FOR CALE	NDAR YEAR
20	19

THE RETURN.		Arizona Form 140EZ Resident Personal Income Tax Return (EZ Form)					FOR CALENDAR YEAR		
빌		Your First Name and Middle Initial				our Social Security Number			
S TO TI	; 1	Spouse's First Name and Middle Initial (if box 4 is checked)			Name your Spouse's Social Securi			urity No.	
Ξ Ξ	2	Current Home Address - number and street, rural route			Apt. No.	none (with area code)			
	3	City, Town or Post Office State				Last Names Used in Last Four Prior Year(s) (if different) 97			
DO NOT STAPLE ANY ITEMS TO		82F Check box 82F if filing under extension			REVENUE USE ONLY. DO NOT MARK IN THIS AREA.				
DO N(You <u>must</u> use Arizona Form 140 if: Your Arizona taxable income on line 8 is \$50,000 or more You are claiming estimated payments. You are taking a subtraction for: – active duty military pay 			ore. 81 PM			80 RCVD	
		– active duty military – wages earned on Ir	-						
		FILING STATUS: Check one box. 4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment 5 Single							
		 6 Federal adjusted gross incor 7 Standard deduction: If you che 				6	00		
		checked filing status box 5, enter \$128 Arizona taxable income: Sub				7 8	00		
t0EZ.		 9 Amount of tax from Optional Tax Tables 10 Family income tax credit (from worksheet see page 5 of the instructions) 						00	
ents after Form 140EZ		 11 Balance of tax: Subtract line 10 from line 9. If line 10 is more than line 9, enter "0" 12 Arizona income tax withheld during 2019 						00	
r For		13 2019 Arizona extension payment (Form 204)					13	00	
afte		 14 Increased Excise Tax Credit (from worksheet see page 6 of the instructions) 15 Total payments/credits: Add lines 12 through 14 					14	00	
nts		16 TAX DUE / AMOUNT OWED							
		Make check payable to Arizona Department of Revenue; include SSN on payment					16 17	00	
or other docum		Direct Deposit of Refund: Check I 98 C Checking or S S Savings	Dox 17A if your deposit will be ulti SNUMBER	mately placed in a f COUNT NUMBER	foreign accour	nt; see instructions. 17A]		
ules or (щ	Under penalties of perjury, I declar true, correct and complete. Declar							
schedules	N HERI	YOUR SIGNATURE		DATE	0	CCUPATION			
and AZ	SE SIG	SPOUSE'S SIGNATURE		DATE	DATE SPOUSE'S OCCUPATION				
ederal	LEA	PAID PREPARER'S SIGNATURE	DATE	FIRM'S NAME	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)				
red fe	₽	PAID PREPARER'S STREET ADDRESS			PAID PREPARER'S				
ij		PAID PREPARER'S CITY	STATE	ZIP	CODE	PAID PREPAR	ER'S PHONE NUMBER		
ce any required federal and AZ		 If you are sending a payment wi Arizona Department of Revenue Include the payment with Forr If you are expecting a refund or 	, PO Box 52016, Phoenix n 140EZ.			nt. mail to:			

Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.