498	Continuation Sheet 9h or Zero	10	N	322, Line 9	
497	499	Cash Contributions Public Schools2	10	N	322, Line 10	Add lines 6-9 Column e
498	500	Total Cash and Credit Contri Pub Schools	10	N	322, Line 11	Add Lines 5 and 10
499	501	Allowable Cash Contributions Public Schools	10	N	322, Line 12	Single Taxpayer or Heads of Household Enter \$200 Married Taxpayer Enter \$400
500	502	Current Year's Credit	10	N	322, Line 13	Enter smaller of Line 11 or Line 12
501	503	Original Credit Amount 14	10	N	322, Line 14b	Enter Amount from Prior Year 5
502	504	Previous Used Amount 14	10	N	322, Line 14c	Enter Amount from Prior Year 5
503	505	Available Credit Carryover 14	10	N	322, Line 14d	Enter Amount from Prior Year 5
504	506	Original Credit Amount 15	10	N	322, Line 15b	Enter Amount from Prior Year 4
505	507	Previous Used Amount 15	10	N	322, Line 15c	Enter Amount from Prior Year 4
506	508	Available Credit Carryover 15	10	N	322, Line 15d	Enter Amount from Prior Year 4
507	509	Original Credit Amount 16	10	N	322, Line 16b	Enter Amount from Prior Year 3
508	510	Previous Used Amount 16	10	N	322, Line 16c	Enter Amount from Prior Year 3
509	511	Available Credit Carryover 16	10	N	322, Line 16d	Enter Amount from Prior Year 3
510	512	Original Credit Amount 17	10	N	322, Line 17b	Enter Amount from Prior Year 2
511	513	Previous Used Amount 17	10	N	322, Line 17c	Enter Amount from Prior Year 2
512	514	Available Credit Carryover 17	10	N	322, Line 17d	Enter Amount from Prior Year 2
513	515	Original Credit Amount 18	10	N	322, Line 18b	Enter Amount from Prior Year 1
514	516	Previous Used Amount 18	10	N	322, Line 18c	Enter Amount from Prior Year 1
515	517	Available Credit Carryover 18	10	N	322, Line 18d	Enter Amount from Prior Year 1
516	518	Total Available Carryover	10	N	322, Line 19	Add lines 14-18 Column d
517	519	Current Year's Total Credit	10	N	322, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 9, column a
518	520	Available Credit Carryover	10	N	322, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 9, column b
519	521	Total Available Credit	10	N	322, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 9, column c
520	522	Name of School 1	30	A	323, Line 1b	Line column letter change
521	523	Street Address of School 1	30	A/N	323, Line 1c	Line column letter change
522	524	City State of School 1	30	A	323, Line 1d	Line column letter change
523	525	Amt of Contribution School 1	10	N	323, Line 1e	Line column letter change
524	526	Name of School 2	30	A	323, Line 2b	Line column letter change
525	527	Street Address of School 2	30	A/N	323, Line 2c	Line column letter change
526	528	City State of School 2	30	A	323, Line 2d	Line column letter change
527	529	Amt of Contribution School 2	10	N	323, Line 2e	Line column letter change
528	530	Name of School 3	30	A	323, Line 3b	Line column letter change
529	531	Street Address of School 3	30	A/N	323, Line 3c	Line column letter change
530	532	City State of School 3	30	A	323, Line 3d	Line column letter change
531	533	Amt of Contribution School 3	10	N	323, Line 3e	Line column letter change
532	534	Continuation Sheet 4h or Zero	10	N	323, Line 4	
533	535	Total Contributions School Prev Tuition	10	N	323, Line 5	Add lines 1-4 Column e
534	536	Name of School 6	30	A	323, Line 6b	Line column letter change
535	537	Street Address of School 6	30	A/N	323, Line 6c	Line column letter change
536	538	City State of School 6	30	A	323, Line 6d	Line column letter change
537	539	Amt of Contribution School 6	10	N	323, Line 6e	Line column letter change
538	540	Name of School 7	30	A	323, Line 7b	Line column letter change
539	541	Street Address of School 7	30	A/N	323, Line 7c	Line column letter change
540	542	City State of School 7	30	A	323, Line 7d	Line column letter change
541	543	Amt of Contribution School 7	10	N	323, Line 7e	Line column letter change
542	544	Name of School 8	30	A	323, Line 8b	Line column letter change
543	545	Street Address of School 8	30	A/N	323, Line 8c	Line column letter change
544	546	City State of School 8	30	A	323, Line 8d	Line column letter change

Legend

Blue: Additions TY2021

Yellow: Changes for TY2021

Dark Orange: Removed Items for TY2021

545	547	Amt of Contribution School 8	10	N	323, Line 8e	Line column letter change
546	548	Continuation Sheet 9h or Zero	10	N	323, Line 9	
547	549	Total Contributions School Tuition	10	N	323, Line 10	Add lines 6-9 Column e
548	550	Total Amt of Contribution Prev and Curr	10	N	323, Line 11	Add Lines 5 and 10
549	551	Allowable Contributions School Tuition	10	N	323, Line 12	<b>Revised threshold amounts</b> - Single Taxpayer or Heads of Household Enter \$611 Married Taxpayer Enter \$1221
550	552	Current Year's Credit	10	N	323, Line 13	Enter smaller of Line 11 or Line 12
551	553	Original Credit Amount 14	10	N	323, Line 14b	Enter Amount from Prior Year 5
552	554	Previous Used Amount 14	10	N	323, Line 14c	Enter Amount from Prior Year 5
553	555	Available Credit Carryover 14	10	N	323, Line 14d	Enter Amount from Prior Year 5
554	556	Original Credit Amount 15	10	N	323, Line 15b	Enter Amount from Prior Year 4
555	557	Previous Used Amount 15	10	N	323, Line 15c	Enter Amount from Prior Year 4
556	558	Available Credit Carryover 15	10	N	323, Line 15d	Enter Amount from Prior Year 4
557	559	Original Credit Amount 16	10	N	323, Line 16b	Enter Amount from Prior Year 3
558	560	Previous Used Amount 16	10	N	323, Line 16c	Enter Amount from Prior Year 3
559	561	Available Credit Carryover 16	10	N	323, Line 16d	Enter Amount from Prior Year 3
560	562	Original Credit Amount 17	10	N	323, Line 17b	Enter Amount from Prior Year 2
561	563	Previous Used Amount 17	10	N	323, Line 17c	Enter Amount from Prior Year 2
562	564	Available Credit Carryover 17	10	N	323, Line 17d	Enter Amount from Prior Year 2
563	565	Original Credit Amount 18	10	N	323, Line 18b	Enter Amount from Prior Year 1
564	566	Previous Used Amount 18	10	N	323, Line 18c	Enter Amount from Prior Year 1
565	567	Available Credit Carryover 18	10	N	323, Line 18d	Enter Amount from Prior Year 1
566	568	Total Available Carryover	10	N	323, Line 19	Add lines 14-18 Column d
567	569	Current Year's Total Credit	10	N	323, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 10, column a
568	570	Available Credit Carryover	10	N	323, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 10, column b
569	571	Total Available Credit	10	N	323, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 10, column c
570	572	Total Contribs Current Tx Yr	10	N	323, Line 23	Enter amount from Part 1, line 11
571	573	Max Credit Allow CR323	10	N	323, Line 24	<b>Revised threshold amounts</b> - Single Taxpayer or Heads of Household Enter \$611 Married Taxpayer Enter \$1221
572	574	Total Excess Contributions	10	N	323, Line 25	Form 348, Subtract 24 from 23 or Zero
573	575	ADVS Receipt Yes	1	A	340, Box 1-YES	X or null
574	576	ADVS Receipt No	1	A	340, Box 1-NO	X or null
575	577	Qualified Donations pre-9/11	10	N	340, Line 2	
576	578	Qualified Donations post-9/11	10	N	340, Line 3	
577	579	Total Qualified Donations	10	N	340, Line 4	Add lines 2 and 3
578	580	Allowable Qualified Donations	10	N	340, Line 5	Single Taxpayer or Heads of Household Enter \$200 Married Taxpayer Enter \$400
579	581	Current Year's Credit	10	N	340, Line 6	Enter smaller of Line 4 or Line 5. Form 301, Part 1, line 18, columns a and c
580	582	Claiming School Credit Form 323 Yes	1	A	348, Box 1a-YES	X or null
581	583	Claiming School Credit Form 323 No	1	A	348, Box 1a-NO	X or null
582	584	Excess School Credit Form 323 Yes	1	A	348, Box 1b-YES	X or null
583	585	Excess School Credit Form 323 No	1	A	348, Box 1b-NO	X or null
584	586	Claiming Carryover Only Yes	1	A	348, Box 1c-YES	X or null
585	587	Claiming Carryover Only No	1	A	348, Box 1c-NO	X or null
586	588	Name of School 1	30	A	348, Line 2b	Line column letter change
587	589	Address of School 1	30	A/N	348, Line 2c	Line column letter change
588	590	City State of School 1	30	A	348, Line 2d	Line column letter change
589	591	Amt of Contribution 1	10	N	348, Line 2e	Line column letter change
590	592	Name of School 2	30	A	348, Line 3b	Line column letter change
591	593	Address of School 2	30	A/N	348, Line 3c	Line column letter change
592	594	City State of School 2	30	A	348, Line 3d	Line column letter change
593	595	Amt of Contribution 2	10	N	348, Line 3e	Line column letter change
594	596	Name of School 3	30	A	348, Line 4b	Line column letter change
595	597	Address of School 3	30	A/N	348, Line 4c	Line column letter change
596	598	City State of School 3	30	A	348, Line 4d	Line column letter change
597	599	Amt of Contribution 3	10	N	348, Line 4e	Line column letter change
598	600	Continuation Sheet 5h or Zero	10	N	348, Line 5	
599	601	Total Contributions Certified School Tuition Prev Yr	10	N	348, Line 6	Add Lines 2-5 Column e

## Legend

Blue: Additions TY2021

Yellow: Changes for TY2021

Dark Orange: Removed Items for TY2021

600	602	Name of School 4	30	A	348, Line 7b	Line column letter change
601	603	Address of School 4	30	A/N	348, Line 7c	Line column letter change
602	604	City State of School 4	30	A	348, Line 7d	Line column letter change
603	605	Amt of Contribution 4	10	N	348, Line 7e	Line column letter change
604	606	Name of School 5	30	A	348, Line 8b	Line column letter change
605	607	Address of School 5	30	A/N	348, Line 8c	Line column letter change
606	608	City State of School 5	30	A	348, Line 8d	Line column letter change
607	609	Amt of Contribution 5	10	N	348, Line 8e	Line column letter change
608	610	Name of School 6	30	A	348, Line 9b	Line column letter change
609	611	Address of School 6	30	A/N	348, Line 9c	Line column letter change
610	612	City State of School 6	30	A	348, Line 9d	Line column letter change
611	613	Amt of Contribution 6	10	N	348, Line 9e	Line column letter change
612	614	Continuation Sheet 10h or Zero	10	N	348, Line 10	
613	615	Total Contributions Certified School Tuition	10	N	348, Line 11	Add lines 7-10 Column e
614	616	Total Contributions Prev and Curr	10	N	348, Line 12	Add Lines 6 and 11
615	617	Allowable Credit Claimed Form 323	10	N	348, Line 13	Single Taxpayer or Heads of Household Enter \$611 Married Taxpayer Enter \$1221
616	618	Potential Credit	10	N	348, Line 14	Subtract Line 13 from Line 12
617	619	Allowable Max Credit	10	N	348, Line 15	<b>Revised threshold amounts</b> - Single Taxpayer or Heads of Household Enter \$608 Married Taxpayer Enter \$1214
618	620	Current Year's Credit	10	N	348, Line 16	Enter smaller of Line 14 or Line 15
619	621	Original Credit Amount 17b	10	N	348, Line 17b	Enter Amount from Prior Year 5
620	622	Previous Used Amount 17c	10	N	348, Line 17c	Enter Amount from Prior Year 5
621	623	Available Credit Carryover 17d	10	N	348, Line 17d	Enter Amount from Prior Year 5
622	624	Original Credit Amount 18b	10	N	348, Line 18b	Enter Amount from Prior Year 4
623	625	Previous Used Amount 18c	10	N	348, Line 18c	Enter Amount from Prior Year 4
624	626	Available Credit Carryover 18d	10	N	348, Line 18d	Enter Amount from Prior Year 4
625	627	Original Credit Amount 19b	10	N	348, Line 19b	Enter Amount from Prior Year 3
626	628	Previous Used Amount 19c	10	N	348, Line 19c	Enter Amount from Prior Year 3
627	629	Available Credit Carryover 19d	10	N	348, Line 19d	Enter Amount from Prior Year 3
628	630	Original Credit Amount 20b	10	N	348, Line 20b	Enter Amount from Prior Year 2
629	631	Previous Used Amount 20c	10	N	348, Line 20c	Enter Amount from Prior Year 2
630	632	Available Credit Carryover 20d	10	N	348, Line 20d	Enter Amount from Prior Year 2
631	633	Original Credit Amount 21b	10	N	348, Line 21b	Enter Amount from Prior Year 1
632	634	Previous Used Amount 21c	10	N	348, Line 21c	Enter Amount from Prior Year 1
633	635	Available Credit Carryover 21d	10	N	348, Line 21d	Enter Amount from Prior Year 1
634	636	Total Available Carryover	10	N	348, Line 22	Add Lines 17-21 Column d
635	637	Current Year's Total Credit	10	N	348, Line 23	Amount from Part 1 L16 and enter on Form 301, Part 1, line 23, column a
636	638	Available Credit Carryover	10	N	348, Line 24	Amount from Part 2 L22 and enter on Form 301, Part 1, line 23, column b
637	639	Total Available Credit	10	N	348, Line 25	Add lines 23 and 24 and enter on Form 301, Part 1, line 23, column c
638	640	Foster Care Charity Code 1	5	N	352, Line 1b	Line column letter change
639	641	Name of Qualifying Foster Care Charity 1	30	A	352, Line 1c	Line column letter change
640	642	Amt Contributed 1	10	N	352, Line 1d	Line column letter change
641	643	Foster Care Charity Code 2	5	N	352, Line 2b	Line column letter change
642	644	Name of Qualifying Foster Care Charity 2	30	A	352, Line 2c	Line column letter change
643	645	Amount Contributed 2	10	N	352, Line 2d	Line column letter change
644	646	Foster Care Charity Code 3	5	N	352, Line 3b	Line column letter change
645	647	Name of Qualifying Foster Care Charity 3	30	A	352, Line 3c	Line column letter change
646	648	Amt Contributed 3	10	N	352, Line 3d	Line column letter change
647	649	Continuation Sheet 4h or Zero	10	N	352, Line 4	
648	650	Total Qualifying Foster Care Charity	10	N	352, Line 5	Add lines 1-4 Column d
649	651	Foster Care Charity Code 4	5	N	352, Line 6b	Line column letter change
650	652	Name of Qualifying Foster Care Charity 4	30	A	352, Line 6c	Line column letter change
651	653	Amt Contributed 4	10	N	352, Line 6d	Line column letter change
652	654	Foster Care Charity Code 5	5	N	352, Line 7b	Line column letter change
653	655	Name of Qualifying Foster Care Charity 5	30	A	352, Line 7c	Line column letter change
654	656	Amount Contributed 5	10	N	352, Line 7d	Line column letter change
655	657	Foster Care Charity Code 6	5	N	352, Line 8b	Line column letter change
656	658	Name of Qualifying Foster Care Charity 6	30	A	352, Line 8c	Line column letter change
657	659	Amt Contributed 6	10	N	352, Line 8d	Line column letter change

Legend

658	660	Continuation Sheet 9h or Zero	10	N	352, Line 9	
659	661	Total Qualifying Charity <sup>2</sup>	10	N	352, Line 10	Add lines 6-9 Column d
660	662	Total Cash Contri Qual Charity	10	N	352, Line 11	Add lines 5 and 10
661	663	Allowable Charity Credit	10	N	352, Line 12	Single Taxpayer or Heads of Household Enter \$500 Married Taxpayer Enter \$1000
662	664	Current Year's Qualifying Charity Credit	10	N	352, Line 13	Enter smaller of Line 11 or Line 12
663	665	Original Credit Amount 14b	10	N	352, Line 14b	Enter Amount from Prior Year 4
664	666	Previous Used Amount 14c	10	N	352, Line 14c	Enter Amount from Prior Year 4
665	667	Available Credit Carryover 14d	10	N	352, Line 14d	Enter Amount from Prior Year 4
666	668	Original Credit Amount 15b	10	N	352, Line 15b	Enter Amount from Prior Year 3
667	669	Previous Used Amount 15c	10	N	352, Line 15c	Enter Amount from Prior Year 3
668	670	Available Credit Carryover 15d	10	N	352, Line 15d	Enter Amount from Prior Year 3
669	671	Original Credit Amount 16b	10	N	352, Line 16b	Enter Amount from Prior Year 2
670	672	Previous Used Amount 16c	10	N	352, Line 16c	Enter Amount from Prior Year 2
671	673	Available Credit Carryover 16d	10	N	352, Line 16d	Enter Amount from Prior Year 2
672	674	Original Credit Amount 17b	10	N	352, Line 17b	Enter Amount from Prior Year 1
673	675	Previous Used Amount 17c	10	N	352, Line 17c	Enter Amount from Prior Year 1
674	676	Available Credit Carryover 17d	10	N	352, Line 17d	Enter Amount from Prior Year 1
675	677	Original Credit Amount 18b	10	N	352, Line 18b	Enter Amount from Prior Year 0
676	678	Previous Used Amount 18c	10	N	352, Line 18c	Enter Amount from Prior Year 0
677	679	Available Credit Carryover 18d	10	N	352, Line 18d	Enter Amount from Prior Year 0
678	680	Total Available Credit Carryover	10	N	352, Line 19	Add Lines 14 through 18 Column d
679	681	Current Yr's Credit	10	N	352, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 24, column a
680	682	Available Carryover	10	N	352, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 24, column b
681	683	Total Available Credit	10	N	352, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 24, column c
682	684	Trailer	5	A	*EOD*	

