Š.		140X	Individual Am	nended Income T	ax Retur	n ˈ	2017
<u> </u>		OR FISCAL YEAR	BEGINNING (M,MID,DI2	, 0 , 1 , 7 AND ENDING	IM.MID.D	2.0.7.71.	66
\simeq	Υ	our First Name and Middle Initial		Last Name		Your	Social Security Number
Ψ[1					Enter	
10		pouse's First Name and Middle Initi	al (if box 4 or 6 checked)	Last Name		your Spous	se's Social Security No.
Ę	1						
Ĕ,		Current Home Address - number and	street, rural route	Apt. No.			(with area code)
Ë١	2	City, Town or Post Office	State	ZIP Code	Last Name	94	r Prior Year(s) (if different)
Žι	3	only, fown of Post Office	State	ZIF Code	Lastivanie	es Osea III Last I Ou	97
EA		Check a box to indicate both fi	lling and residency status:		REVENUE	E USE ONLY. DO N	OT MARK IN THIS AREA.
P	STATUS	4 Married filing joint return	= -	ection of Joint Overnaymen			
ST	TA.	5 Head of household: Enter			`		
1	<u> </u>						
ž	FII	6 Married filing separate ret	urn: Enter spouse's name and Soc	ial Security Number above.			
00	Ľ	7 L Single					
	>	8 Resident	Z	er claimed. Do not check	<u> </u>		
	RESIDENCY	9a Nonresident 9b Co	omposite	ver	81 PM		80 RCVD
	S	10 Nonresident active milita	ry 14 Blind		81 PM		80 100
	꿉	11 Part-year resident 12 Part-year resident active	military 46 Qualifying n	arents or grandparents	\dashv		
VO 1 1 2000 1 1000 1000 1000 1000 1000 10	17		(from your fodoral return)	arents or grandparents		17	00
	18		, , , , , , , , , , , , , , , , , , , ,				00
Y ITEMS TO THE	- 1	8a Arizona income ratio: If you che					
	19					1	00
	20	0 Subtotal: Residents: Add line 17	and line 19. Nonresidents and	part-year residents: Add lir	nes 18 and 19	20	00
	2	1 Subtractions from Income. See in	nstructions			21	00
	22	,			I	00	
;	≥ٰ ا≥				I	00	
	9 2					00	
•	[] 2! [] 2!						00
		. , , , ,					00
	ا ا						
	at 29					Г	00
	S 30	Arizona adjusted gross income: Subtract line 21 and lines 26 through 29 from line 20, and enter the difference					00
	<u>e</u> 3			00			
	듯 32	•	1	00			
						Г	00
	ner 34						00
:							00
	0 3						00
	S 3	`	• ,				00
							00
	<u>و 4</u>	Withholding, Estimated, and Exte	nsion Payments 40a	00 Claim of Right	40b	00 40c	00
	S 4	,					00
	₹ 42						00
	일 [43						00
	e 4	, , ,				1	00
		- · · · ·					00
,	0 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	. ,				1	00
•	9 4					Г	00
•	<u>=</u> 49						00
reg	<u>e</u> 50	0 REFUND: Subtract line 49 from line	e 48. If less than zero, enter amou	unt owed on line 51		50	00
	<u>n</u>	Direct Deposit of Refund: Check b	ox 50A if your deposit will be ultim	ately placed in a foreign acco DUNT NUMBER	unt; see instruct	ions. 50AL	
	0	98 C Checking or ROUTING					

