		140A	STOP! If yo	our Arizona <i>tax</i> a	sonal Income of able income is \$50,00	0 or more, you	must use Arizo	ona Form 14	o. <b>202</b>
	82F	Check box 82F i		r extension					
	Your	First Name and Middle Ir	nitial		Last Name		Ente	Your	Social Security N
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	City,	Town or Post Office		State	ZIP Code	!	Last Names Used in Last Four Prior Year(s)		r Prior Year(s) (if d
3	•								
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NS		<b>♦</b> Enter the number	claimed. Do n	ot put a check	mark.				
01	8	Age 65 or over (yo	ou and/or spouse	,, , , , ,	lines 8, 9, and 11a, also co	•			
MP	8 9 10a 11a	Blind (you and/or s	spouse)	14, and 16. F	or lines 10a and 10b, also co	omplete line 21.	81 PM		80 RCVD
ΞX	10a	Dependents: Unde	-		ependents: Age 17 and	d over.			
Ш	11a	Qualifying parents (Box 10a and 10b): D	-		tructions For more s	naco chock t	he hoy $\square$ and	complete p	300 3
			(a)	nation. See ins	(b)	(c)	(d)	(e)	(f)
			AND LAST NAME tyourself or spouse.	)	SOCIAL SECURITY NO.	RELATIONSHI	NO. OF MONTHS LIVED IN YOUR HOME IN 2020		in: claim this on your for return do educationa
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Dependents	10e	(Box 11a): Qualifying	parents and gra (a) ND LAST NAME tyourself or spouse.		e instructions. For moi (b) SOCIAL SECURITY NO.	re space, chec (c) RELATIONSHII	(d)	(e)	(f)
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	11b 11c 11d	(Box 11a): Qualifying FIRST A (Do not list	(a) ND LAST NAME t yourself or spouse.	)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHII	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2020	(e)  ✓ IF AGE 68  OVER	(f)
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	11b 11c 11d 12 13 14	(Box 11a): Qualifying FIRST A (Do not list) Federal adjusted gros	(a) ND LAST NAME yourself or spouse.  s income (from the number in box r in box 9 by \$1,50	your federal r 8 8 by \$2,100	(b) SOCIAL SECURITY NO.	(c) RELATIONSHII	NO. OF MONTHS LIVED IN YOUR HOME IN 2020	(e) ✓ IF AGE 68 OVER  121214	(f)
	11b 11c 11d 12 13 14 15	(Box 11a): Qualifying FIRST A (Do not list)  Federal adjusted gros Age 65 or over: Multiply Blind: Multiply the number	(a) ND LAST NAME a yourself or spouse.  s income (from the number in box r in box 9 by \$1,50 e instructions	your federal r 8 by \$2,100	(b) SOCIAL SECURITY NO.  Peturn)  Julitiply the number in box	(c) RELATIONSHII	NO. OF MONTHS LIVED IN YOUR HOME IN 2020	(e) ✓ IF AGE 65 OVER  □ □ □ □ 12	(f)
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ADOR 10414 (20) AZ Form 140A (2020) Page 1 of 3