## Legend

Blue: Additions TY2021

Yellow: Changes for TY2021

Dark Orange: Removed Items for TY2021



Arizona 140A - Full Year Resident Return - Short						
2D Barcode Record Layout						
2020 FIELD NO	2021 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	2021
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
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
71	71	Dependent 3 Qual Anc First Name	10	A	140A, Line 11d (a1)	

Legend

Blue: Additions for TY2021

Yellow: Changes for TY2021

Dark Orange: Removed Items for TY2021

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 = <b>\$12,550</b> Married Filing Jointly = <b>\$25,100</b> Head of Household = <b>\$18,800</b>
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
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
97	97	Overpayment	10	N	140A, Line 30	If line 28 > line 23, subtract line 23 from line 28 and enter the
98	98	Total Tax or Refund From Page 1	10	N	140A, Line 31	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	Libertarian Party	1	A	140A, 43-2	"X" or null
112	112	Republican Party	1	A	140A, 43-3	"X" or null
113	113	Total Contribs	10	N	140A, Line 44	Add Lines 32 through 42
114	114	Refund Amount	10	N	140A, Line 45	Subtract Line 44 from Line 31
115	115	Foreign Account	1	A	140A, Box 45A	Y or Null; If "Y", Fields 116-119 should be disabled.
116	116	Dir Dep Routing Nbr	9	N	140A, 98	For direct deposit; direct debit is not supported.
117	117	Dir Dep Account Nbr	17	A/N	140A, 98	For direct deposit; direct debit is not supported.
118	118	Dir Dep Checking	1	A	140A, 98	X or null; direct deposit only
119	119	Dir Dep Savings	1	A	140A, 98	X or null; direct deposit only
120	120	Amount Owed	10	N	140A, Line 46	Add Lines 31 and 44
121	121	Prior Last Names	20	A	Front Page Line 97	Comma delimited
122	122	Primary Occupation	16	A	140A, pg2	
123	123	Spouse Occupation	16	A	140A, pg2	
124	124	Preparer Name	35	A/N	140A, pg2	
125	125	Preparer Address	35	A/N	140A, pg2	
126	126	Preparer City	21	A	140A, pg2	
127	127	Preparer State	2	A	140A, pg2	
128	128	Preparer Zip Code	9	N	140A, pg2	
129	129	Preparer FEIN	9	N	140A, pg2	No hyphens
130	130	Paid Preparer Phone Number	10	N	140A, pg2	
131	131	Employer ID (1)	9	N	W-2 (1st Wage Statement)	
132	132	Employee SSN (1)	9	N	W-2 (1st Wage Statement)	
133	133	Arizona Wages (1)	10	N	W-2 (1st Wage Statement)	
134	134	Arizona Withholding (1)	10	N	W-2 (1st Wage Statement)	
135	135	Employer ID (2)	9	N	W-2 (2nd Wage Statement)	
136	136	Employees SSN (2)	9	N	W-2 (2nd Wage Statement)	
137	137	Arizona Wages (2)	10	N	W-2 (2nd Wage Statement)	
138	138	Arizona Withholding (2)	10	N	W-2 (2nd Wage Statement)	
139	139	Employer ID (3)	9	N	W-2 (3rd Wage Statement)	
140	140	Employees SSN (3)	9	N	W-2 (3rd Wage Statement)	
141	141	Arizona Wages (3)	10	N	W-2 (3rd Wage Statement)	
142	142	Arizona Withholding (3)	10	N	W-2 (3rd Wage Statement)	
143	143	Employer ID (4)	9	N	W-2 (4th Wage Statement)	
144	144	Employees SSN (4)	9	N	W-2 (4th Wage Statement)	

Legend

Blue: Additions for TY2021

Yellow: Changes for TY2021

Dark Orange: Removed Items for TY2021

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

Legend

Blue: Additions for TY2021

Yellow: Changes for TY2021

Dark Orange: Removed Items for TY2021

Arizona 140NR - Non-Resident Return						
2D Barcode Record Layout						
2020 FIELD NO	2021 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	2021
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 TP is
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	
70	70	Interest Fed	10	N	140NR, Line 16 Fed	
71	71	Interest AZ	10	N	140NR, Line 16 AZ	

Legend  
 Blue: Additions for TY2021  
 Yellow: Changes for TY2021  
 Dark Orange: Removed Items for TY2021

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% as
	91	Modified Arizona Gross Income	10	N	140NR, Line 29	Total from Line 26 (Line 28 not supported by 2D)
91	92	Total Depreciation	10	N	140NR, Line 30	Formerly line 28
92	93	Partnership Income Adjustment Add	10	N	140NR, Line 31	Formerly line 29
93		Net capital (loss) derived from the exchange of legal tender	10	N	140NR, Line 30	
94	94	Other Additions	10	N	140NR, Line 32	Total from page 5 worksheet Formerly line 31
95	95	Total Additions	10	N	140NR, Line 33	Add lines 29, 30, 31 and 32 Formerly line 32
96	96	Arizona Sourced net capital Gain/Loss	10	N	140NR, Line 34	Formerly line 33
97	97	Total Net Short-Term Capital Gain/Loss	10	N	140NR, Line 35	Formerly line 34
98	98	Total Net Long-Term Capital Gain/Loss	10	N	140NR, Line 36	Formerly line 35
99	99	Net Long-Term Capital Gain From Assets	10	N	140NR, Line 37	Formerly line 36
100	100	Capital Gain Allowable Subt. Calculation	10	N	140NR, Line 38	Multiply line 37 by 25% (.25)
101	101	Net Capital Gain From Invest Small Buss	10	N	140NR, Line 39	Formerly line 38
102		Net capital (loss) derived from the exchange of legal	10	N	140NR, Line 39	
103	102	Recalculated AZ Depreciation	10	N	140NR, Line 40	
104	103	Partnership Income Adjustment Sub	10	N	140NR, Line 41	
105	104	Total Subtractions	10	N	140NR, Line 42	Subtract lines 38 through 41 from line 33
106	105	Int. Savings Bond	10	N	140NR, Line 43	
107	106	Agric Crops Contrib	10	N	140NR, Line 44	
108	107	Other Subtractions	10	N	140NR, Line 45	Total from page 6 worksheet - added page 6 to return
109	108	Subtotal	10	N	140NR, Line 46	Subtract lines 43 through 45 from line 42
110	109	Age 65 Exempt Amt	10	N	140NR, Line 47	Multiply the number in Box 8 by \$2100
111	110	Blind Exempt Amt	10	N	140NR, Line 48	Multiply the number in Box 9 by \$1500
112	111	Total other exemptions	2	N	140NR, Line 49E	Amount from page 4, part 3
113	112	Other Exemptions	10	N	140NR, Line 49	Multiply the number in Box 49E by \$2300
114	113	Total Exemptions	10	N	140NR, Line 50	Add lines 47, 48, and 49
115	114	AZ Exempt Portion	10	N	140NR, Line 51	Multiply line 50 by Arizona Income Ratio on line 27
116	115	AZ Adjusted Gross	10	N	140NR, Line 52	Subtract line 51 from line 46. If < zero, enter "0"
117	116	Itemized Deductions	1	A	140NR, 53-I	X or null
118	117	Standard Deductions	1	A	140NR, 53-S	X or null
119	118	Deduction Amount	10	N	140NR, Line 53	ITEMIZED OR PRORATED IF NOT MILITARY Single, Married Filing Separate = <b>\$12,550</b> Married Filing Jointly = <b>\$25,100</b> Head of Household = <b>\$18,800</b>
120	119	Claiming Charitable Deductions	1	A	140NR, Line 54C	X or null
121	120	Additional Charitable Deductions	10	N	140NR, Line 54	Total from Line 9C, page 3 Qualifying Charitable Deductions
122	121	Az Taxable Income	10	N	140NR, Line 55	Subtract 53 and 54 from 52, if < 0 enter "0"
123	122	Computed Tax	10	N	140NR, Line 56a	Compute tax from line 55 using Tax Table X or Y
	123	Compute Tax Surcharge	10	N	140NR, Line 56b	Compute tax surcharge if AZ taxable income on L55 is: >\$250,000 for Single/MFS >\$500,000 for MFJ/HOH Multiply the taxable income amount that is over by 3.5% and enter on line 56b

Legend  
Blue: Additions for TY2021  
Yellow: Changes for TY2021  
Dark Orange: Removed Items for TY2021



124	124	Tax from Recapture Credits	10	N	140NR, Line 57	From AZ Form 301, Part 2, line 30
125	125	Subtotal of tax	10	N	140NR, Line 58	Add lines 56a, 56b 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 and 60 > 58 enter "0"
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-l	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 due
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 2022 Estimated Tax
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	Libertarian Party	1	A	140NR, 82-2	"X" or null
155	155	Republican Party	1	A	140NR, 82-3	"X" or null
156	156	Est Pmt Pen	10	N	140NR, Line 83	
157	157	Annualized Other	1	A	140NR, 84-1	Y or null
158	158	Farmer/Fisherman	1	A	140NR, 84-2	Y or null
159	159	Form 221 Attached	1	A	140NR, 84-3	Y or null
160	160	Tot Contrib/Penalty	10	N	140NR, Line 85	Add Lines 71 - 81, and 83
161	161	Refund Amount	10	N	140NR, Line 86	Subtract Line 85 from Line 70
162	162	Foreign Account	1	A	140NR Line 86A	Y or Null; If "Y", Fields 163-166 should be disabled.
163	163	Dir Dep Routing Nbr	9	N	140NR, 98	For direct deposit; direct debit is not supported.
164	164	Dir Dep Account Nbr	17	A/N	140NR, 98	For direct deposit; direct debit is not supported.
165	165	Dir Dep Checking	1	A	140NR, 98	X or null; direct deposit only
166	166	Dir Dep Savings	1	A	140NR, 98	X or null; direct deposit only
167	167	Amount Owed	10	N	140NR, Line 87	Add Lines 67 and Line 85
168	168	Prior Last Names	20	A	Front Page, 97	Comma delimited
169	169	Primary Occupation	16	A	140NR,pg2	
170	170	Spouse Occupation	16	A	140NR,pg2	
171	171	Preparer Name	35	A/N	140NR,pg2	
172	172	Preparer FEIN	9	N	140NR,pg2	No hypkens
173	173	Preparer Address	35	A/N	140NR,pg2	
174	174	Preparer City	21	A	140NR,pg2	
175	175	Preparer State	2	A	140NR,pg2	
176	176	Preparer Zip Code	9	N	140NR,pg2	
177	177	Paid Preparer Phone Number	10	N	140NR,pg2	
178	178	Gifts by Cash or Check	10	N	140NR, pg3, Line 1C	
179	179	Other than by Cash or Check	10	N	140NR, pg3, Line 2C	
180	180	Carryover Prior Year	10	N	140NR, pg3, Line 3C	
181	181	Sum lines C1 thru C3	10	N	140NR, pg3, Line 4C	Add lines 1C thru 3C
182		Federal Charitable contribution deduction	10	N	140NR, pg3, Line 5C	
183	182	Total Char Ded Claiming a AZ credit	10	N	140NR, pg3, Line 5C	
184	183	Total Subtraction	10	N	140NR, pg3, Line 6C	Subtract line 5C from line 4C
185	184	Total Increase	10	N	140NR, pg3, Line 7C	Multiply line 6C by .25
186	185	AZ Income Ratio from pg 1 Line 27	10	N	140NR, pg3, Line 8C	AZ income ratio from Line 27
187	186	Prorated total increase	10	N	140NR, pg3, Line 9C	Multiply line 7C by ratio from line 8C
188	187	Med/Dent Expenses	10	N	AZSchA(NR) 1	
189	188	Fed Med Deductions	10	N	AZSchA(NR) 2	
190	189	Medical Add Adjust	10	N	AZSchA(NR) 3	
191	190	Medical Subt Adjust	10	N	AZSchA(NR) 4	

192	191	Fed Credit Int Paid	10	N	AZSchA(NR) 5	
193	192	Contribution Adjust	10	N	AZSchA(NR) 6	
194	193	State Inc Tax Adjust	10	N	AZSchA(NR) 7	
195	194	Sum Add Adjust	10	N	AZSchA(NR) 8	Add Lines 3 & 5
196	195	Sum Subt Adjust	10	N	AZSchA(NR) 9	Add Lines 4, 6, & 7
197	196	Tot Fed Item Deduct	10	N	AZSchA(NR) 10	
198	197	Sum Az Item Deduct	10	N	AZSchA(NR) 14	
199	198	Az Itemized Deductions	10	N	AZSchA(NR) 16	
200	199	Medical/Dental Expenses	10	N	FedSchA(2-D) 1	
201	200	Adjusted Gross Income	10	N	FedSchA(2-D) 2	
202	201	Medical Allowance	10	N	FedSchA(2-D) 3	
203	202	Total Medical/Dental	10	N	FedSchA(2-D) 4	
204	203	State and Local Taxes	10	N	FedSchA(2-D) 5a	
205	204	Real Estate Taxes	10	N	FedSchA(2-D) 5b	
206	205	Personal Property Taxes	10	N	FedSchA(2-D) 5c	
207	206	Other Taxes	10	N	FedSchA(2-D) 6	
208	207	Total Other Taxes	10	N	FedSchA(2-D) 7	
209	208	Mortgage Interest from 1098	10	N	FedSchA(2-D) 8a	
210	209	Other Mortgage Interest	10	N	FedSchA(2-D) 8b	
211	210	Deductible Points	10	N	FedSchA(2-D) 8c	
212	211	Investment Interest	10	N	FedSchA(2-D) 9	
213	212	Total Interest	10	N	FedSchA(2-D) 10	
214	213	Total Cash/Check Contrib	10	N	FedSchA(2-D) 11	
215	214	Non-Cash/Check Contrib	10	N	FedSchA(2-D) 12	
216	215	Carryover Prior Year	10	N	FedSchA(2-D) 13	
217	216	Total Contrib	10	N	FedSchA(2-D) 14	
218	217	Casualty/Theft Loss	10	N	FedSchA(2-D) 15	
219	218	Tot Other Misc Deduct	10	N	FedSchA(2-D) 16	
220	219	Total Item Deduct	10	N	FedSchA(2-D) 17	
221	220	Employer ID (1)	9	N	W-2 (1st Wage Statement)	No hyphens
222	221	Employee SSN (1)	9	N	W-2 (1st Wage Statement)	No hyphens
223	222	Arizona Wages (1)	10	N	W-2 (1st Wage Statement)	
224	223	Arizona Withholding (1)	10	N	W-2 (1st Wage Statement)	
225	224	Employer ID (2)	9	N	W-2 (2nd Wage Statement)	No hyphens
226	225	Employee SSN (2)	9	N	W-2 (2nd Wage Statement)	No hyphens
227	226	Arizona Wages (2)	10	N	W-2 (2nd Wage Statement)	
228	227	Arizona Withholding (2)	10	N	W-2 (2nd Wage Statement)	
229	228	Employer ID (3)	9	N	W-2 (3rd Wage Statement)	No hyphens
230	229	Employee SSN (3)	9	N	W-2 (3rd Wage Statement)	No hyphens
231	230	Arizona Wages (3)	10	N	W-2 (3rd Wage Statement)	
232	231	Arizona Withholding (3)	10	N	W-2 (3rd Wage Statement)	
233	232	Employer ID (4)	9	N	W-2 (4th Wage Statement)	No hyphens
234	233	Employee SSN (4)	9	N	W-2 (4th Wage Statement)	No hyphens
235	234	Arizona Wages (4)	10	N	W-2 (4th Wage Statement)	
236	235	Arizona Withholding (4)	10	N	W-2 (4th Wage Statement)	
237	236	Payer's ID (1)	9	N	1099-R (1st Statement)	No hyphens
238	237	Recipient's SSN (1)	9	N	1099-R (1st Statement)	No hyphens
239	238	1099 Gross Amt (1)	10	N	1099-R (1st Statement)	
240	239	1099 Taxable Amount (1)	10	N	1099-R (1st Statement)	
241	240	1099 Az WH (1)	10	N	1099-R (1st Statement)	
242	241	Payer's ID (2)	9	N	1099-R (2nd Statement)	No hyphens
243	242	Recipient's SSN (2)	9	N	1099-R (2nd Statement)	No hyphens
244	243	1099 Gross Amt (2)	10	N	1099-R (2nd Statement)	
245	244	1099 Taxable Amount (2)	10	N	1099-R (2nd Statement)	
246	245	1099 Az WH (2)	10	N	1099-R (2nd Statement)	
247	246	Military Reuse Zone Credit b	10	N	301, Line 1b (Form 306)	
248	247	Military Reuse Zone Credit c	10	N	301, Line 1c (Form 306)	
249	248	Increased Research Act Ind Credit a	10	N	301, Line 2a (Form 308-I)	
250	249	Increased Research Act Ind Credit b	10	N	301, Line 2b (Form 308-I)	
251	250	Increased Research Act Ind Credit c	10	N	301, Line 2c (Form 308-I)	
252	251	Tax Paid Other State Credit a	10	N	301, Line 3a (Form 309)	
253	252	Tax Paid Other State Cntry Credit c	10	N	301, Line 3c (Form 309)	
254	253	Solar Energy Devices Credit a	10	N	301, Line 4a (Form 310)	
255	254	Solar Energy Devices Credit b	10	N	301, Line 4b (Form 310)	
256	255	Solar Energy Devices Credit c	10	N	301, Line 4c (Form 310)	
257	256	Agri Water Conserv Sys Credit a	10	N	301, Line 5a (Form 312)	
258	257	Agri Water Conserv Sys Credit b	10	N	301, Line 5b (Form 312)	
259	258	Agri Water Conserv Sys Credit c	10	N	301, Line 5c (Form 312)	
260	259	Polution Control Credit a	10	N	301, Line 6a (Form 315)	
261	260	Polution Control Credit b	10	N	301, Line 6b (Form 315)	
262	261	Polution Control Credit c	10	N	301, Line 6c (Form 315)	
263	262	Solar Heat and Elect Veh Outlets Credit b	10	N	301, Line 7b (Form 319)	
264	263	Solar Heat and Elect Veh Outlets Credit c	10	N	301, Line 7c (Form 319)	
265		Employ TANF Recipients Credit a	10	N	301, Line 8a (Form 320)	
266		Employ TANF Recipients Credit b	10	N	301, Line 8b (Form 320)	

