THE RETURN.			Arizona Form	rt-Year Reside	nt Doroono	Lincom	o Toy D		FOR CALENDAR YEAR	
RET			Phoek box 925						2017	
뿌	82F	ازلا	filing under extension OR F	ISCAL YEAR BEGINNI	$NG \ \underline{M_1M_1D_1D}$	12,0,1,	7 AND EN			
	1	Your F	First Name and Middle Initial		Last Name			Enter	Social Security Number	
	_	Spous	e's First Name and Middle Initial (if b	(if box 4 or 6 checked) Last Name				your	se's Social Security No.	
E	1	•	source of motivation and imagine initial (ii box 1 of c checked)					SSN(s).		
=		Current Home Address - number and street, rural route			Apt. No.		Daytime Phone (with area code)			
<b>ANY ITEMS</b>	2							94		
E/		City, T	own or Post Office	State	ZIP Code		Last Name	es Used in Last Fou	r Prior Year(s) (if different)	
STAPLE	3								97	
ST		4	Married filing joint return 4a			erpayment	REVENUE 88R	USE ONLY. DO N	OT MARK IN THIS AREA.	
NOT	STATUS	5	Head of household: Enter name	name of qualifying child or dependent on next line:			0014			
Z	9		Married filing concrete returns to							
00	FILING	6 7	<ul><li>Married filing separate return: E</li><li>Single</li></ul>	enter spouse's name and So	ociai Security Numb	er above.				
			<b>♦</b> Enter the number claimed. Do	o not put a check mark						
	EXEMPTIONS	8	Age 65 or over (you and/or spo	(921)		- 0	81P PM		80R RCVD	
	ΙΨ	9	Blind (you and/or spouse)	"	completing line					
		10	Dependents: Do not include sel	foreneuse	through 11, also complete lines 48 through 53.					
	Ш	11	Qualifying parents and grandpa	rents $lacksquare$			_			
		12-1	,							
			(Box 10): Dependent Information:	Children and other depe	(b)	re space, (c	heck) 🔛 ai		, (f)	
			FIRST AND LAST NAM		AL SECURITY NO.	RELATIONS		ONTHS if this pe	erson if you did not claim this person on your federal return due to	
			(Do not list yourself or spot	ise.)			HOME IN	dependent o federal re	n your   federal return due to turn   educational credits	
	nts	<b>10</b> a								
	nde	10 <sub>b</sub>								
9	Dependents		(Box 11): Qualifying parents and g	randparents. See instru	ctions. For more				(f)	
14					(b) (c) SOCIAL SECURITY NO. RELATIONSI	(d) (e) NO. OF MONTHS LIVED IN YOUR HOME IN 2017 age 65 or or		(f) ✓ if		
nts after Form 140PY.			(Do not list yourself or spouse.)					over died in 2017		
요		<b>11</b> a								
ter		11 <sub>b</sub>			MMDDX	\/ \/ \/				
af		14	Dates of Arizona residency: From M. M. List other state(s) of residency:	A			FEDERAL n Federal Return	2017 ARIZONA Amount Only		
	-	15	Wages, salaries, tips, etc				15	00	00	
or other docume			Interest				16	00	00	
200	Arizona Income	17	Dividends			Ī	17	00	00	
ğ		18	Arizona income tax refunds		19 20 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		18	00	00	
ihe		19	Alimony received				19	00	00	
rol		20	Business income (or loss) from feder					00	00	
			Gains (or losses) from federal Sched					00	00	
e	rizor	22		· ·				00	00	
eq	•							00	00	
schedules								00	00	
AZ:			Federal adjusted gross income: Sub					00		
þ			27 Arizona gross income: Subtract line 25 from line 24 in the ARIZONA column					27	00	
and		28						28		
lace any required federal					your own schedule				00	
									00	
	4				ns				00	
	o U							00		
	con	<ul><li>33 Total net short-term capital gain or (loss) included on line</li><li>34 Total net long-term capital gain or (loss): See instructions</li></ul>						00		
	actions – page 2		Net long-term capital gain from asse				00			
				and enter the result				00		
3Ce	uptr		Net capital gain derived from investn						00	
-0	<b>(1)</b>		Subtract lines 36 and 37 from line 31					38	00	