00

2.0

F	Voi	r Namo (as shown on page 1)				our Social Se	ourity Numb		
	You	r Name (as shown on page 1)			11	DUI SOCIAI SE	CUIITY INUITIO	er	
	Y	ou must complete Part 1, Dependent Exemptions, for each pe	person included in	n the	e number entere	ed on page 1	in box(es)	15 o	r 16. If you do not
		emplete Part 1, the exemption(s) may be denied. Do not count or lis					,,		101 11 900 00 1121
	_	(Box 15): Dependent Information: Children and other depe			<u>_</u>	<u></u>	olete page :	3.	
ons		(a)	(b)		(c)	(d)	(e)		(f)
npti		FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURIT	TY	RELATIONSHIP	NO. OF MONTH LIVED IN YOUR	R did not qualif	erson ifv as a	if you did not claim this person on your federal return due to
xen		(Do not not yoursen at apasses,	110.			HOME IN 2017	dependent o	in your	federal return due to educational credits
nt E	1{							Tu.	
nder		5b		\neg			+ -		
eper	15			\neg			+ -		
Ŏ	• •	(Box 16): Qualifying parents and grandparents. See instru-	uctions. For more	spa	ace. (check) 🔲 a	and complete	page 3.		
PART 1: Dependent Exemptions		(a)	(b)		(c)	(d)	(e)		(f)
PAR		FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURIT	TY	RELATIONSHIP	NO. OF MONTH LIVED IN YOUR	R 300 65 or		✓ if
		(50 not not joursen or opening,	110.			HOME IN 2017		ovei	died in 2017
	16								
	16								
	IN	COME, DEDUCTIONS, CREDITS: In column (a), list the items							
		ost recent amended return. In column (c), enter the amount of t							
€	_	(a)			(b)		(c)		(d)
PART 2 (A)		INCOME, DEDUCTIONS, AND CREDITS YOU ARE CHANG	GING	OF	RIGINAL AMOUNT REPORTED	ADD OR	UNT TO SUBTRACT	COK	RRECTED AMOUNT
PAR	53	ва		\$		\$		\$	
				\$		\$		\$	
	<u>53</u>			\$		\$		\$	
	_	ET CAPITAL GAIN OR (LOSS): If you are changing any amou	unt on lines 54a th	nrou		.e columns (b	o), (c), and (d).	
	-	(a) ITEM			(b) RIGINAL AMOUNT		(c) UNT TO	COE	(d) RRECTED AMOUNT
	_	I I LIVI			REPORTED	ADD OR	UNT TO SUBTRACT	COIX	RECTED AIVIOUR
	54	la Total net capital gain or (loss) reported on	ļ						
		Form 140, line 18; Form 140NR, line 32; Form 140PY, line 3	32	\$		\$		\$	
2 (B)	54	b Total net short-term capital gain or (loss) reported on	ļ						
PART 2		Form 140, line 19; Form 140NR, line 33; Form 140PY, line 3	33	\$		\$		\$	
PA	54	c Total net long-term capital gain or (loss) reported on	ļ						
		Form 140, line 20; Form 140NR, line 34; Form 140PY, line 3	1	\$		\$		\$	
	54	Net long-term capital gains from assets acquired after December 31, 2011							
	_	reported on Form 140, line 21; Form 140NR, line 35; Form 1	· · · · · · · · · · · · · · · · · · ·	\$		\$		\$	
	54	le Amount of allowable subtraction reported on Form 140, li							
	_	Form 140NR, line 36; Form 140PY, line 36		\$		\$		\$	
က	55	5 REASON FOR THE CHANGE: Give the reason for each ch	nange listed in Par	rt 2:					
PART									
A									
	Ιf	address in the same on this amonded return go it was on	····· ariainal retu	~~ v	ita "sama" an f	' - lina halaw			
		your address is the same on this amended return as it was on y 6a Name 56k	i your original retur Вь Number and Str			16 line neiow	-		Apt. No.
2T 4	_	alvanic	Distance Communication	CC.,	IX.IX.				ημ. 110.
PART	5	6c City, Town or Post Office		—	S	tate		—	ZIP Code
	,	CORY, TOWN OF FOOR SINGS				aic			211 0000
		Under penalties of perjury, I declare that I have read this retu	furn and any docu	mer	nts with it, and to	the best of m	ıv knowledg	e and	helief, they are
	ш	true, correct and complete. Declaration of preparer (other t							
	2	_							ĺ
	出	YOUR SIGNATURE	DATE	OCCUF		CCUPATION			
,	Z	-				77.4			
9	<u>U</u>	SPOUSE'S SIGNATURE DAT			SPOI	INCIR OCCURAT	riONI .		
	S	SPOUSE 5 SIGNATURE	DATE	SPOUS		DUSE'S OCCUPATION			
ľ	SE	DATE FILE			M'S NAME (PREPARER'S IF SELF-EMPLOYED)				
	PLEASE SIGN HER	PAID PREPARER'S SIGNATURE DATE	FIINIVIO	VAlvi	: (PKEPAKER O II O.	ELF-EIVIFLO 1 LD)		!
	7	PAID PREPARER'S STREET ADDRESS				PAID PR	REPARER'S TIN		
- 1									

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140X. Make check payable to Arizona Department of Revenue; write your SSN on payment.

STATE

PAID PREPARER'S CITY

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.

ZIP CODE

PAID PREPARER'S PHONE NUMBER

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

Dependent Information - Continuation Sheet from Page 2, Part 1, Dependents

Complete this form *only* if you need additional space from page 2, Part 1 to list dependents or qualifying parents or grandparents.

Children and other dependents, continued from page 2, Part 1.

	Children and other dependents, continued from page 2, Part 1.								
	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(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			
15 d									
15e									
15 _f									
15 g									
15 h									
15i									
15j									
15k					<u> </u>				
15ı					<u> </u>	<u> </u>			
15m					<u> </u>	<u> </u>			
15n					<u> </u>	<u></u>			
15 ₀						<u> </u>			
15p									
15q						井			
15r						-			
15s 15t						-			
15u									

Qualifying parents and grandparents, continued from page 2. Part 1.

	Qualifying parents and grandparents, continued from page 2, 1 art 1.									
	(a) FIRST AND LAST NAME (Do not list yourself 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			
16 c										
16 d										
16e										
16f										
16 g										
16h										
16i										
16j										