Legend  
 Blue: Additions for TY2021  
 Yellow: Changes for TY2021  
 Dark Orange: Removed Items for TY2021

267		Employ TANF Recipients Credit c	10	N	301, Line 8c (Form 320)	
268	264	Contrib Qual Chart Orgns Credit a	10	N	301, Line 8a (Form 321)	Line number change
269	265	Contrib Qual Chart Orgns Credit b	10	N	301, Line 8b (Form 321)	Line number change
270	266	Contrib Qual Chart Orgns Credit c	10	N	301, Line 8c (Form 321)	Line number change
271	267	Contrib Fees Paid Pub Schs Credit a	10	N	301, Line 9a (Form 322)	Line number change
272	268	Contrib Fees Paid Pub Schs Credit b	10	N	301, Line 9b (Form 322)	Line number change
273	269	Contrib Fees Paid Pub Schs Credit c	10	N	301, Line 9c (Form 322)	Line number change
274	270	Contrib Priv Sch Tuit Orgns Credit a	10	N	301, Line 10a (Form 323)	Line number change
275	271	Contrib Priv Sch Tuit Orgns Credit b	10	N	301, Line 10b (Form 323)	Line number change
276	272	Contrib Priv Sch Tuit Orgns Credit c	10	N	301, Line 10c (Form 323)	Line number change
277	273	Agri Pol Cntrl Equip Credit a	10	N	301, Line 11a (Form 325)	Line number change
278	274	Agri Pol Cntrl Equip Credit b	10	N	301, Line 11b (Form 325)	Line number change
279	275	Agri Pol Cntrl Equip Credit c	10	N	301, Line 11c (Form 325)	Line number change
280	276	Donation School Site Credit a	10	N	301, Line 12a (Form 331)	Line number change
281	277	Donation School Site Credit b	10	N	301, Line 12b (Form 331)	Line number change
282	278	Donation School Site Credit c	10	N	301, Line 12c (Form 331)	Line number change
283	279	Healthy Forest Enterprises Credit a	10	N	301, Line 13a (Form 332)	Line number change
284	280	Healthy Forest Enterprises Credit b	10	N	301, Line 13b (Form 332)	Line number change
285	281	Healthy Forest Enterprises Credit c	10	N	301, Line 13c (Form 332)	Line number change
286	282	Employ Natl Guard Members Credit a	10	N	301, Line 14a (Form 333)	Line number change
287	283	Employ Natl Guard Members Credit b	10	N	301, Line 14b (Form 333)	Line number change
288	284	Employ Natl Guard Members Credit c	10	N	301, Line 14c (Form 333)	Line number change
289	285	Business Contrib School Tuition Org a	10	N	301, Line 15a (Form 335-I)	Line number change
290	286	Business Contrib School Tuition Org b	10	N	301, Line 15b (Form 335-I)	Line number change
291	287	Business Contrib School Tuition Org c	10	N	301, Line 15c (Form 335-I)	Line number change
292	288	Solar Energy Devices Comm Ind Credit b	10	N	301, Line 16b (Form 336)	Line number change
293	289	Solar Energy Devices Comm Ind Credit c	10	N	301, Line 16c (Form 336)	Line number change
294	290	Invest Qual Small Bus Credit a	10	N	301, Line 17a (Form 338)	Line number change
295	291	Invest Qual Small Bus Credit b	10	N	301, Line 17b (Form 338)	Line number change
296	292	Invest Qual Small Bus Credit c	10	N	301, Line 17c (Form 338)	Line number change
297	293	Military Fam Relf Fnd Credit a	10	N	301, Line 18a (Form 340)	Line number change
298	294	Military Fam Relf Fnd Credit c	10	N	301, Line 18c (Form 340)	Line number change
299	295	Business Contrib School Tuition Disabled a	10	N	301, Line 19a (Form 341-I)	Line number change
300	296	Business Contrib School Tuition Disabled b	10	N	301, Line 19b (Form 341-I)	Line number change
301	297	Business Contrib School Tuition Disabled c	10	N	301, Line 19c (Form 341-I)	Line number change
302	298	Renew Energy Prod Tax Credit a	10	N	301, Line 20a (Form 343)	Line number change
303	299	Renew Energy Prod Tax Credit b	10	N	301, Line 20b (Form 343)	Line number change
304	300	Renew Energy Prod Tax Credit c	10	N	301, Line 20c (Form 343)	Line number change
305	301	New Employment Credit a	10	N	301, Line 21a (Form 345)	Line number change
306	302	New Employment Credit b	10	N	301, Line 21b (Form 345)	Line number change
307	303	New Employment Credit c	10	N	301, Line 21c (Form 345)	Line number change
308	304	Increased Resrch Act Basic Resrch Credit a	10	N	301, Line 22a (Form 346)	Line number change
309	305	Incres Resrch Act Basic Resrch Credit b	10	N	301, Line 22b (Form 346)	Line number change
310	306	Incres Resrch Act Basic Resrch Credit c	10	N	301, Line 22c (Form 346)	Line number change
311	307	Contrib Cert Schl Tuit Orgns Credit a	10	N	301, Line 23a (Form 348)	Line number change
312	308	Contrib Cert Schl Tuit Orgns Credit b	10	N	301, Line 23b (Form 348)	Line number change
313	309	Contrib Cert Schl Tuit Orgns Credit c	10	N	301, Line 23c (Form 348)	Line number change
314	310	Contrib Qual Foster Care Char Orgns Credit a	10	N	301, Line 24a (Form 352)	Line number change
315	311	Contrib Qual Foster Care Char Orgns Credit b	10	N	301, Line 24b (Form 352)	Line number change
316	312	Contrib Qual Foster Care Char Orgns Credit c	10	N	301, Line 24c (Form 352)	Line number change
	313	Healthy Forest Production Credit a	10	N	301, Line 25a (Form 353)	
	314	Healthy Forest Production Credit b	10	N	301, Line 25b (Form 353)	
	315	Healthy Forest Production Credit c	10	N	301, Line 25c (Form 353)	
317	316	Total Available Nonrefundable Tax Credits	10	N	301, Line 26	Add Lines 1 through 25 Column c Only
318	317	Total AZ Tax	10	N	301, Line 27	Tax From F140 L46a and L46b or F140PY L56a and L56b or F140NR L56a and L56b or F140X L37a and L37b
319	318	Tax Recap Credits Hlthy Forest Entrs	10	N	301, Line 28	From AZ Credit Form 332 Part 9 Line 39 and Part 10 Line 45
320	319	Tax Recap Credits Qual Facs	10	N	301, Line 29	From AZ Credit Form 349 Part 7 Line 19
321	320	Total Recapture of Credits	10	N	301, Line 30	Add Lines 28 and 29
322	321	Subtotal Tax Credits and Recap Credits	10	N	301, Line 31	Add Lines 27 and 30
323	322	Family Income Tax Credit/Dependent Tax Credit	10	N	301, Line 32	From F140 L49 and L50 or F140PY L59 and L60 or F140X L40a and L40b or F140NR L59 - Total of both lines
324	323	Total Tax Credits and Recap Credits	10	N	301, Line 33	Subtract Line 32 from Line 31. If < 0 Enter "0"
325	324	Military Reuse Zone Credit Used	10	N	301, Line 34 (Form 306)	Line number change
326	325	Increased Research Act Indiv Credit Used	10	N	301, Line 35 (Form 308-I)	Line number change
327	326	Tax Paid Other State Ctry Credit Used	10	N	301, Line 36 (Form 309)	Line number change
328	327	Solar Energy Devices Credit Used	10	N	301, Line 37 (Form 310)	Line number change
329	328	Agri Water Conserv Sys Credit Used	10	N	301, Line 38 (Form 312)	Line number change
330	329	Polution Control Credit Used	10	N	301, Line 39 (Form 315)	Line number change
331	330	Solar Heat and Elect Veh Outlets Credit Used	10	N	301, Line 40 (Form 319)	Line number change
332		Employ TANF Recipients Credit Used	10	N	301, Line 42 (Form 320)	
333	331	Contrib Qual Chart Orgns Credit Used	10	N	301, Line 41 (Form 321)	Line number change
334	332	Contrib Fees Paid Pub Schs Credit Used	10	N	301, Line 42 (Form 322)	Line number change
335	333	Contrib Priv Sch Tuit Orgns Credit Used	10	N	301, Line 43 (Form 323)	Line number change

Legend

Blue: Additions for TY2021

Yellow: Changes for TY2021

Dark Orange: Removed Items for TY2021

336	334	Agri Pol Cntrl Equip Credit Used	10	N	301, Line 44 (Form 325)	Line number change
337	335	Donation School Site Credit Used	10	N	301, Line 45 (Form 331)	Line number change
338	336	Healthy Forest Enterprises Credit Used	10	N	301, Line 46 (Form 332)	Line number change
339	337	Employ Natl Guard Members Credit Used	10	N	301, Line 47 (Form 333)	Line number change
340	338	Business Contrib School Tuition Org Used	10	N	301, Line 48 (Form 335-I)	Line number change
341	339	Solar Energy Devices Comm Indus Used	10	N	301, Line 49 (Form 336)	Line number change
342	340	Invest Qual Small Bus Credit Used	10	N	301, Line 50 (Form 338)	Line number change
343	341	Donations Military Fam Relf Fnd Credit Used	10	N	301, Line 51 (Form 340)	Line number change
344	342	Business Contrib School Tuition Disabled Used	10	N	301, Line 52 (Form 341-I)	Line number change
345	343	Renew Energy Prod Tax Credit Used	10	N	301, Line 53 (Form 343)	Line number change
346	344	New Employment Credit Used	10	N	301, Line 54 (Form 345)	Line number change
347	345	Incres Resrch Act Basic Resrch Credit Used	10	N	301, Line 55 (Form 346)	Line number change
348	346	Contrib Cert Schl Tuit Orgns Credit Used	10	N	301, Line 56 (Form 348)	Line number change
349	347	Contrib Qual Foster Care Char Orgns Credit Used	10	N	301, Line 57 (Form 352)	Line number change
	348	Healthy Forest Production Credit Used	10	N	301, Line 58 (Form 353)	
350	349	Total Credits Used from Form 301	10	N	301, Line 59	Add Lines 34 through 58.
	350	Total Nonrefundable Credits Used	10	N	301, Line 61	Total from Line 59. Line 60 not supported by 2D. Enter this total on Form 140, L51; Form 140PY, L61; Form 140NR, L60; Form 140X, L41
351	351	Description of Income Items a	30	A	309, Line 1a	
352	352	Description of Income Items b	30	A	309, Line 1b	
353	353	Description of Income Items c	30	A	309, Line 1c	
354	354	Amt Income Listed Report AZ Oth St Cntry a	10	N	309, Line 2a	
355	355	Amt Income Listed Report AZ Oth St Cntry b	10	N	309, Line 2b	
356	356	Amt Income Listed Report AZ Oth St Cntry c	10	N	309, Line 2c	
357	357	Amt Income Include AZ Adj Gross a	10	N	309, Line 3a	
358	358	Amt Income Include AZ Adj Gross b	10	N	309, Line 3b	
359	359	Amt Income Include AZ Adj Gross c	10	N	309, Line 3c	
360	360	Amt Income Include Oth Adj Gross a	10	N	309, Line 4a	
361	361	Amt Income Include Oth Adj Gross b	10	N	309, Line 4b	
362	362	Amt Income Include Oth Adj Gross c	10	N	309, Line 4c	
363	363	Amt Income Taxable by Both AZ Oth a	10	N	309, Line 5a	Enter smaller of Line 3 or 4
364	364	Amt Income Taxable by Both AZ Oth b	10	N	309, Line 5b	Enter smaller of Line 3 or 4
365	365	Amt Income Taxable by Both AZ Oth c	10	N	309, Line 5c	Enter smaller of Line 3 or 4
366	366	Tot Income Taxable by Both AZ Other	10	N	309, Line 6	Add Line 5 a, b, and c
367	367	AZ Tax Liabale Less Credits	10	N	309, Line 7	
368	368	Amt Part1 Line6	10	N	309, Line 8	From Part 1 Line 6
369	369	Amt AZ Income Tax Imposed	10	N	309, Line 9	
370	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 1.000)
371	371	Amt AZ Tax Liability After Credits	10	N	309, Line 11	Multiply Line 7 by the Decimal on Line 10
372	372	Amt Income Tax Paid St or Cntry	10	N	309, Line 12b	
373	373	Tot Income Taxable By Both	10	N	309, Line 13	From Part 1 Line 6
374	374	Tot Income Taxable By Other	10	N	309, Line 14	
375	375	Pct Income Taxable by Other	6	D(4,3)	309, Line 15	Divide Line 13 by Line 14 (Cannot be greater than 1.000)
376	376	Tot Amt Tax Paid Other	10	N	309, Line 16	Multiply Line 12 by the Decimal on Line 15
377	377	Credit Allow Tax Paid Other	10	N	309, Line 17	Enter smaller of Line 11 or 16 and on Form 301, Part 1,
378	378	Description of Income Items a	30	A	309, Line 1a (2)	
379	379	Description of Income Items b	30	A	309, Line 1b (2)	
380	380	Description of Income Items c	30	A	309, Line 1c (2)	
381	381	Amt Income Listed Report AZ Oth St Cntry a	10	N	309, Line 2a (2)	
382	382	Amt Income Listed Report AZ Oth St Cntry b	10	N	309, Line 2b (2)	
383	383	Amt Income Listed Report AZ Oth St Cntry c	10	N	309, Line 2c (2)	
384	384	Amt Income Include AZ Adj Gross a	10	N	309, Line 3a (2)	
385	385	Amt Income Include AZ Adj Gross b	10	N	309, Line 3b (2)	
386	386	Amt Income Include AZ Adj Gross c	10	N	309, Line 3c (2)	
387	387	Amt Income Include Oth Adj Gross a	10	N	309, Line 4a (2)	
388	388	Amt Income Include Oth Adj Gross b	10	N	309, Line 4b (2)	
389	389	Amt Income Include Oth Adj Gross c	10	N	309, Line 4c (2)	
390	390	Amt Income Taxable by Both AZ Oth a	10	N	309, Line 5a (2)	Enter smaller of Line 3 or 4
391	391	Amt Income Taxable by Both AZ Oth b	10	N	309, Line 5b (2)	Enter smaller of Line 3 or 4
392	392	Amt Income Taxable by Both AZ Oth c	10	N	309, Line 5c (2)	Enter smaller of Line 3 or 4
393	393	Tot Income Taxable by Both AZ Other	10	N	309, Line 6 (2)	Add Line 5 a, b, and c
394	394	AZ Tax Liabale Less Credits	10	N	309, Line 7 (2)	
395	395	Amt Part1 Line6	10	N	309, Line 8 (2)	From Part 1 Line 6
396	396	Amt AZ Income Tax Imposed	10	N	309, Line 9 (2)	
397	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)
398	398	Amt AZ Tax Liability After Credits	10	N	309, Line 11 (2)	Multiply Line 7 by the Decimal on Line 10
399	399	Amt Income Tax Paid St or Cntry	10	N	309, Line 12b (2)	
400	400	Tot Income Taxable By Both	10	N	309, Line 13 (2)	From Part 1 Line 6
401	401	Tot Income Taxable By Other	10	N	309, Line 14 (2)	
402	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)
403	403	Tot Amt Tax Paid Other	10	N	309, Line 16 (2)	Multiply Line 12 by the Decimal on Line 15
404	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
405	405	Address of Solar Energy Device	35	A/N	310, Line 1a	
406	406	City of Solar Energy Device	21	A	310, Line 1b	
407	407	State of Solar Energy Device	2	A	310, Line 1c	