,	Your	Name (as shown on page 1)			Yo	ur Social Security	Number
		Enter the amount from page 1, line	29 (Tax Due) or line 30 (C				00
	32 -	- 42 Voluntary Gifts to:	Assigned to Schools	02	Arizona Wildlife3		
£		Child Abuse Prevention 34	Domestic Violence Servic		Political Gift		
ō		Neighbors Helping Neighbors 37	OO Special Olympics	38 00	Veterans' Donations Fund 39		
tar		I Didn't Pay Enough Fund 40	00 Sustainable State Parks and Road Fund	41 00	Spay/Neuter of Animals 42	2 00	
Voluntary Gifts	43	Political Party (if amount is entered on 431 Democratic 432 Libertarian		):			
	44	Total voluntary gifts: Add lines 32 three	ough 42			4	14 00
	45	REFUND: If line 31 is an overpayn	nent, subtract line 44 from	line 31. If less than	zero, enter amount owe	d on line 46 <b>4</b>	15 00
ked.		Direct Deposit of Refund: Check box	45A if your deposit will be ult	timately placed in a <b>fo</b> i	reign account; see instr	uctions. 45A	
ģ		C☐ Checking or ROUTING N	JMBER A	CCOUNT NUMBER			
<u> </u>		98 S Savings					
Amount Owed							
	46	<b>AMOUNT OWED:</b> If line 31 is a tax write your SSN on payment, and include					16 00
		mie yeur derven payment, and melade	,				
		Inder penalties of perjury, I declare frue, correct and complete. Declarati					edge and belief, they are as any knowledge.
삤.	tr	rue, correct and complete. Declarati		n taxpayer) is based	on all information of		
HERE.	tr						
3N HERE	tr → ¬	rue, correct and complete. Declarati		n taxpayer) is based	on all information of	which preparer ha	
	tr → ¬	rue, correct and complete. Declarati		n taxpayer) is based	on all information of	which preparer ha	
SE SIGN HERE	tr → ¬ ¬ ¬	rue, correct and complete. Declarati		DATE  DATE	on all information of	which preparer ha	
	tr → ¬ ¬ ¬	rue, correct and complete. Declarati	on of preparer (other thar	DATE  DATE	OCCUPATION  SPOUSE'S OC	which preparer ha	
PLEASE SIGN HERE	tr Tr	rue, correct and complete. Declarati	on of preparer (other thar	DATE  DATE	OCCUPATION  SPOUSE'S OCCUPATION  SPOUSE'S OCCUPATION	which preparer ha	as any knowledge.
	tr Tr	rue, correct and complete. Declaration of the control of the contr	on of preparer (other thar	DATE  DATE	OCCUPATION  SPOUSE'S OCCUPATION  SPOUSE'S OCCUPATION	Which preparer has	as any knowledge.

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

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

# 2020 Form 140A Dependent and Other Exemptions Information

#### Include page 3 with your return if:

- You are listing additional dependents (for box 10a and 10b) from page 1.
- You are listing additional qualifying parents and grandparents (for box 11a) from page 1.
  - You are claiming Other Exemptions on page 1, line 15.

### Part 1: Dependents (Box 10a and 10b) continued from page 1

Information used to compute your allowable Dependent Tax Credit on page 1, line 21.

**NOTE:** If you have more than three qualifying dependents, you *must* complete Part 1 *and* the worksheet in the instructions, to compute your the Dependent Tax Credit on line 21.

	(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 2020	✓ Depen includ	dent Age	(f)  ✓ IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL RETURN DUE TO
					1 (Box 10a)	2 (Box 10b)	EDUCATIONAL CREDITS
10f							
10g							
10h							
10i							
10j							
10k							
10ı							
10m							
10n							
10 <sub>o</sub>							
10 <sub>p</sub>							

## Part 2: Qualifying parents and grandparents (Box 11a) continued from page 1

Additional qualifying parents and grandparents information used to compute your allowable exemption on page 1, line 16.

	(a	1)	(b)	(c)	(d)	(e)	(f)
	FIRST AND LAST NAME (Do not list yourself or spouse.)		SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2020	✓ IF AGE 65 OR OVER	✓ IF DIED IN 2020
11e							
11 <sub>f</sub>							
<b>11</b> g							
<b>11</b> h							
<b>11</b> i							
11 <sub>j</sub>							

#### Part 3: Other Exemptions

Information used to compute your allowable Other Exemptions on page 1, line 15.

	miornation used to compute your allowable Other Exemptions on page 1, line 15.							
	(a)	(b)	(c)		(d)			
	FIRST AND LAST NAME	SOCIAL SECURITY NO.	✓ AGE 65 OR OVER		✓STILLBORN			
	(Do not list yourself or spouse.)		(see instructions)		CHILD IN 2020			
			C1	C2				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Enter the total number of individuals listed in Part 3 in box 15E on page 1, line 15.