	Your	Name (as shown on page 1) Your Social Security	Your Social Security Number				
cont. from page 1	39	Enter the amount from page 1, line 38	39	00			
	40	Recalculated Arizona depreciation		00			
	41	Contributions to 529 College Savings Plans		00			
	42	Reserved		, , ,			
con	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills		00			
- 1	44	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)		00			
Subtractions	45	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income		00			
trac	46	Other Subtractions from Income: See instructions and include your own schedule		00			
Suk	47	Subtract lines 40 through 46 from line 39		00			
	48	Age 65 or over: Multiply the number in box 8 by \$2,100	00				
	49	Blind: Multiply the number in box 9 by \$1,500	00				
Exemptions	50	Dependents: Multiply the number in box 10 by \$2,300	00				
mpti	51	Qualifying parents and grandparents: Multiply the number in box 11 by \$10,000 51	00				
Exel	52	Add lines 48 through 51	00				
	53	Multiply line 52 by the Arizona income ratio on line 28	53	00			
	54	Arizona adjusted gross income: Subtract line 53 from line 47	54	00			
	55	Deductions: Check box and enter amount. See instructions	RD 55	00			
	56	Personal exemptions: See instructions	56	00			
ax	57	Arizona taxable income: Subtract lines 55 and 56 from line 54. If less than zero, enter "0"	57	00			
of Tax	58	Compute the tax using amount from line 57 and Tax Table X or Y	58	00			
Balance	59	Tax from recapture of credits from Arizona Form 301, Part 2, line 40	59	00			
3ala	60	Subtotal of tax: Add lines 58 and 59 and enter the total	60	00			
	61	Family income tax credit (from the worksheet - see instructions)	61	00			
	62	Credits from Arizona Form 301, Part 2, line 76		00			
-	63	Balance of tax: Subtract lines 61 and 62 from line 60. If the sum of lines 61 and 62 is more than line 60, enter "0"		00			
yments and	64	2017 AZ income tax withheld		00			
Crec	65	2017 AZ estimated tax payments65a 00 Claim of Right 65b 00 Add 65a and 6					
yme	66	2017 AZ extension payment (Form 204)		00			
al Pay fundat	67	Increased Excise Tax Credit (from the worksheet - see instructions)		00			
Total Refu	68	Other refundable credits: Check the box(es) and enter the total amount		00			
=	69 70	Total payments and refundable credits: Add lines 64 through 68 and enter the total.		00			
ne or	71	<b>TAX DUE:</b> If line 63 is larger than line 69, subtract line 69 from line 63, and enter amount of tax due. Skip lines 71, 72 and 73 <b>OVERPAYMENT:</b> If line 69 is larger than line 63, subtract line 63 from line 69, and enter amount of overpayment		00			
x Due	72	Amount of line 71 to be applied to 2018 estimated tax		00			
Tax Overp		Balance of overpayment: Subtract line 72 from line 71		00			
Ś			00	100			
Voluntary Gifts			00				
tary		Neighbors Helping Neighbors, 79 00 Special Olympics	00				
lan		Occatainable Otata Danie	00				
۶	85	Political Party (if amount is entered on line 78 - check only one): 851 Democratic 852 Green Party 853 Libertarian 85	<b>4</b>	ublican			
ţ	86	Estimated payment penalty and Arizona Long-Term Health Care Savings Account (AZLTHSA) penalty	86	00			
Penalty	87	871 Annualized/Other 872 Farmer or Fisherman 873 Form 221 included 874 AZLTHSA Penalty					
Δ.	88	Add lines 74 through 84 and 86; enter the total		00			
þe	89	REFUND: Subtract line 88 from line 73. If less than zero, enter amount owed on line 90		00			
o o		Direct Deposit of Refund: Check box 89A if your deposit will be ultimately placed in a foreign account; see instructions. 89A  CCOUNT NUMBER  ACCOUNT NUMBER	·U				
Refund or Amount Owed		98 S Savings	]				
	00		00	00			
	90	AMOUNT OWED: Add lines 70 and 88. Make check payable to Arizona Department of Revenue; write your SSN on payments of periury. I declare that I have read this return and any documents with it and to the best of my					
HERE		Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any known	wledge.	.g. and solion, they are			
	→	YOUR SIGNATURE DATE OCCUPATION					
Z	<b>→</b>	TOOK GIGHALOILE OCCUPATION					
SIGN		SPOUSE'S SIGNATURE DATE SPOUSE'S OCCUPATION	ON				
	,	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)					
SI		TALE FIXEN S SIGNATURE DATE FIXIN S INAME (PREPARER S IF SELF-EMPLOYED)					
PLEASE	Ī	PAID PREPARER'S STREET ADDRESS PAID PREPARE	R'S TIN				
7		DAID DEDADED'S CITY STATE 7ID CODE DAID DEDADE	D'S DUO	IE NII IMPED			

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016.

If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.

DOR 10149 (17)

AZ Form 140PY (2017)

Page 2 of 1

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

## **Dependent Information - Continuation Sheet from Page 1 Dependents**Include with your return *only* if listing additional dependents.

Complete this form *only* if you need additional space from page 1 to list your dependents. If you do not list **all** dependents claimed on page 1 of your income tax return, you may lose the exemptions.

	Children and other depe	ndents, continued from pag	e 1.				
		(a) FIRST AND LAST NAME (Do not list yourself or spouse.)		(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2017	(e)  if this person did not qualify as a dependent on your federal return	(f)  if you did not claim this person on your federal return due to educational credits
<b>10</b> c							
<b>10</b> d							
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10f							
<b>10</b> g							
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<b>10</b> s							
<b>10</b> t							
	Qualifying parents and g	grandparents, continued fro	m page 1.				
		(a) ID LAST NAME ourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2017	(e) ✓ if age 65 or over	(f) ✓ if died in 2017
11c							

**11**d 11e 11<sub>f</sub> **11**g **11**h 11i 11j