Legend

Blue: Additions for TY2021

Yellow: Changes for TY2021

Dark Orange: Removed Items for TY2021

408	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
409	409	Cost of Solar Energy Device	10	N	310, Line 2	
410	410	Percentage of Cost Solar Energy Device	10	N	310, Line 3	AZ Credit Form 310 Multiply Line 2 by .25 (25%)
411	411	Enter Lesser of Line 3 or \$1000	10	N	310, Line 4	
412	412	Amt Credit Prior Years	10	N	310, Line 5	
413	413	Total Credit Current Prior Years	10	N	310, Line 6	Add Lines 4 and 5
414	414	Enter Lesser of Line 6 or \$1000	10	N	310, Line 7	
415	415	Subtotal Allowable Credit	10	N	310, Line 8	Subtract Line 5 from Line 7
416	416	Total Allowable Credit	10	N	310, Line 9	Enter smaller of Line 4 or Line 8
417	417	Original Credit Amount 10b	10	N	310, Line 10b	Enter Amount from Prior Year 5
418	418	Previous Used Amount 10c	10	N	310, Line 10c	Enter Amount from Prior Year 5
419	419	Available Carryover Amount 10d	10	N	310, Line 10d	Enter Amount from Prior Year 5
420	420	Original Credit Amount 11b	10	N	310, Line 11b	Enter Amount from Prior Year 4
421	421	Previous Used Amount 11c	10	N	310, Line 11c	Enter Amount from Prior Year 4
422	422	Available Carryover Amount 11d	10	N	310, Line 11d	Enter Amount from Prior Year 4
423	423	Original Credit Amount 12b	10	N	310, Line 12b	Enter Amount from Prior Year 3
424	424	Previous Used Amount 12c	10	N	310, Line 12c	Enter Amount from Prior Year 3
425	425	Available Carryover Amount 12d	10	N	310, Line 12d	Enter Amount from Prior Year 3
426	426	Original Credit Amount 13b	10	N	310, Line 13b	Enter Amount from Prior Year 2
427	427	Previous Used Amount 13c	10	N	310, Line 13c	Enter Amount from Prior Year 2
428	428	Available Carryover Amount 13d	10	N	310, Line 13d	Enter Amount from Prior Year 2
429	429	Original Credit Amount 14b	10	N	310, Line 14b	Enter Amount from Prior Year 1
430	430	Previous Used Amount 14c	10	N	310, Line 14c	Enter Amount from Prior Year 1
431	431	Available Carryover Amount 14d	10	N	310, Line 14d	Enter Amount from Prior Year 1
432	432	Total Available Carryover	10	N	310, Line 15	Add Lines 10 through 14 column d
433	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
434	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
435	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
436	436	Qualifying Charity Code 1	5	N	321, Line 1b	Line column letter change
437	437	Name of Qualifying Charity 1	30	A	321, Line 1c	Line column letter change
438	438	Amt Contributed 1	10	N	321, Line 1d	Line column letter change
439	439	Qualifying Charity Code 2	5	N	321, Line 2b	Line column letter change
440	440	Name of Qualifying Charity 2	30	A	321, Line 2c	Line column letter change
441	441	Amount Contributed 2	10	N	321, Line 2d	Line column letter change
442	442	Qualifying Charity Code 3	5	N	321, Line 3b	Line column letter change
443	443	Name of Qualifying Charity 3	30	A	321, Line 3c	Line column letter change
444	444	Amount Contributed 3	10	N	321, Line 3d	Line column letter change
445	445	Continuation Sheet 4h or Zero	10	N	321, Line 4	
446	446	Total Contributions Charitable Organizations	10	N	321, Line 5	Add lines 1-4 Column d
447	447	Qualifying Charity Code 4	5	N	321, Line 6b	Line column letter change
448	448	Name of Qualifying Charity 4	30	A	321, Line 6c	Line column letter change
449	449	Amt Contributed 4	10	N	321, Line 6d	Line column letter change
450	450	Qualifying Charity Code 5	5	N	321, Line 7b	Line column letter change
451	451	Name of Qualifying Charity 5	30	A	321, Line 7c	Line column letter change
452	452	Qualifying Charity Code 6	5	N	321, Line 8b	Line column letter change
453	453	Name of Qualifying Charity 6	30	A	321, Line 8c	Line column letter change
454	454	Amount Contributed 6	10	N	321, Line 8d	Line column letter change
455	455	Amt Contributed 6	10	N	321, Line 8c	
456	456	Continuation Sheet 9h or Zero	10	N	321, Line 9	
457	457	Total Qualifying Charity2	10	N	321, Line 10	Add lines 6-9 Column c
458	458	Total Cash Contri Qual Charity	10	N	321, Line 11	Add Lines 5 and 10
459	459	Allowable Charity Credit	10	N	321, Line 12	Household Enter \$400 Married Taxpayer Enter \$800
460	460	Current Year's Qualifying Charity Credit	10	N	321, Line 13	Enter smaller of Line 11 or Line 12
461	461	Original Credit Amount 14b	10	N	321, Line 14b	Enter Amount from Prior Year 5
462	462	Previous Used Amount 14c	10	N	321, Line 14c	Enter Amount from Prior Year 5
463	463	Available Credit Carryover 14d	10	N	321, Line 14d	Enter Amount from Prior Year 5
464	464	Original Credit Amount 15b	10	N	321, Line 15b	Enter Amount from Prior Year 4
465	465	Previous Used Amount 15c	10	N	321, Line 15c	Enter Amount from Prior Year 4
466	466	Available Credit Carryover 15d	10	N	321, Line 15d	Enter Amount from Prior Year 4
467	467	Original Credit Amount 16b	10	N	321, Line 16b	Enter Amount from Prior Year 3
468	468	Previous Used Amount 16c	10	N	321, Line 16c	Enter Amount from Prior Year 3
469	469	Available Credit Carryover 16d	10	N	321, Line 16d	Enter Amount from Prior Year 3
470	470	Original Credit Amount 17b	10	N	321, Line 17b	Enter Amount from Prior Year 2
471	471	Previous Used Amount 17c	10	N	321, Line 17c	Enter Amount from Prior Year 2
472	472	Available Credit Carryover 17d	10	N	321, Line 17d	Enter Amount from Prior Year 2
473	473	Original Credit Amount 18b	10	N	321, Line 18b	Enter Amount from Prior Year 1
474	474	Previous Used Amount 18c	10	N	321, Line 18c	Enter Amount from Prior Year 1
475	475	Available Credit Carryover 18d	10	N	321, Line 18d	Enter Amount from Prior Year 1
476	476	Total Available Credit Carryover	10	N	321, Line 19	Add Lines 14 through 18 Column d
477	477	Current Yr's Credit	10	N	321, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 8, column a
478	478	Available Carryover	10	N	321, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 8, column b
479	479	Total Available Credit	10	N	321, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 8, column c
480	480	CTDS Code 1	9	N	322, Line 1b	Line column letter change

Legend  
 Blue: Additions for TY2021  
 Yellow: Changes for TY2021  
 Dark Orange: Removed Items for TY2021



481	481	Name of Public School 1	30	A	322, Line 1c	Line column letter change
482	482	School District Name/Number 1	30	A	322, Line 1d	Line column letter change
483	483	Amt of Fees Paid 1	10	N	322, Line 1e	Line column letter change
484	484	CTDS Code 2	9	N	322, Line 2b	Line column letter change
485	485	Name of Public School 2	30	A	322, Line 2c	Line column letter change
486	486	School District Name/Number 2	30	A	322, Line 2d	Line column letter change
487	487	Amt of Fees Paid 2	10	N	322, Line 2e	Line column letter change
488	488	CTDS Code 3	9	N	322, Line 3b	Line column letter change
489	489	Name of Public School 3	30	A	322, Line 3c	Line column letter change
490	490	School District Name/Number 3	30	A	322, Line 3d	Line column letter change
491	491	Amt of Fees Paid 3	10	N	322, Line 3e	Line column letter change
492	492	Continuation Sheet 4h or Zero	10	N	322, Line 4	
493	493	Cash Contributions Public Schools	10	N	322, Line 5	Add lines 1-4 Column e
494	494	CTDS Code 6	9	N	322, Line 6b	Line column letter change
495	495	Name of Public School 6	30	A	322, Line 6c	Line column letter change
496	496	School District Name/Number 6	30	A	322, Line 6d	Line column letter change
497	497	Amt of Fees Paid 6	10	N	322, Line 6e	Line column letter change
498	498	CTDS Code 7	9	N	322, Line 7b	Line column letter change
499	499	Name of Public School 7	30	A	322, Line 7c	Line column letter change
500	500	School District Name/Number 7	30	A	322, Line 7d	Line column letter change
501	501	Amt of Fees Paid 7	10	N	322, Line 7e	Line column letter change
502	502	CTDS Code 8	9	N	322, Line 8b	Line column letter change
503	503	Name of Public School 8	30	A	322, Line 8c	Line column letter change
504	504	School District Name/Number 8	30	A	322, Line 8d	Line column letter change
505	505	Amt of Fees Paid 8	10	N	322, Line 8e	Line column letter change
506	506	Continuation Sheet 9h or Zero	10	N	322, Line 9	
507	507	Cash Contributions Public Schools2	10	N	322, Line 10	Add lines 6-9 Column d
508	508	Total Cash and Credit Contri Pub Schools	10	N	322, Line 11	Add Lines 5 and 10
509	509	Allowable Cash Contributions Public Schools	10	N	322, Line 12	Single Taxpayer or Heads of Household Enter \$200 Married Taxpayer Enter \$400
510	510	Current Year's Credit	10	N	322, Line 13	Enter smaller of Line 11 or Line 12
511	511	Original Credit Amount 14	10	N	322, Line 14b	Enter Amount from Prior Year 5
512	512	Previous Used Amount 14	10	N	322, Line 14c	Enter Amount from Prior Year 5
513	513	Available Credit Carryover 14	10	N	322, Line 14d	Enter Amount from Prior Year 5
514	514	Original Credit Amount 15	10	N	322, Line 15b	Enter Amount from Prior Year 4
515	515	Previous Used Amount 15	10	N	322, Line 15c	Enter Amount from Prior Year 4
516	516	Available Credit Carryover 15	10	N	322, Line 15d	Enter Amount from Prior Year 4
517	517	Original Credit Amount 16	10	N	322, Line 16b	Enter Amount from Prior Year 3
518	518	Previous Used Amount 16	10	N	322, Line 16c	Enter Amount from Prior Year 3
519	519	Available Credit Carryover 16	10	N	322, Line 16d	Enter Amount from Prior Year 3
520	520	Original Credit Amount 17	10	N	322, Line 17b	Enter Amount from Prior Year 2
521	521	Previous Used Amount 17	10	N	322, Line 17c	Enter Amount from Prior Year 2
522	522	Available Credit Carryover 17	10	N	322, Line 17d	Enter Amount from Prior Year 2
523	523	Original Credit Amount 18	10	N	322, Line 18b	Enter Amount from Prior Year 1
524	524	Previous Used Amount 18	10	N	322, Line 18c	Enter Amount from Prior Year 1
525	525	Available Credit Carryover 18	10	N	322, Line 18d	Enter Amount from Prior Year 1
526	526	Total Available Carryover	10	N	322, Line 19	Add lines 14-18 Column d
527	527	Current Year's Total Credit	10	N	322, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 9, column a
528	528	Available Credit Carryover	10	N	322, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 9, column b
529	529	Total Available Credit	10	N	322, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 9, column c
530	530	Name of School 1	30	A	323, Line 1b	Line column letter change
531	531	Street Address of School 1	30	A/N	323, Line 1c	Line column letter change
532	532	City State of School 1	30	A	323, Line 1d	Line column letter change
533	533	Amt of Contribution School 1	10	N	323, Line 1e	Line column letter change
534	534	Name of School 2	30	A	323, Line 2b	Line column letter change
535	535	Street Address of School 2	30	A/N	323, Line 2c	Line column letter change
536	536	City State of School 2	30	A	323, Line 2d	Line column letter change
537	537	Amt of Contribution School 2	10	N	323, Line 2e	Line column letter change
538	538	Name of School 3	30	A	323, Line 3b	Line column letter change
539	539	Street Address of School 3	30	A/N	323, Line 3c	Line column letter change
540	540	City State of School 3	30	A	323, Line 3d	Line column letter change
541	541	Amt of Contribution School 3	10	N	323, Line 3e	Line column letter change
542	542	Continuation Sheet 4h or Zero	10	N	323, Line 4	
543	543	Total Contributions School Prev Tuition	10	N	323, Line 5	Add lines 1-4 Column e
544	544	Name of School 6	30	A	323, Line 6b	Line column letter change
545	545	Street Address of School 6	30	A/N	323, Line 6c	Line column letter change
546	546	City State of School 6	30	A	323, Line 6d	Line column letter change
547	547	Amt of Contribution School 6	10	N	323, Line 6e	Line column letter change
548	548	Name of School 7	30	A	323, Line 7b	Line column letter change
549	549	Street Address of School 7	30	A/N	323, Line 7c	Line column letter change
550	550	City State of School 7	30	A	323, Line 7d	Line column letter change
551	551	Amt of Contribution School 7	10	N	323, Line 7e	Line column letter change
552	552	Name of School 8	30	A	323, Line 8b	Line column letter change
553	553	Street Address of School 8	30	A/N	323, Line 8c	Line column letter change
554	554	City State of School 8	30	A	323, Line 8d	Line column letter change
555	555	Amt of Contribution School 8	10	N	323, Line 8e	Line column letter change
556	556	Continuation Sheet 9h or Zero	10	N	322, Line 9	Amount from line 9h of Continuation Sheet or Zero.

Legend  
 Blue: Additions for TY2021  
 Yellow: Changes for TY2021  
 Dark Orange: Removed Items for TY2021

557	557	Total Contributions School Tuition	10	N	323, Line 10	Add lines 6-9 Column d
558	558	Total Amt of Contribution Prev and Curr	10	N	323, Line 11	Add Lines 5 and 10
559	559	Allowable Contributions School Tuition	10	N	323, Line 12	<b>Revised threshold amounts</b> - Single Taxpayer or Heads of Household Enter \$611 Married Taxpayer Enter \$1221
560	560	Current Year's Credit	10	N	323, Line 13	Enter smaller of Line 11 or Line 12
561	561	Original Credit Amount 14	10	N	323, Line 14b	Enter Amount from Prior Year 5
562	562	Previous Used Amount 14	10	N	323, Line 14c	Enter Amount from Prior Year 5
563	563	Available Credit Carryover 14	10	N	323, Line14d	Enter Amount from Prior Year 5
564	564	Original Credit Amount 15	10	N	323, Line 15b	Enter Amount from Prior Year 4
565	565	Previous Used Amount 15	10	N	323, Line 15c	Enter Amount from Prior Year 4
566	566	Available Credit Carryover 15	10	N	323, Line 15d	Enter Amount from Prior Year 4
567	567	Original Credit Amount 16	10	N	323, Line 16b	Enter Amount from Prior Year 3
568	568	Previous Used Amount 16	10	N	323, Line 16c	Enter Amount from Prior Year 3
569	569	Available Credit Carryover 16	10	N	323, Line 16d	Enter Amount from Prior Year 3
570	570	Original Credit Amount 17	10	N	323, Line 17b	Enter Amount from Prior Year 2
571	571	Previous Used Amount 17	10	N	323, Line 17c	Enter Amount from Prior Year 2
572	572	Available Credit Carryover 17	10	N	323, Line 17d	Enter Amount from Prior Year 2
573	573	Original Credit Amount 18	10	N	323, Line 18b	Enter Amount from Prior Year 1
574	574	Previous Used Amount 18	10	N	323, Line 18c	Enter Amount from Prior Year 1
575	575	Available Credit Carryover 18	10	N	323, Line 18d	Enter Amount from Prior Year 1
576	576	Total Available Carryover	10	N	323, Line 19	Add lines 14-18 Column d
577	577	Current Year's Total Credit	10	N	323, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 10, column a
578	578	Available Credit Carryover	10	N	323, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 10, column b
579	579	Total Available Credit	10	N	323, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 10, column c
580	580	Total Contribs Current Tx Yr	10	N	323, Line 23	Enter amount from Part 1, line 11
581	581	Max Credit Allow CR323	10	N	323, Line 24	<b>Revised threshold amounts</b> - Single Taxpayer or Heads of Household Enter \$611 Married Taxpayer Enter \$1221
582	582	Total Excess Contributions	10	N	323, Line 25	Form 348, Subtract 24 from 23 or Zero
583	583	ADVS Receipt Yes	1	A	340, Box 1-YES	X or null
584	584	ADVS Receipt No	1	A	340, Box 1-NO	X or null
585	585	Qualified Donations pre-9/11	10	N	340, Line 2	
586	586	Qualified Donations post-9/11	10	N	340, Line 3	
587	587	Total Qualified Donations	10	N	340, Line 4	Add lines 2 and 3
588	588	Allowable Qualified Donations	10	N	340, Line 5	Single Taxpayer or Heads of Household Enter \$200 Married Taxpayer Enter \$400
589	589	Current Year's Credit	10	N	340, Line 6	Enter smaller of Line 4 or Line 5. Form 301, Part 1, line 18, columns a and c
590	590	Claiming School Credit Form 323 Yes	1	A	348, Box 1a-YES	X or null
591	591	Claiming School Credit Form 323 No	1	A	348, Box 1a-NO	X or null
592	592	Excess School Credit Form 323 Yes	1	A	348, Box 1b-YES	X or null
593	593	Excess School Credit Form 323 No	1	A	348, Box 1b-NO	X or null
594	594	Claiming Carryover Only Yes	1	A	348, Box 1c-YES	X or null
595	595	Claiming Carryover Only No	1	A	348, Box 1c-NO	X or null
596	596	Name of School 1	30	A	348, Line 2b	Line column letter change
597	597	Address of School 1	30	A/N	348, Line 2c	Line column letter change
598	598	City State of School 1	30	A	348, Line 2d	Line column letter change
599	599	Amt of Contribution 1	10	N	348, Line 2e	Line column letter change
600	600	Name of School 2	30	A	348, Line 3b	Line column letter change
601	601	Address of School 2	30	A/N	348, Line 3c	Line column letter change
602	602	City State of School 2	30	A	348, Line 3d	Line column letter change
603	603	Amt of Contribution 2	10	N	348, Line 3e	Line column letter change
604	604	Name of School 3	30	A	348, Line 4b	Line column letter change
605	605	Address of School 3	30	A/N	348, Line 4c	Line column letter change
606	606	City State of School 3	30	A	348, Line 4d	Line column letter change
607	607	Amt of Contribution 3	10	N	348, Line 4e	Line column letter change
608	608	Continuation Sheet 5h or Zero	10	N	348, Line 5	
609	609	Total Contributions Certified School Tuition Prev Yr	10	N	348, Line 6	Add Lines 2-5 Column e
610	610	Name of School 4	30	A	348, Line 7b	Line column letter change
611	611	Address of School 4	30	A/N	348, Line 7c	Line column letter change
612	612	City State of School 4	30	A	348, Line 7d	Line column letter change
613	613	Amt of Contribution 4	10	N	348, Line 7e	Line column letter change
614	614	Name of School 5	30	A	348, Line 8b	Line column letter change
615	615	Address of School 5	30	A/N	348, Line 8c	Line column letter change
616	616	City State of School 5	30	A	348, Line 8d	Line column letter change
617	617	Amt of Contribution 5	10	N	348, Line 8e	Line column letter change
618	618	Name of School 6	30	A	348, Line 9b	Line column letter change
619	619	Address of School 6	30	A/N	348, Line 9c	Line column letter change
620	620	City State of School 6	30	A	348, Line 9d	Line column letter change
621	621	Amt of Contribution 6	10	N	348, Line 9e	Line column letter change
622	622	Continuation Sheet 10h or Zero	10	N	348, Line 10	Amount from line 10h of Continuation Sheet or Zero.
623	623	Total Contributions Certified School Tuition	10	N	348, Line 11	Add lines 7-10 Column d
624	624	Total Contributions Prev and Curr	10	N	348, Line 12	Add lines 6 and 11
625	625	Allowable Credit Claimed Form 323	10	N	348, Line 13	Single Taxpayer or Heads of Household Enter \$611 Married Taxpayer Enter \$1221
626	626	Potential Credit	10	N	348, Line 14	Subtract Line 13 from Line 12

Legend  
 Blue: Additions for TY2021  
 Yellow: Changes for TY2021  
 Dark Orange: Removed Items for TY2021

627	627	Allowable Max Credit	10	N	348, Line 15	Revised threshold amounts - Single Taxpayer or Heads of Household Enter \$608 Married Taxpayer Enter \$1214
628	628	Current Year's Credit	10	N	348, Line 16	Enter smaller of Line 14 or Line 15
629	629	Original Credit Amount 17b	10	N	348, Line 17b	Enter Amount from Prior Year 5
630	630	Previous Used Amount 17c	10	N	348, Line 17c	Enter Amount from Prior Year 5
631	631	Available Credit Carryover 17d	10	N	348, Line 17d	Enter Amount from Prior Year 5
632	632	Original Credit Amount 18b	10	N	348, Line 18b	Enter Amount from Prior Year 4
633	633	Previous Used Amount 18c	10	N	348, Line 18c	Enter Amount from Prior Year 4
634	634	Available Credit Carryover 18d	10	N	348, Line 18d	Enter Amount from Prior Year 4
635	635	Original Credit Amount 19b	10	N	348, Line 19b	Enter Amount from Prior Year 3
636	636	Previous Used Amount 19c	10	N	348, Line 19c	Enter Amount from Prior Year 3
637	637	Available Credit Carryover 19d	10	N	348, Line 19d	Enter Amount from Prior Year 3
638	638	Original Credit Amount 20b	10	N	348, Line 20b	Enter Amount from Prior Year 2
639	639	Previous Used Amount 20c	10	N	348, Line 20c	Enter Amount from Prior Year 2
640	640	Available Credit Carryover 20d	10	N	348, Line 20d	Enter Amount from Prior Year 2
641	641	Original Credit Amount 21b	10	N	348, Line 21b	Enter Amount from Prior Year 1
642	642	Previous Used Amount 21c	10	N	348, Line 21c	Enter Amount from Prior Year 1
643	643	Available Credit Carryover 21d	10	N	348, Line 21d	Enter Amount from Prior Year 1
644	644	Total Available Carryover	10	N	348, Line 22	Add lines 17-21 Column d
645	645	Current Year's Total Credit	10	N	348, Line 23	Amount from Part 1 L16 and enter on Form 301, Part 1, line 23, column a
646	646	Available Credit Carryover	10	N	348, Line 24	Amount from Part 2 L22 and enter on Form 301, Part 1, line 23, column b
647	647	Total Available Credit	10	N	348, Line 25	Add lines 23 and 24 and enter on Form 301, Part 1, line 23, column c
648	648	Foster Care Charity Code 1	5	N	352, Line 1b	Line column letter change
649	649	Name of Qualifying Foster Care Charity 1	30	A	352, Line 1c	Line column letter change
650	650	Amt Contributed 1	10	N	352, Line 1d	Line column letter change
651	651	Foster Care Charity Code 2	5	N	352, Line 2b	Line column letter change
652	652	Name of Qualifying Foster Care Charity 2	30	A	352, Line 2c	Line column letter change
653	653	Amount Contributed 2	10	N	352, Line 2d	Line column letter change
654	654	Foster Care Charity Code 3	5	N	352, Line 3b	Line column letter change
655	655	Name of Qualifying Foster Care Charity 3	30	A	352, Line 3c	Line column letter change
656	656	Amt Contributed 3	10	N	352, Line 3d	Line column letter change
657	657	Continuation Sheet 4h or Zero	10	N	352, Line 4	
658	658	Total Qualifying Foster Care Charity	10	N	352, Line 5	Add lines 1-4 Column d
659	659	Foster Care Charity Code 4	5	N	352, Line 6b	Line column letter change
660	660	Name of Qualifying Foster Care Charity 4	30	A	352, Line 6c	Line column letter change
661	661	Amt Contributed 4	10	N	352, Line 6d	Line column letter change
662	662	Foster Care Charity Code 5	5	N	352, Line 7b	Line column letter change
663	663	Name of Qualifying Foster Care Charity 5	30	A	352, Line 7c	Line column letter change
664	664	Amount Contributed 5	10	N	352, Line 7d	Line column letter change
665	665	Foster Care Charity Code 6	5	N	352, Line 8b	Line column letter change
666	666	Name of Qualifying Foster Care Charity 6	30	A	352, Line 8c	Line column letter change
667	667	Amt Contributed 6	10	N	352, Line 8d	Line column letter change
668	668	Continuation Sheet 9h or Zero	10	N	352, Line 9	
669	669	Total Qualifying Charity2	10	N	352, Line 10	Add lines 6-9 Column c
670	670	Total Cash Contri Qual Charity	10	N	352, Line 11	Add lines 5 and 10
671	671	Allowable Charity Credit	10	N	352, Line 12	Married Taxpayer Enter \$1000
672	672	Current Year's Qualifying Charity Credit	10	N	352, Line 13	Enter smaller of Line 11 or Line 12
673	673	Original Credit Amount 14b	10	N	352, Line 14b	Enter Amount from Prior Year 4
674	674	Previous Used Amount 14c	10	N	352, Line 14c	Enter Amount from Prior Year 4
675	675	Available Credit Carryover 14d	10	N	352, Line 14d	Enter Amount from Prior Year 4
676	676	Original Credit Amount 15b	10	N	352, Line 15b	Enter Amount from Prior Year 3
677	677	Previous Used Amount 15c	10	N	352, Line 15c	Enter Amount from Prior Year 3
678	678	Available Credit Carryover 15d	10	N	352, Line 15d	Enter Amount from Prior Year 3
679	679	Original Credit Amount 16b	10	N	352, Line 16b	Enter Amount from Prior Year 2
680	680	Previous Used Amount 16c	10	N	352, Line 16c	Enter Amount from Prior Year 2
681	681	Available Credit Carryover 16d	10	N	352, Line 16d	Enter Amount from Prior Year 2
682	682	Original Credit Amount 17b	10	N	352, Line 17b	Enter Amount from Prior Year 1
683	683	Previous Used Amount 17c	10	N	352, Line 17c	Enter Amount from Prior Year 1
684	684	Available Credit Carryover 17d	10	N	352, Line 17d	Enter Amount from Prior Year 1
685	685	Original Credit Amount 18b	10	N	352, Line 18b	Enter Amount from Prior Year 0
686	686	Previous Used Amount 18c	10	N	352, Line 18c	Enter Amount from Prior Year 0
687	687	Available Credit Carryover 18d	10	N	352, Line 18d	Enter Amount from Prior Year 0
688	688	Total Available Credit Carryover	10	N	352, Line 19	Add Lines 14 through 18 Column d
689	689	Current Yr's Credit	10	N	352, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 24, column a
690	690	Available Carryover	10	N	352, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 24, column b
691	691	Total Available Credit	10	N	352, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 24, column c
692	692	Trailer	5	A	*EOD*	

Arizona 140PY - Part Year Resident Return						
2D Barcode Record Layout						
2020 FIELD NO	2021 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	2021
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
16	16	Address line 2	35	A/N	140PY, 2	Address line 2 or Address line 1 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	

Legend  
 Blue: Additions for TY2021  
 Yellow: Changes for TY2021  
 Dark Orange: Removed Items for TY2021

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	
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;
90	90	Modified Arizona Gross Income	10	N	140PY, Line 29	Total from Line 26 (Line 28 not supported by 2D)
90	91	Total Depreciation	10	N	140PY, Line 30	Formerly line 28
91	91	Net capital (loss) derived from the exchange of legal	10	N	140PY, Line 29	
92	92	Other Additions	10	N	140PY, Line 31	Total from page 5 worksheet Formerly Line 30
93	93	Total Additions	10	N	140PY, Line 32	Add lines 29, 30, and 31 Formerly line 31
94	94	Total Arizona sourced net capital Gain/Loss	10	N	140PY, Line 33	Formerly line 32
95	95	Total Net Short-Term Capital Gains	10	N	140PY, Line 34	Formerly line 33
96	96	Total Net Long-Term Capital Gains	10	N	140PY, Line 35	Formerly line 34
97	97	Total Capital Gains Assets	10	N	140PY, Line 36	Formerly line 35
98	98	Allowable Subtraction Calculation	10	N	140PY, Line 37	Multiply Line 36 by 25% (.25)
99	99	Net Capital Gain - Investment In Qual. Small Business	10	N	140PY, Line 38	Formerly line 37
100	100	Net capital (gain) derived from the exchange of legal	10	N	140PY, Line 38	
101	100	Subtractions from Income	10	N	140PY, Line 39	Subtract lines 37, and 38 from line 32
102	101	Recalculated Arizona Depreciation	10	N	140PY, Line 40	
103	102	Contr 529 Savings Plan amount	10	N	140PY, Line 41a	No Threshold amount for TY2021
	103	Contr 529A (ABLE acct) amount	10	N	140PY, Line 41b	No Threshold amount for TY2021
	104	Contributions To 529 College Savings Plans	10	N	140PY, Line 41c	Add lines 41a and 41b
104	105	Int. Savings Bond	10	N	140PY, Line 42	
105	106	US Social Security AZ	10	N	140PY, Line 43	
106	107	Other Subtractions	10	N	140PY, Line 44	Total from page 6 worksheet
107	108	Total Subtractions	10	N	140PY, Line 45	Subtract lines 40 through 44 from line 39
108	109	Age 65 Exempt Amt	10	N	140PY, Line 46	Multiply the number in Box 8 by \$2100
109	110	Blind Exempt Amount	10	N	140PY, Line 47	Multiply the number in Box 9 by \$1500
110	111	Total other exemptions	2	N	140PY, Line 48E	Amount from page 4, part 3
111	112	Other Exemptions	10	N	140PY, Line 48	Multiply the number in Box 48E by \$2300
112	113	Qualfy Parent Exempt Amount	10	N	140PY, Line 49	Multiply the number in Box 11a by \$10000
113	114	Total Exemptions	10	N	140PY, Line 50	Add lines 46 through 49
114	115	AZ Exemption Portion	10	N	140PY, Line 51	Multiply line 50 by the Arizona Income Ratio on line 27
115	116	Az Adjusted Gross	10	N	140PY, Line 52	Subtract Line 51 from Line 45 If < zero, enter "0"
116	117	Itemized Deductions	1	A	140PY, 53 I	X or null
117	118	Standard Deductions	1	A	140PY, 53 S	X or null
118	119	Deduction Amount	10	N	140PY, Line 53	Single, Married Filing Separate = <b>\$12,550</b> Married Filing Jointly = <b>\$25,100</b> Head of Household = <b>\$18,800</b>
119	120	Claiming Charitable Deductions	1	A	140PY, Line 54C	X or null
120	121	Additional Charitable Deductions	10	N	140PY, Line 54	Total from Line 7C, page 3 Qualifying Charitable Deductions
121	122	Az Taxable Income	10	N	140PY, Line 55	Subtract Lines 53 and 54 from Line 52
122	123	Computed Tax	10	N	140PY, Line 56a	Compute the Tax using amount on Line 55 and Tax Table X or Y
	124	Compute Tax Surcharge	10	N	140PY Line 56b	Compute tax surcharge if AZ taxable income on L55 is: >\$250,000 for Single/MFS >\$500,000 for MFJ/HOH Multiply the taxable income amount that is over by 3.5% and enter on line 56b
123	125	Tax from Recapture Credits	10	N	140PY, Line 57	Amount from AZ Credit Form 301 Part 2 Line 30
124	126	Subtotal of tax	10	N	140PY, Line 58	Add lines 56a, 56b and 57
125	127	Dependent Credit	10	N	140PY, Line 59	Amount calculated from totals in Boxes 10a and 10b
126	128	Family Income Tax Credit	10	N	140PY, Line 60	
127	129	Non-Refundable Credits from AZ Credit Forms	10	N	140PY, Line 61	Amount from AZ Credit Form 301 Part 2 Line 61

Legend  
Blue: Additions for TY2021  
Yellow: Changes for TY2021  
Dark Orange: Removed Items for TY2021



128	130	Balance of Tax	10	N	140PY, Line 62	Subtract Lines 59, 60 and 61 from Line 58. If sum is > line 58,
129	131	Withholding	10	N	140PY, Line 63	
130	132	Estimated Payments	10	N	140PY, Line 64a	
131	133	Claim of Right	10	N	140PY, Line 64b	
132	134	Total Estimated Payments	10	N	140PY, Line 64c	Add lines 64a and 64b
133	135	Extension Payments	10	N	140PY, Line 65	
134	136	Increased Excise Tax Credit	10	N	140PY, Line 66	Use worksheet to determine amount.
135	137	Refundable Credit Form 308-I	1	A	140PY, 67-1	"X" or null
136	138	Refundable Credit Form 349	1	A	140PY, 67-2	"X" or null
137	139	Other Refundable Credits	10	N	140PY, Line 67	
138	140	Total Payments	10	N	140PY, Line 68	Add Lines 63 through 67
139	141	Tax Due	10	N	140PY, Line 69	If line 62 > line 68 subtract 68 from 62 and enter tax due
140	142	Overpayment	10	N	140PY, Line 70	If line 68 > line 62 subtract 62 from 68 and enter overpayment
141	143	Next Year's Est Pmt	10	N	140PY, Line 71	Amount of Line 70 to be applied to 2022 estimated tax
142	144	Bal of Overpayment	10	N	140PY, Line 72	Subtract Line 71 from 70
143	145	Solutions Teams Assigned To Schools Contrib	10	N	140PY, 73	
144	146	Wildlife Contrib	10	N	140PY, 74	
145	147	Child Abuse Contrib	10	N	140PY, 75	
146	148	Domestic Violence Contrib	10	N	140PY, 76	
147	149	Political Contrib	10	N	140PY, 77	
148	150	Neighbors Helping Contrib	10	N	140PY, 78	
149	151	Special Olympics Contrib	10	N	140PY, 79	
150	152	Veterans' Donation Fund	10	N	140PY, 80	
151	153	I Didn't Pay Enough Fund	10	N	140PY, 81	
152	154	Sustainable State Parks and Road Fund	10	N	140PY, 82	
153	155	Spay/Neuter of Animals	10	N	140PY, 83	
154	156	Democratic Party	1	A	140PY, 84-1	"X" or null
155	157	Libertarian Party	1	A	140PY, 84-2	"X" or null
156	158	Republican Party	1	A	140PY, 84-3	"X" or null
157	159	Est Pmt Pen	10	N	140PY, 85	
158	160	Annualized Other	1	A	140PY, 86-1	Y or null
159	161	Farmer/Fisherman	1	A	140PY, 86-2	Y or null
160	162	Form 221 Attached	1	A	140PY, 86-3	Y or null
161	163	Tot Contrib/Penalty	10	N	140PY, Line 87	Add lines 73 - 83 and 85
162	164	Refund Amount	10	N	140PY, Line 88	Subtract Line 87 from 72, If < 0, enter amount owed on line 89
163	165	Foreign Account	1	A	140PY, 88A	Y or Null; If "Y", Fields 164-167 should be disabled.
164	166	Dir Dep Routing Nbr	9	N	140PY, 98	For direct deposit; direct debit is not supported.
165	167	Dir Dep Account Nbr	17	A/N	140PY, 98	For direct deposit; direct debit is not supported.
166	168	Dir Dep Checking	1	A	140PY, 98	X or null; direct deposit only
167	169	Dir Dep Savings	1	A	140PY, 98	X or null; direct deposit only
168	170	Amount Owed	10	N	140PY, Line 89	Add lines 69 and 87
169	171	Prior Last Names	20	A	Front Page, 97	Comma delimited
170	172	Primary Occupation	16	A	140PY, pg2	
171	173	Spouse Occupation	16	A	140PY, pg2	
172	174	Preparer Name	35	A/N	140PY, pg2	
173	175	Preparer FEIN	9	N	140PY, pg2	No hyphens
174	176	Preparer Address	35	A/N	140PY, pg2	
175	177	Preparer City	21	A	140PY, pg2	
176	178	Preparer State	2	A	140PY, pg2	
177	179	Preparer Zip Code	9	N	140PY, pg2	
178	180	Paid Preparer Phone Number	10	N	140PY, pg2	
179	181	Gifts by Cash or Check	10	N	140PY, pg3, Line 1C	
180	182	Other than by Cash or Check	10	N	140PY, pg3, Line 2C	
181	183	Carryover Prior Year	10	N	140PY, pg3, Line 3C	
182	184	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	185	Total Char Ded Claiming a AZ credit	10	N	140PY, pg3, Line 5C	
185	186	Total Subtraction	10	N	140PY, pg3, Line 6C	Subtract line 5C from line 4C
186	187	Total Increase	10	N	140PY, pg3, Line 7C	Multiply line 6C by .25
187	188	Medical/Dental Expenses	10	N	FedSchA(2-D) 1	
188	189	Adjusted Gross Income	10	N	FedSchA(2-D) 2	
189	190	Medical Allowance	10	N	FedSchA(2-D) 3	
190	191	Total Medical/Dental	10	N	FedSchA(2-D) 4	
191	192	State and Local Taxes	10	N	FedSchA(2-D) 5a	
192	193	Real Estate Taxes	10	N	FedSchA(2-D) 5b	
193	194	Personal Property Taxes	10	N	FedSchA(2-D) 5c	
194	195	Other Taxes	10	N	FedSchA(2-D) 6	
195	196	Total Other Taxes	10	N	FedSchA(2-D) 7	
196	197	Mortgage Interest from 1098	10	N	FedSchA(2-D) 8a	
197	198	Other Mortgage Interest	10	N	FedSchA(2-D) 8b	
198	199	Deductible Points	10	N	FedSchA(2-D) 8c	
199	200	Investment Interest	10	N	FedSchA(2-D) 9	
200	201	Total Interest	10	N	FedSchA(2-D) 10	
201	202	Total Cash/Check Contrib	10	N	FedSchA(2-D) 11	

Legend

Blue: Additions for TY2021

Yellow: Changes for TY2021

Dark Orange: Removed Items for TY2021



202	203	Non-Cash/Check Contrib	10	N	FedSchA(2-D) 12	
203	204	Carryover Prior Year	10	N	FedSchA(2-D) 13	
204	205	Total Contrib	10	N	FedSchA(2-D) 14	
205	206	Casualty/Theft Loss	10	N	FedSchA(2-D) 15	
206	207	Tot Other Misc Deduct	10	N	FedSchA(2-D) 16	
207	208	Total Item Deduct	10	N	FedSchA(2-D) 17	
208	209	Medical/Dental Expenses	10	N	AZSchA(PY)/(PYN) 1	
209	210	Taxes Allowed	10	N	AZSchA(PY)/(PYN) 2	
210	211	Interest Expense	10	N	AZSchA(PY)/(PYN) 3	
211	212	Fed Credit Int Paid	10	N	AZSchA(PY)/(PYN) 4	
212	213	Gifts Charity Allowed on Fed	10	N	AZSchA(PY)/(PYN) 5	
213	214	Casualty Loss 4684	10	N	AZSchA(PY)/(PYN) 6	
214	215	Amount of Loss AZ	10	N	AZSchA(PY)/(PYN) 7	
215	216	Miscellaneous Fed	10	N	AZSchA(PY)/(PYN) 8	
216	217	Tot Other Expense Misc	10	N	AZSchA(PY)/(PYN) 9	Add lines 1,2,3,4,5,7 and 8
217	218	State Inc Tax Adjust	10	N	AZSchA(PY)/(PYN) 10	
218	219	Char Contributions taking AZ credit	10	N	AZSchA(PY)/(PYN) 11	
219	220	Total Adjustments	10	N	AZSchA(PY)/(PYN) 12	Subtract lines 10 and 11 from line 9
220	221	Part2 Med/Dent Exp	10	N	AZSchA (PYN) 13	
221	222	Part2 Fed Med Deduct	10	N	AZSchA (PYN) 14	
222	223	Part2 Med Add Adjust	10	N	AZSchA (PYN) 15	
223	224	Part2 Med Subt Adj	10	N	AZSchA (PYN) 16	
224	225	Part2 Fed Credit Int Paid	10	N	AZSchA (PYN) 17	
225	226	Part2 Contrib Ad	10	N	AZSchA (PYN) 18	
226	227	Adj to State Income Tax	10	N	AZSchA (PYN) 19	
227	228	Part2 Sum Add Adj	10	N	AZSchA (PYN) 20	Add lines 15 and 17
228	229	Part2 Sum Subt Adj	10	N	AZSchA (PYN) 21	Add lines 16, 18 and 19
229	230	Part2 Tot Fed Item Deductions	10	N	AZSchA (PYN) 22	
230	231	Part2 SumTotAzItem Deduct	10	N	AZSchA (PYN) 24	Add amounts from lines 22 and 23
231	232	Part2 Subt Subtotal	10	N	AZSchA (PYN) 26	subtract line 25 from 24
232	233	Part2 Subt Sum	10	N	AZSchA (PYN) 27	subtract line 12 from 26
233	234	Part2 Az Percentage	5	D(4,3)	AZSchA (PYN) 28	
234	235	Part2 Multi Sum	10	N	AZSchA (PYN) 29	Multiply Line 27 by ratio on Line 28
235	236	Part2 Az Item Deduct	10	N	AZSchA (PYN) 30	Add lines 12 and 29
236	237	Employer ID (1)	9	N	W-2 (1st Wage Statement)	No hyphens
237	238	Employees SSN (1)	9	N	W-2 (1st Wage Statement)	No hyphens
238	239	Arizona Wages (1)	10	N	W-2 (1st Wage Statement)	
239	240	Arizona Withholding (1)	10	N	W-2 (1st Wage Statement)	
240	241	Employer ID (2)	9	N	W-2 (2nd Wage Statement)	No hyphens
241	242	Employees SSN (2)	9	N	W-2 (2nd Wage Statement)	No hyphens
242	243	Arizona Wages (2)	10	N	W-2 (2nd Wage Statement)	
243	244	Arizona Withholding (2)	10	N	W-2 (2nd Wage Statement)	
244	245	Employer ID (3)	9	N	W-2 (3rd Wage Statement)	No hyphens
245	246	Employees SSN (3)	9	N	W-2 (3rd Wage Statement)	No hyphens
246	247	Arizona Wages (3)	10	N	W-2 (3rd Wage Statement)	
247	248	Arizona Withholding (3)	10	N	W-2 (3rd Wage Statement)	
248	249	Employer ID (4)	9	N	W-2 (4th Wage Statement)	No hyphens
249	250	Employees SSN (4)	9	N	W-2 (4th Wage Statement)	No hyphens
250	251	Arizona Wages (4)	10	N	W-2 (4th Wage Statement)	
251	252	Arizona Withholding (4)	10	N	W-2 (4th Wage Statement)	
252	253	Payer's ID (1)	9	N	1099-R (1st Statement)	No hyphens
253	254	Recipient's SSN (1)	9	N	1099-R (1st Statement)	No hyphens
254	255	1099 Gross Amt (1)	10	N	1099-R (1st Statement)	
255	256	1099 Taxable Amount (1)	10	N	1099-R (1st Statement)	
256	257	1099 Az WH (1)	10	N	1099-R (1st Statement)	
257	258	Payer's ID (2)	9	N	1099-R (2nd Statement)	No hyphens
258	259	Recipient's SSN (2)	9	N	1099-R (2nd Statement)	No hyphens
259	260	1099 Gross Amt (2)	10	N	1099-R (2nd Statement)	
260	261	1099 Taxable Amount (2)	10	N	1099-R (2nd Statement)	
261	262	1099 Az WH (2)	10	N	1099-R (2nd Statement)	
262	263	Military Reuse Zone Credit b	10	N	301, Line 1b (Form 306)	
263	264	Military Reuse Zone Credit c	10	N	301, Line 1c (Form 306)	
264	265	Increased Research Act Ind Credit a	10	N	301, Line 2a (Form 308-l)	
265	266	Increased Research Act Ind Credit b	10	N	301, Line 2b (Form 308-l)	
266	267	Increased Research Act Ind Credit c	10	N	301, Line 2c (Form 308-l)	
267	268	Tax Paid Other State Cntry Credit a	10	N	301, Line 3a (Form 309)	
268	269	Tax Paid Other State Cntry Credit c	10	N	301, Line 3c (Form 309)	
269	270	Solar Energy Devices Credit a	10	N	301, Line 4a (Form 310)	
270	271	Solar Energy Devices Credit b	10	N	301, Line 4b (Form 310)	
271	272	Solar Energy Devices Credit c	10	N	301, Line 4c (Form 310)	
272	273	Agri Water Conserv Sys Credit a	10	N	301, Line 5a (Form 312)	
273	274	Agri Water Conserv Sys Credit b	10	N	301, Line 5b (Form 312)	
274	275	Agri Water Conserv Sys Credit c	10	N	301, Line 5c (Form 312)	
275	276	Polution Control Credit a	10	N	301, Line 6a (Form 315)	
276	277	Polution Control Credit b	10	N	301, Line 6b (Form 315)	
277	278	Polution Control Credit c	10	N	301, Line 6c (Form 315)	

Legend

Blue: Additions for TY2021

Yellow: Changes for TY2021

Dark Orange: Removed Items for TY2021

278	279	Solar Heat and Elect Veh Outlets Credit b	10	N	301, Line 7b (Form 319)	
279	280	Solar Heat and Elect Veh Outlets Credit c	10	N	301, Line 7c (Form 319)	
280		Employ TANF Recipients Credit a	10	N	301, Line 8a (Form 320)	
281		Employ TANF Recipients Credit b	10	N	301, Line 8b (Form 320)	
282		Employ TANF Recipients Credit c	10	N	301, Line 8c (Form 320)	
283	281	Contrib Qual Chart Orgns Credit a	10	N	301, Line 8a (Form 321)	Line number change
284	282	Contrib Qual Chart Orgns Credit b	10	N	301, Line 8b (Form 321)	Line number change
285	283	Contrib Qual Chart Orgns Credit c	10	N	301, Line 8c (Form 321)	Line number change
286	284	Contrib Fees Paid Pub Schs Credit a	10	N	301, Line 9a (Form 322)	Line number change
287	285	Contrib Fees Paid Pub Schs Credit b	10	N	301, Line 9b (Form 322)	Line number change
288	286	Contrib Fees Paid Pub Schs Credit c	10	N	301, Line 9c (Form 322)	Line number change
289	287	Contrib Priv Sch Tuit Orgns Credit a	10	N	301, Line 10a (Form 323)	Line number change
290	288	Contrib Priv Sch Tuit Orgns Credit b	10	N	301, Line 10b (Form 323)	Line number change
291	289	Contrib Priv Sch Tuit Orgns Credit c	10	N	301, Line 10c (Form 323)	Line number change
292	290	Agri Pol Cntrl Equip Credit a	10	N	301, Line 11a (Form 325)	Line number change
293	291	Agri Pol Cntrl Equip Credit b	10	N	301, Line 11b (Form 325)	Line number change
294	292	Agri Pol Cntrl Equip Credit c	10	N	301, Line 11c (Form 325)	Line number change
295	293	Donation School Site Credit a	10	N	301, Line 12a (Form 331)	Line number change
296	294	Donation School Site Credit b	10	N	301, Line 12b (Form 331)	Line number change
297	295	Donation School Site Credit c	10	N	301, Line 12c (Form 331)	Line number change
298	296	Healthy Forest Enterprises Credit a	10	N	301, Line 13a (Form 332)	Line number change
299	297	Healthy Forest Enterprises Credit b	10	N	301, Line 13b (Form 332)	Line number change
300	298	Healthy Forest Enterprises Credit c	10	N	301, Line 13c (Form 332)	Line number change
301	299	Employ Natl Guard Members Credit a	10	N	301, Line 14a (Form 333)	Line number change
302	300	Employ Natl Guard Members Credit b	10	N	301, Line 14b (Form 333)	Line number change
303	301	Employ Natl Guard Members Credit c	10	N	301, Line 14c (Form 333)	Line number change
304	302	Business Contrib School Tuition Org a	10	N	301, Line 15a (Form 335-l)	Line number change
305	303	Business Contrib School Tuition Org b	10	N	301, Line 15b (Form 335-l)	Line number change
306	304	Business Contrib School Tuition Org c	10	N	301, Line 15c (Form 335-l)	Line number change
307	305	Solar Energy Devices Comm Ind Credit b	10	N	301, Line 16b (Form 336)	Line number change
308	306	Solar Energy Devices Comm Ind Credit c	10	N	301, Line 16c (Form 336)	Line number change
309	307	Invest Qual Small Bus Credit a	10	N	301, Line 17a (Form 338)	Line number change
310	308	Invest Qual Small Bus Credit b	10	N	301, Line 17b (Form 338)	Line number change
311	309	Invest Qual Small Bus Credit c	10	N	301, Line 17c (Form 338)	Line number change
312	310	Military Fam Relf Fnd Credit a	10	N	301, Line 18a (Form 340)	Line number change
313	311	Military Fam Relf Fnd Credit c	10	N	301, Line 18c (Form 340)	Line number change
314	312	Business Contrib School Tuition Disabled a	10	N	301, Line 19a (Form 341-l)	Line number change
315	313	Business Contrib School Tuition Disabled b	10	N	301, Line 19b (Form 341-l)	Line number change
316	314	Business Contrib School Tuition Disabled c	10	N	301, Line 19c (Form 341-l)	Line number change
317	315	Renew Energy Prod Tax Credit a	10	N	301, Line 20a (Form 343)	Line number change
318	316	Renew Energy Prod Tax Credit b	10	N	301, Line 20b (Form 343)	Line number change
319	317	Renew Energy Prod Tax Credit c	10	N	301, Line 20c (Form 343)	Line number change
320	318	New Employment Credit a	10	N	301, Line 21a (Form 345)	Line number change
321	319	New Employment Credit b	10	N	301, Line 21b (Form 345)	Line number change
322	320	New Employment Credit c	10	N	301, Line 21c (Form 345)	Line number change
323	321	Increased Resrch Act Basic Resrch Credit a	10	N	301, Line 22a (Form 346)	Line number change
324	322	Incrs Resrch Act Basic Resrch Credit b	10	N	301, Line 22b (Form 346)	Line number change
325	323	Incrs Resrch Act Basic Resrch Credit c	10	N	301, Line 22c (Form 346)	Line number change
326	324	Contrib Cert Schl Tuit Orgns Credit a	10	N	301, Line 23a (Form 348)	Line number change
327	325	Contrib Cert Schl Tuit Orgns Credit b	10	N	301, Line 23b (Form 348)	Line number change
328	326	Contrib Cert Schl Tuit Orgns Credit c	10	N	301, Line 23c (Form 348)	Line number change
329	327	Contrib Qual Foster Care Char Orgns Credit a	10	N	301, Line 24a (Form 352)	Line number change
330	328	Contrib Qual Foster Care Char Orgns Credit b	10	N	301, Line 24b (Form 352)	Line number change
331	329	Contrib Qual Foster Care Char Orgns Credit c	10	N	301, Line 24c (Form 352)	Line number change
	330	Healthy Forest Production Credit a	10	N	301, Line 25a (Form 353)	
	331	Healthy Forest Production Credit b	10	N	301, Line 25b (Form 353)	
	332	Healthy Forest Production Credit c	10	N	301, Line 25c (Form 353)	
332	333	Total Available Nonrefundable Tax Credits	10	N	301, Line 26	Add Lines 1 through 25 Column c Only
333	334	Total AZ Tax	10	N	301, Line 27	Tax From F140 L46a and L46b or F140PY L56a and L56b or F140NR L56a and L56b or F140X L35a and L35b
334	335	Tax Recap Credits Hlthy Forest Entrs	10	N	301, Line 28	From AZ Credit Form 332 Part 9 Line 39 and Part 10 Line 45
335	336	Tax Recap Credits Qual Facs	10	N	301, Line 29	From AZ Credit Form 349 Part 7 Line 19
336	337	Total Recapture of Credits	10	N	301, Line 30	Add Lines 28 and 29
337	338	Subtotal Tax Credits and Recap Credits	10	N	301, Line 31	Add Lines 27 and 30
338	339	Family Income Tax Credit/Dependent Tax Credit	10	N	301, Line 32	From F140 L49 and L50 or F140PY L59 and L60 or F140X L38a and L38b or F140NR L59 - Total of both lines
339	340	Total Tax Credits and Recap Credits	10	N	301, Line 33	Subtract Line 32 from Line 31. If < 0 Enter "0"
340	341	Military Reuse Zone Credit Used	10	N	301, Line 34 (Form 306)	Line number change
341	342	Increased Research Act Indiv Credit Used	10	N	301, Line 35 (Form 308-l)	Line number change
342	343	Tax Paid Other State Cty Credit Used	10	N	301, Line 36 (Form 309)	Line number change
343	344	Solar Energy Devices Credit Used	10	N	301, Line 37 (Form 310)	Line number change
344	345	Agri Water Conserv Sys Credit Used	10	N	301, Line 38 (Form 312)	Line number change
345	346	Polution Control Credit Used	10	N	301, Line 39 (Form 315)	Line number change
346	347	Solar Heat and Elect Veh Outlets Credit Used	10	N	301, Line 40 (Form 319)	Line number change
347		Employ TANF Recipients Credit Used	10	N	301, Line 42 (Form 320)	
348	348	Contrib Qual Chart Orgns Credit Used	10	N	301, Line 41 (Form 321)	Line number change
349	349	Contrib Fees Paid Pub Schs Credit Used	10	N	301, Line 42 (Form 322)	Line number change

Legend

Blue: Additions for TY2021

Yellow: Changes for TY2021

Dark Orange: Removed Items for TY2021

350	350	Contrib Priv Sch Tuit Orgns Credit Used	10	N	301, Line 43 (Form 323)	Line number change
351	351	Agri Pol Cntrl Equip Credit Used	10	N	301, Line 44 (Form 325)	Line number change
352	352	Donation School Site Credit Used	10	N	301, Line 45 (Form 331)	Line number change
353	353	Healthy Forest Enterprises Credit Used	10	N	301, Line 46 (Form 332)	Line number change
354	354	Employ Natl Guard Members Credit Used	10	N	301, Line 47 (Form 333)	Line number change
355	355	Business Contrib School Tuition Org Used	10	N	301, Line 48 (Form 335-l)	Line number change
356	356	Solar Energy Devices Comm Indus Used	10	N	301, Line 49 (Form 336)	Line number change
357	357	Invest Qual Small Bus Credit Used	10	N	301, Line 50 (Form 338)	Line number change
358	358	Donations Military Fam Relf Fnd Credit Used	10	N	301, Line 51 (Form 340)	Line number change
359	359	Business Contrib School Tuition Disabled Used	10	N	301, Line 52 (Form 341-l)	Line number change
360	360	Renew Energy Prod Tax Credit Used	10	N	301, Line 53 (Form 343)	Line number change
361	361	New Employment Credit Used	10	N	301, Line 54 (Form 345)	Line number change
362	362	Incres Resrch Act Basic Resrch Credit Used	10	N	301, Line 55 (Form 346)	Line number change
363	363	Contrib Cert Schl Tuit Orgns Credit Used	10	N	301, Line 56 (Form 348)	Line number change
364	364	Contrib Qual Foster Care Char Orgns Credit Used	10	N	301, Line 57 (Form 352)	Line number change
	365	Healthy Forest Production Credit Used	10	N	301, Line 58 (Form 353)	
365	366	Total Credits Used from Form 301	10	N	301, Line 59	Add Lines 34 through 58.
	367	Total Nonrefundable Credits Used	10	N	301, Line 61	Total from Line 59. Line 60 not supported by 2D. Enter this total on Form 140, L51; Form 140PY, L61; Form 140NR, L60; Form 140X, L41
366	368	Description of Income Items a	30	A	309, Line 1a	
367	369	Description of Income Items b	30	A	309, Line 1b	
368	370	Description of Income Items c	30	A	309, Line 1c	
369	371	Amt Income Listed Report AZ Oth St Cntry a	10	N	309, Line 2a	
370	372	Amt Income Listed Report AZ Oth St Cntry b	10	N	309, Line 2b	
371	373	Amt Income Listed Report AZ Oth St Cntry c	10	N	309, Line 2c	
372	374	Amt Income Include AZ Adj Gross a	10	N	309, Line 3a	
373	375	Amt Income Include AZ Adj Gross b	10	N	309, Line 3b	
374	376	Amt Income Include AZ Adj Gross c	10	N	309, Line 3c	
375	377	Amt Income Include Oth Adj Gross a	10	N	309, Line 4a	
376	378	Amt Income Include Oth Adj Gross b	10	N	309, Line 4b	
377	379	Amt Income Include Oth Adj Gross c	10	N	309, Line 4c	
378	380	Amt Income Taxable by Both AZ Oth a	10	N	309, Line 5a	Enter smaller of Line 3 or 4
379	381	Amt Income Taxable by Both AZ Oth b	10	N	309, Line 5b	Enter smaller of Line 3 or 4
380	382	Amt Income Taxable by Both AZ Oth c	10	N	309, Line 5c	Enter smaller of Line 3 or 4
381	383	Tot Income Taxable by Both AZ Other	10	N	309, Line 6	Add Line 5 a, b, and c
382	384	AZ Tax Liable Less Credits	10	N	309, Line 7	
383	385	Amt Part1 Line6	10	N	309, Line 8	Amount from Part 1 L6
384	386	Amt AZ Income Tax Imposed	10	N	309, Line 9	
385	387	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	388	Amt AZ Tax Liability After Credits	10	N	309, Line 11	Multiply Line 7 by the Decimal on Line 10
387	389	Amt Income Tax Paid St or Cntry	10	N	309, Line 12b	
388	390	Tot Income Taxable By Both	10	N	309, Line 13	Amount from Part 1 L6
389	391	Tot Income Taxable By Other	10	N	309, Line 14	
390	392	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	393	Tot Amt Tax Paid Other	10	N	309, Line 16	Multiply Line 12 by the Decimal on Line 15
392	394	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,
393	395	Description of Income Items a	30	A	309, Line 1a (2)	
394	396	Description of Income Items b	30	A	309, Line 1b (2)	
395	397	Description of Income Items c	30	A	309, Line 1c (2)	
396	398	Amt Income Listed Report AZ Oth St Cntry a	10	N	309, Line 2a (2)	
397	399	Amt Income Listed Report AZ Oth St Cntry b	10	N	309, Line 2b (2)	
398	400	Amt Income Listed Report AZ Oth St Cntry c	10	N	309, Line 2c (2)	
399	401	Amt Income Include AZ Adj Gross a	10	N	309, Line 3a (2)	
400	402	Amt Income Include AZ Adj Gross b	10	N	309, Line 3b (2)	
401	403	Amt Income Include AZ Adj Gross c	10	N	309, Line 3c (2)	
402	404	Amt Income Include Oth Adj Gross a	10	N	309, Line 4a (2)	
403	405	Amt Income Include Oth Adj Gross b	10	N	309, Line 4b (2)	
404	406	Amt Income Include Oth Adj Gross c	10	N	309, Line 4c (2)	
405	407	Amt Income Taxable by Both AZ Oth a	10	N	309, Line 5a (2)	Enter smaller of Line 3 or 4
406	408	Amt Income Taxable by Both AZ Oth b	10	N	309, Line 5b (2)	Enter smaller of Line 3 or 4
407	409	Amt Income Taxable by Both AZ Oth c	10	N	309, Line 5c (2)	Enter smaller of Line 3 or 4
408	410	Tot Income Taxable by Both AZ Other	10	N	309, Line 6 (2)	Add Line 5 a, b, and c
409	411	AZ Tax Liable Less Credits	10	N	309, Line 7 (2)	
410	412	Amt Part1 Line6	10	N	309, Line 8 (2)	Amount from Part 1 L6
411	413	Amt AZ Income Tax Imposed	10	N	309, Line 9 (2)	
412	414	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	415	Amt AZ Tax Liability After Credits	10	N	309, Line 11 (2)	Multiply Line 7 by the Decimal on Line 10
414	416	Amt Income Tax Paid St or Cntry	10	N	309, Line 12b (2)	
415	417	Tot Income Taxable By Both	10	N	309, Line 13 (2)	Amount from Part 1 L6
416	418	Tot Income Taxable By Other	10	N	309, Line 14 (2)	
417	419	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	420	Tot Amt Tax Paid Other	10	N	309, Line 16 (2)	Multiply Line 12 by the Decimal on Line 15
419	421	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,
420	422	Address of Solar Energy Device	35	A/N	310, Line 1a	
421	423	City of Solar Energy Device	21	A	310, Line 1b	
422	424	State of Solar Energy Device	2	A	310, Line 1c	

Legend

Blue: Additions for TY2021

Yellow: Changes for TY2021

Dark Orange: Removed Items for TY2021

423	425	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	426	Cost of Solar Energy Device	10	N	310, Line 2	
425	427	Percentage of Cost Solar Energy Device	10	N	310, Line 3	AZ Credit Form 310 Multiply Line 2 by .25 (25%)
426	428	Enter Lesser of Line 3 or \$1000	10	N	310, Line 4	
427	429	Amt Credit Prior Years	10	N	310, Line 5	
428	430	Total Credit Current Prior Years	10	N	310, Line 6	Add Lines 4 and 5
429	431	Enter Lesser of Line 6 or \$1000	10	N	310, Line 7	
430	432	Subtotal Allowable Credit	10	N	310, Line 8	Subtract Line 5 from Line 7
431	433	Total Allowable Credit	10	N	310, Line 9	Enter smaller of Line 4 or Line 8
432	434	Original Credit Amount 10b	10	N	310, Line 10b	Enter Amount from Prior Year 5
433	435	Previous Used Amount 10c	10	N	310, Line 10c	Enter Amount from Prior Year 5
434	436	Available Carryover Amount 10d	10	N	310, Line 10d	Enter Amount from Prior Year 5
435	437	Original Credit Amount 11b	10	N	310, Line 11b	Enter Amount from Prior Year 4
436	438	Previous Used Amount 11c	10	N	310, Line 11c	Enter Amount from Prior Year 4
437	439	Available Carryover Amount 11d	10	N	310, Line 11d	Enter Amount from Prior Year 4
438	440	Original Credit Amount 12b	10	N	310, Line 12b	Enter Amount from Prior Year 3
439	441	Previous Used Amount 12c	10	N	310, Line 12c	Enter Amount from Prior Year 3
440	442	Available Carryover Amount 12d	10	N	310, Line 12d	Enter Amount from Prior Year 3
441	443	Original Credit Amount 13b	10	N	310, Line 13b	Enter Amount from Prior Year 2
442	444	Previous Used Amount 13c	10	N	310, Line 13c	Enter Amount from Prior Year 2
443	445	Available Carryover Amount 13d	10	N	310, Line 13d	Enter Amount from Prior Year 2
444	446	Original Credit Amount 14b	10	N	310, Line 14b	Enter Amount from Prior Year 1
445	447	Previous Used Amount 14c	10	N	310, Line 14c	Enter Amount from Prior Year 1
446	448	Available Carryover Amount 14d	10	N	310, Line 14d	Enter Amount from Prior Year 1
447	449	Total Available Carryover	10	N	310, Line 15	Add Lines 10 through 14 column d
448	450	Current Year Credit	10	N	310, Line 16	column a
449	451	Current Available Carryover	10	N	310, Line 17	column b
450	452	Total Available Credit	10	N	310, Line 18	column c
451	453	Qualifying Charity Code 1	5	N	321, Line 1b	Line column letter change
452	454	Name of Qualifying Charity 1	30	A	321, Line 1c	Line column letter change
453	455	Amt Contributed 1	10	N	321, Line 1d	Line column letter change
454	456	Qualifying Charity Code 2	5	N	321, Line 2b	Line column letter change
455	457	Name of Qualifying Charity 2	30	A	321, Line 2c	Line column letter change
456	458	Amount Contributed 2	10	N	321, Line 2d	Line column letter change
457	459	Qualifying Charity Code 3	5	N	321, Line 3b	Line column letter change
458	460	Name of Qualifying Charity 3	30	A	321, Line 3c	Line column letter change
459	461	Amount Contributed 3	10	N	321, Line 3d	Line column letter change
460	462	Continuation Sheet 4h or Zero	10	N	321, Line 4	
461	463	Total Contributions Charitable Organizations	10	N	321, Line 5	Add lines 1-4 Column d
462	464	Qualifying Charity Code 4	5	N	321, Line 6b	Line column letter change
463	465	Name of Qualifying Charity 4	30	A	321, Line 6c	Line column letter change
464	466	Amt Contributed 4	10	N	321, Line 6d	Line column letter change
465	467	Qualifying Charity Code 5	5	N	321, Line 7b	Line column letter change
466	468	Name of Qualifying Charity 5	30	A	321, Line 7c	Line column letter change
467	469	Amount Contributed 5	10	N	321, Line 7d	Line column letter change
468	470	Qualifying Charity Code 6	5	N	321, Line 8b	Line column letter change
469	471	Name of Qualifying Charity 6	30	A	321, Line 8c	Line column letter change
470	472	Amount Contributed 6	10	N	321, Line 8d	Line column letter change
471	473	Continuation Sheet 9h or Zero	10	N	321, Line 9	
472	474	Total Qualifying Charity2	10	N	321, Line 10	Add lines 6-9 Column c
473	475	Total Cash Contri Qual Charity	10	N	321, Line 11	AZ Credit Form 321 Add Lines 5 and 10
474	476	Allowable Charity Credit	10	N	321, Line 12	\$400 Married Taxpayer Enter \$800
475	477	Current Year's Qualifying Charity Credit	10	N	321, Line 13	Enter smaller of Line 11 or Line 12
476	478	Original Credit Amount 14b	10	N	321, Line 14b	Enter Amount from Prior Year 5
477	479	Previous Used Amount 14c	10	N	321, Line 14c	Enter Amount from Prior Year 5
478	480	Available Credit Carryover 14d	10	N	321, Line 14d	Enter Amount from Prior Year 5
479	481	Original Credit Amount 15b	10	N	321, Line 15b	Enter Amount from Prior Year 4
480	482	Previous Used Amount 15c	10	N	321, Line 15c	Enter Amount from Prior Year 4
481	483	Previous Used Amount 15d	10	N	321, Line 15d	Enter Amount from Prior Year 4
482	484	Original Credit Amount 16b	10	N	321, Line 16b	Enter Amount from Prior Year 3
483	485	Previous Used Amount 16c	10	N	321, Line 16c	Enter Amount from Prior Year 3
484	486	Available Credit Carryover 16d	10	N	321, Line 16d	Enter Amount from Prior Year 3
485	487	Original Credit Amount 17b	10	N	321, Line 17b	Enter Amount from Prior Year 2
486	488	Previous Used Amount 17c	10	N	321, Line 17c	Enter Amount from Prior Year 2
487	489	Available Credit Carryover 17d	10	N	321, Line 17d	Enter Amount from Prior Year 2
488	490	Original Credit Amount 18b	10	N	321, Line 18b	Enter Amount from Prior Year 1
489	491	Previous Used Amount 18c	10	N	321, Line 18c	Enter Amount from Prior Year 1
490	492	Available Credit Carryover 18d	10	N	321, Line 18d	Enter Amount from Prior Year 1
491	493	Total Available Credit Carryover	10	N	321, Line 19	Add Lines 14 through 18 Column d
492	494	Current Yr's Credit	10	N	321, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 8, column a
493	495	Available Carryover	10	N	321, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 8, column b
494	496	Total Available Credit	10	N	321, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 8, column c
495	497	CTDS Code 1	9	N	322, Line 1b	Line column letter change
496	498	Name of Public School 1	30	A	322, Line 1c	Line column letter change

Legend

Blue: Additions for TY2021

Yellow: Changes for TY2021

Dark Orange: Removed Items for TY2021

497	499	School District Name/Number 1	30	A	322, Line 1d	Line column letter change
498	500	Amt of Fees Paid 1	10	N	322, Line 1e	Line column letter change
499	501	CTDS Code 2	9	N	322, Line 2b	Line column letter change
500	502	Name of Public School 2	30	A	322, Line 2c	Line column letter change
501	503	School District Name/Number 2	30	A	322, Line 2d	Line column letter change
502	504	Amt of Fees Paid 2	10	N	322, Line 2e	Line column letter change
503	505	CTDS Code 3	9	N	322, Line 3b	Line column letter change
504	506	Name of Public School 3	30	A	322, Line 3c	Line column letter change
505	507	School District Name/Number 3	30	A	322, Line 3d	Line column letter change
506	508	Amt of Fees Paid 3	10	N	322, Line 3e	Line column letter change
507	509	Continuation Sheet 4h or Zero	10	N	322, Line 4	
508	510	Cash Contributions Public Schools	10	N	322, Line 5	Add lines 1-4 Column e
509	511	CTDS Code 6	9	N	322, Line 6b	Line column letter change
510	512	Name of Public School 6	30	A	322, Line 6c	Line column letter change
511	513	School District Name/Number 6	30	A	322, Line 6d	Line column letter change
512	514	Amt of Fees Paid 6	10	N	322, Line 6e	Line column letter change
513	515	CTDS Code 7	9	N	322, Line 7b	Line column letter change
514	516	Name of Public School 7	30	A	322, Line 7c	Line column letter change
515	517	School District Name/Number 7	30	A	322, Line 7d	Line column letter change
516	518	Amt of Fees Paid 7	10	N	322, Line 7e	Line column letter change
517	519	CTDS Code 8	9	N	322, Line 8b	Line column letter change
518	520	Name of Public School 8	30	A	322, Line 8c	Line column letter change
519	521	School District Name/Number 8	30	A	322, Line 8d	Line column letter change
520	522	Amt of Fees Paid 8	10	N	322, Line 8e	Line column letter change
521	523	Continuation Sheet 9h or Zero	10	N	322, Line 9	
522	524	Cash Contributions Public Schools2	10	N	322, Line 10	Add lines 6-9 Column d
523	525	Total Cash and Credit Contri Pub Schools	10	N	322, Line 11	Add Lines 5 and 10
524	526	Allowable Cash Contributions Public Schools	10	N	322, Line 12	Taxpayer Enter \$400
525	527	Current Year's Credit	10	N	322, Line 13	Enter smaller of Line 11 or Line 12
526	528	Original Credit Amount 14	10	N	322, Line 14b	Enter Amount from Prior Year 5
527	529	Previous Used Amount 14	10	N	322, Line 14c	Enter Amount from Prior Year 5
528	530	Available Credit Carryover 14	10	N	322, Line 14d	Enter Amount from Prior Year 5
529	531	Original Credit Amount 15	10	N	322, Line 15b	Enter Amount from Prior Year 4
530	532	Previous Used Amount 15	10	N	322, Line 15c	Enter Amount from Prior Year 4
531	533	Available Credit Carryover 15	10	N	322, Line 15d	Enter Amount from Prior Year 4
532	534	Original Credit Amount 16	10	N	322, Line 16b	Enter Amount from Prior Year 3
533	535	Previous Used Amount 16	10	N	322, Line 16c	Enter Amount from Prior Year 3
534	536	Available Credit Carryover 16	10	N	322, Line 16d	Enter Amount from Prior Year 3
535	537	Original Credit Amount 17	10	N	322, Line 17b	Enter Amount from Prior Year 2
536	538	Previous Used Amount 17	10	N	322, Line 17c	Enter Amount from Prior Year 2
537	539	Available Credit Carryover 17	10	N	322, Line 17d	Enter Amount from Prior Year 2
538	540	Original Credit Amount 18	10	N	322, Line 18b	Enter Amount from Prior Year 1
539	541	Previous Used Amount 18	10	N	322, Line 18c	Enter Amount from Prior Year 1
540	542	Available Credit Carryover 18	10	N	322, Line 18d	Enter Amount from Prior Year 1
541	543	Total Available Carryover	10	N	322, Line 19	Add lines 14-18 Column d
542	544	Current Year's Total Credit	10	N	322, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 9, column a
543	545	Available Credit Carryover	10	N	322, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 9, column b
544	546	Total Available Credit	10	N	322, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 9, column c
545	547	Name of School 1	30	A	323, Line 1b	Line column letter change
546	548	Street Address of School 1	30	A/N	323, Line 1c	Line column letter change
547	549	City State of School 1	30	A	323, Line 1d	Line column letter change
548	550	Amt of Contribution School 1	10	N	323, Line 1e	Line column letter change
549	551	Name of School 2	30	A	323, Line 2b	Line column letter change
550	552	Street Address of School 2	30	A/N	323, Line 2c	Line column letter change
551	553	City State of School 2	30	A	323, Line 2d	Line column letter change
552	554	Amt of Contribution School 2	10	N	323, Line 2e	Line column letter change
553	555	Name of School 3	30	A	323, Line 3b	Line column letter change
554	556	Street Address of School 3	30	A/N	323, Line 3c	Line column letter change
555	557	City State of School 3	30	A	323, Line 3d	Line column letter change
556	558	Amt of Contribution School 3	10	N	323, Line 3e	Line column letter change
557	559	Continuation Sheet 4h or Zero	10	N	323, Line 4	
558	560	Total Contributions School Prev Tuition	10	N	323, Line 5	Add lines 1-4 Column e
559	561	Name of School 6	30	A	323, Line 6b	Line column letter change
560	562	Street Address of School 6	30	A/N	323, Line 6c	Line column letter change
561	563	City State of School 6	30	A	323, Line 6d	Line column letter change
562	564	Amt of Contribution School 6	10	N	323, Line 6e	Line column letter change
563	565	Name of School 7	30	A	323, Line 7b	Line column letter change
564	566	Street Address of School 7	30	A/N	323, Line 7c	Line column letter change
565	567	City State of School 7	30	A	323, Line 7d	Line column letter change
566	568	Amt of Contribution School 7	10	N	323, Line 7e	Line column letter change
567	569	Name of School 8	30	A	323, Line 8b	Line column letter change
568	570	Street Address of School 8	30	A/N	323, Line 8c	Line column letter change
569	571	City State of School 8	30	A	323, Line 8d	Line column letter change
570	572	Amt of Contribution School 8	10	N	323, Line 8e	Line column letter change

Legend

Blue: Additions for TY2021

Yellow: Changes for TY2021

Dark Orange: Removed Items for TY2021



571	573	Continuation Sheet 9h or Zero			323, Line 9	Amount from line 9h of Continuation Sheet or Zero.
572	574	Total Contributions School Tuition	10	N	323, Line 10	Add lines 6-9 Column d
573	575	Total Amt of Contribution	10	N	323, Line 11	Add Lines 5 and 10
574	576	Allowable Contributions School Tuition	10	N	323, Line 12	<b>Revised threshold amounts - Single Taxpayer or Heads of Household Enter \$611 Married Taxpayer Enter \$1221</b>
575	577	Current Year's Credit	10	N	323, Line 13	Enter smaller of Line 11 or Line 12
576	578	Original Credit Amount 14	10	N	323, Line 14b	Enter Amount from Prior Year 5
577	579	Previous Used Amount 14	10	N	323, Line 14c	Enter Amount from Prior Year 5
578	580	Available Credit Carryover 14	10	N	323, Line 14d	Enter Amount from Prior Year 5
579	581	Original Credit Amount 15	10	N	323, Line 15b	Enter Amount from Prior Year 4
580	582	Previous Used Amount 15	10	N	323, Line 15c	Enter Amount from Prior Year 4
581	583	Available Credit Carryover 15	10	N	323, Line 15d	Enter Amount from Prior Year 4
582	584	Original Credit Amount 16	10	N	323, Line 16b	Enter Amount from Prior Year 3
583	585	Previous Used Amount 16	10	N	323, Line 16c	Enter Amount from Prior Year 3
584	586	Available Credit Carryover 16	10	N	323, Line 16d	Enter Amount from Prior Year 3
585	587	Original Credit Amount 17	10	N	323, Line 17b	Enter Amount from Prior Year 2
586	588	Previous Used Amount 17	10	N	323, Line 17c	Enter Amount from Prior Year 2
587	589	Available Credit Carryover 17	10	N	323, Line 17d	Enter Amount from Prior Year 2
588	590	Original Credit Amount 18	10	N	323, Line 18b	Enter Amount from Prior Year 1
589	591	Previous Used Amount 18	10	N	323, Line 18c	Enter Amount from Prior Year 1
590	592	Available Credit Carryover 18	10	N	323, Line 18d	Enter Amount from Prior Year 1
591	593	Total Available Carryover	10	N	323, Line 19	Add lines 14-18 Column d
592	594	Current Year's Total Credit	10	N	323, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 10, column a
593	595	Available Credit Carryover	10	N	323, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 10, column b
594	596	Total Available Credit	10	N	323, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 10, column c
595	597	Total Contribs Current Tx Yr	10	N	323, Line 23	
596	598	Max Credit Allow CR323	10	N	323, Line 24	<b>Revised threshold amounts - Single Taxpayer or Heads of Household Enter \$611 Married Taxpayer Enter \$1221</b>
597	599	Total Excess Contributions	10	N	323, Line 25	Subtract line 24 from line 23 or zero
598	600	ADVS Receipt Yes	1	A	340, Box 1-YES	X or null
599	601	ADVS Receipt No	1	A	340, Box 1-NO	X or null
600	602	Qualified Donations pre-9/11	10	N	340, Line 2	
601	603	Qualified Donations post-9/11	10	N	340, Line 3	
602	604	Total Qualified Donations	10	N	340, Line 4	Add lines 2 and 3
603	605	Allowable Qualified Donations	10	N	340, Line 5	Single Taxpayer or Heads of Household Enter \$200 Married
604	606	Current Year's Credit	10	N	340, Line 6	Enter smaller of Line 4 or Line 5. Form 301, Part 1, line 18, columns a and c
605	607	Claiming School Credit Form 323 Yes	1	A	348, Box 1a-YES	X or null
606	608	Claiming School Credit Form 323 No	1	A	348, Box 1a-NO	X or null
607	609	Excess School Credit Form 323 Yes	1	A	348, Box 1b-YES	X or null
608	610	Excess School Credit Form 323 No	1	A	348, Box 1b-NO	X or null
609	611	Claiming Carryover Only Yes	1	A	348, Box 1c-YES	X or null
610	612	Claiming Carryover Only No	1	A	348, Box 1c-NO	X or null
611	613	Name of School 1	30	A	348, Line 2b	Line column letter change
612	614	Address of School 1	30	A/N	348, Line 2c	Line column letter change
613	615	City State of School 1	30	A	348, Line 2d	Line column letter change
614	616	Amt of Contribution 1	10	N	348, Line 2e	Line column letter change
615	617	Name of School 2	30	A	348, Line 3b	Line column letter change
616	618	Address of School 2	30	A/N	348, Line 3c	Line column letter change
617	619	City State of School 2	30	A	348, Line 3d	Line column letter change
618	620	Amt of Contribution 2	10	N	348, Line 3e	Line column letter change
619	621	Name of School 3	30	A	348, Line 4b	Line column letter change
620	622	Address of School 3	30	A/N	348, Line 4c	Line column letter change
621	623	City State of School 3	30	A	348, Line 4d	Line column letter change
622	624	Amt of Contribution 3	10	N	348, Line 4e	Line column letter change
623	625	Continuation Sheet 5h or Zero	10	N	348, Line 5	
624	626	Total Contributions Certified School Tuition Prev Yr	10	N	348, Line 6	Add Lines 2-5 Column e
625	627	Name of School 4	30	A	348, Line 7b	Line column letter change
626	628	Address of School 4	30	A/N	348, Line 7c	Line column letter change
627	629	City State of School 4	30	A	348, Line 7d	Line column letter change
628	630	Amt of Contribution 4	10	N	348, Line 7e	Line column letter change
629	631	Name of School 5	30	A	348, Line 8b	Line column letter change
630	632	Address of School 5	30	A/N	348, Line 8c	Line column letter change
631	633	City State of School 5	30	A	348, Line 8d	Line column letter change
632	634	Amt of Contribution 5	10	N	348, Line 8e	Line column letter change
633	635	Name of School 6	30	A	348, Line 9b	Line column letter change
634	636	Address of School 6	30	A/N	348, Line 9c	Line column letter change
635	637	City State of School 6	30	A	348, Line 9d	Line column letter change
636	638	Amt of Contribution 6	10	N	348, Line 9e	Line column letter change
637	639	Amount from line 10h of Continuation Sheet or Zero.	10	N	348, Line 10	Amount from line 10h of Continuation Sheet or Zero.
638	640	Total Contributions Certified School Tuition	10	N	348, Line 11	Add lines 7-10 Column d
639	641	Total Contributions Prev and Curr	10	N	348, Line 12	Add Line 6 and 11
640	642	Allowable Credit Claimed Form 323	10	N	348, Line 13	Single Taxpayer or Heads of Household Enter \$611 Married Taxpayer Enter \$1221

Legend

Blue: Additions for TY2021

Yellow: Changes for TY2021

Dark Orange: Removed Items for TY2021



641	643	Potential Credit	10	N	348, Line 14	Subtract Line 13 from Line 12
642	644	Allowable Max Credit	10	N	348, Line 15	<b>Revised threshold amounts - Single Taxpayer or Heads of Household Enter \$608 Married Taxpayer Enter \$1214</b>
643	645	Current Year's Credit	10	N	348, Line 16	Enter the smaller of Line 14 or Line 15
644	646	Original Credit Amount 17b	10	N	348, Line 17b	Enter Amount from Prior Year 5
645	647	Previous Used Amount 17c	10	N	348, Line 17c	Enter Amount from Prior Year 5
646	648	Available Credit Carryover 17d	10	N	348, Line 17d	Enter Amount from Prior Year 5
647	649	Original Credit Amount 18b	10	N	348, Line 18b	Enter Amount from Prior Year 4
648	650	Previous Used Amount 18c	10	N	348, Line 18c	Enter Amount from Prior Year 4
649	651	Available Credit Carryover 18d	10	N	348, Line 18d	Enter Amount from Prior Year 4
650	652	Original Credit Amount 19b	10	N	348, Line 19b	Enter Amount from Prior Year 3
651	653	Previous Used Amount 19c	10	N	348, Line 19c	Enter Amount from Prior Year 3
652	654	Available Credit Carryover 19d	10	N	348, Line 19d	Enter Amount from Prior Year 3
653	655	Original Credit Amount 20b	10	N	348, Line 20b	Enter Amount from Prior Year 2
654	656	Previous Used Amount 20c	10	N	348, Line 20c	Enter Amount from Prior Year 2
655	657	Available Credit Carryover 20d	10	N	348, Line 20d	Enter Amount from Prior Year 2
656	658	Original Credit Amount 21b	10	N	348, Line 21b	Enter Amount from Prior Year 1
657	659	Previous Used Amount 21c	10	N	348, Line 21c	Enter Amount from Prior Year 1
658	660	Available Credit Carryover 21d	10	N	348, Line 21d	Enter Amount from Prior Year 1
659	661	Total Available Carryover	10	N	348, Line 22	Add lines 17-21 column d
660	662	Current Year's Total Credit	10	N	348, Line 23	Amount from Part 1 L16 and enter on Form 301, Part 1, line 23, column a
661	663	Available Credit Carryover	10	N	348, Line 24	Amount from Part 2 L22 and enter on Form 301, Part 1, line 23, column b
662	664	Total Available Credit	10	N	348, Line 25	Add lines 23 and 24 and enter on Form 301, Part 1, line 23, column c
663	665	Foster Care Charity Code 1	5	N	352, Line 1b	Line column letter change
664	666	Name of Qualifying Foster Care Charity 1	30	A	352, Line 1c	Line column letter change
665	667	Amt Contributed 1	10	N	352, Line 1d	Line column letter change
666	668	Foster Care Charity Code 2	5	N	352, Line 2b	Line column letter change
667	669	Name of Qualifying Foster Care Charity 2	30	A	352, Line 2c	Line column letter change
668	670	Amount Contributed 2	10	N	352, Line 2d	Line column letter change
669	671	Foster Care Charity Code 3	5	N	352, Line 3b	Line column letter change
670	672	Name of Qualifying Foster Care Charity 3	30	A	352, Line 3c	Line column letter change
671	673	Amt Contributed 3	10	N	352, Line 3d	Line column letter change
672	674	Continuation Sheet 4h or Zero	10	N	352, Line 4	
673	675	Total Qualifying Foster Care Charity	10	N	352, Line 5	Add lines 1-4 Column d
674	676	Foster Care Charity Code 4	5	N	352, Line 6b	Line column letter change
675	677	Name of Qualifying Foster Care Charity 4	30	A	352, Line 6c	Line column letter change
676	678	Amt Contributed 4	10	N	352, Line 6d	Line column letter change
677	679	Foster Care Charity Code 5	5	N	352, Line 7b	Line column letter change
678	680	Name of Qualifying Foster Care Charity 5	30	A	352, Line 7c	Line column letter change
679	681	Amount Contributed 5	10	N	352, Line 7d	Line column letter change
680	682	Foster Care Charity Code 6	5	N	352, Line 8b	Line column letter change
681	683	Name of Qualifying Foster Care Charity 6	30	A	352, Line 8c	Line column letter change
682	684	Amt Contributed 6	10	N	352, Line 8d	Line column letter change
683	685	Continuation Sheet 9h or Zero	10	N	352, Line 9	
684	686	Total Qualifying Charity2	10	N	352, Line 10	Add lines 6-9 Column c
685	687	Total Cash Contri Qual Charity	10	N	352, Line 11	Add lines 5 and 10
686	688	Allowable Charity Credit	10	N	352, Line 12	Taxpayer Enter \$1000
687	689	Current Year's Qualifying Charity Credit	10	N	352, Line 13	Enter smaller of Line 11 or Line 12
688	690	Original Credit Amount 14b	10	N	352, Line 14b	Enter Amount from Prior Year 4
689	691	Previous Used Amount 14c	10	N	352, Line 14c	Enter Amount from Prior Year 4
690	692	Available Credit Carryover 14d	10	N	352, Line 14d	Enter Amount from Prior Year 4
691	693	Original Credit Amount 15b	10	N	352, Line 15b	Enter Amount from Prior Year 3
692	694	Previous Used Amount 15c	10	N	352, Line 15c	Enter Amount from Prior Year 3
693	695	Available Credit Carryover 15d	10	N	352, Line 15d	Enter Amount from Prior Year 3
694	696	Original Credit Amount 16b	10	N	352, Line 16b	Enter Amount from Prior Year 2
695	697	Previous Used Amount 16c	10	N	352, Line 16c	Enter Amount from Prior Year 2
696	698	Available Credit Carryover 16d	10	N	352, Line 16d	Enter Amount from Prior Year 2
697	699	Original Credit Amount 17b	10	N	352, Line 17b	Enter Amount from Prior Year 1
698	700	Previous Used Amount 17c	10	N	352, Line 17c	Enter Amount from Prior Year 1
699	701	Available Credit Carryover 17d	10	N	352, Line 17d	Enter Amount from Prior Year 1
700	702	Original Credit Amount 18b	10	N	352, Line 18b	Enter Amount from Prior Year 0
701	703	Previous Used Amount 18c	10	N	352, Line 18c	Enter Amount from Prior Year 0
702	704	Available Credit Carryover 18d	10	N	352, Line 18d	Enter Amount from Prior Year 0
703	705	Total Available Credit Carryover	10	N	352, Line 19	Add Lines 14 through 18 Column d
704	706	Current Yr's Credit	10	N	352, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 24, column a
705	707	Available Carryover	10	N	352, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 24, column b
706	708	Total Available Credit	10	N	352, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 24, column c
707	709	Trailer	5	A	*EOD*	

Arizona 140PTC - Property Tax Credit						
2D Barcode Record Layout						
2020 FIELD NO	2021 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	2021
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	Gain/Loss Prop Spouse	10	N	140PTCPart1D2	
67	67	Gain/Loss 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	140PTCPart1H5	

Blue: Additions for TY2021  
Yellow: Changes for TY2021

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)
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*	