RN.		140X Individual Amended Income Tax Return							FOR CALENDAR YEAR 2020	
RETURN		OR FISCAL YEAR E	BEGINNING (M,MID,DI2	. 0 . 2 . 0 . AND	ENDING 🔝	1.MID.DIY.Y.Y	Υ	66		
	Yo	ur First Name and Middle Initial		Last Name			Your S	Social Security Nu	mber	
뿔[1					Enter				
	Sp	ouse's First Name and Middle Initia	al (if box 4 or 6 checked)	Last Name		your	Spous	se's Social Securit	y No.	
유[1					SSN(s).				
≦ _	_	ırrent Home Address - number and	street, rural route		Apt. No.	Daytime F	Phone ((with area code)		
ᄩ	2					94				
<u></u> -	_	ty, Town or Post Office	State	ZIP Code		Last Names Used in La	ast Four	Prior Year(s) (if diffe		
₹ L	3								97	
DO NOT STAPLE ANY ITEMS	STATUS	Check a box to indicate both file Married filing joint return	4a Injured Spouse Prote		erpayment	REVENUE USE ONLY	. DO NO	JI MARK IN THIS A	KEA.	
OT S	FILING ST	5 Head of household: Enter	name of qualifying child or depende	ent on next line:						
D0 N	FILI	6 Married filing separate retu7 Single	urn: Enter spouse's name and Soc	ial Security Number a	above.					
_	>	8 Resident	© Enter the numb	er claimed. Do no	ot check 🖖					
		9a Nonresident 9b Co	mposite $\left \overline{\underline{\bigcirc}} \right $ 13 Age 65 or o	ver						
		10 Nonresident active militar	ry		_[81 PM		80 RCVD		
	RESIDENCY	11 Part-year resident	15a Dependents	Under 17 15b	17 & over					
	芦	12 Part-year resident active		arents or grandpa	rents					
	17	Federal adjusted gross income	(from your federal return)						00	
	18	' '							00	
		a Arizona income ratio: If you ched		-		·		•		
	19								00	
	20	Net capital (loss) derived from the							00	
	21	Subtotal: Residents: Add lines 17					1		00	
	22	Subtractions from Income. See in				00	22		100	
>	23 24	Total net capital gain or (loss). Se Total net short-term capital gain o				00	7			
oftor Eorm 140V	25	Total net long-term capital gain or				00	_			
2	<u> </u>	Net long-term capital gain from as				00				
ۇ ئ	5 ₂₇	Multiply line 26 by 25% (.25) and							00	
2	28 بَا	Net capital gain derived from inve							00	
‡	= 29	Net capital gain derived from the							00	
+	<u>2</u> 30	Contributions to 529 College Sav	ings Plans				30		00	
Š	31	Arizona adjusted gross income							00	
2	32	Deductions: Check box and en	D 32		00					
2	≦ 33			-					00	
ž	34	Arizona taxable income: Subtract							00	
<u>\$</u>	35		•	•	•	•			00	
any was investigated for the form of the f	2 36 5 37	•							00	
į	37 2 38	Subtotal of tax: Add lines 35 and 36 Family income tax credit (AZ re					37) 38c		00	
Ì	39								00	
Š	5 40 = 40								00	
2	41				of Right 41b) 41c		00	
7	¥ 42		-		y Tax Credit 42b) 42c		00	
7	2 43	Other refundable credits: Check the					9 43		00	
-	44	Payment with original return plus	all payments after it was filed				44		00	
5	45	Total payments and refundable	credits: Add lines 41c through	44			45		00	
2	46	Overpayment from original return	or as later adjusted. See instr	uctions			46		00	
Ý T	47	Balance of credits: Subtract line 46							00	
	48	OVERPAYMENT: If line 40 is less to							00	
5	<u>3</u> 49	''							00	
2	50	REFUND: Subtract line 49 from line Direct Deposit of Refund: Check be					50 		00	
Ś	<u>_</u>	Checking or ROUTING	NUMBER ACCO	DUNT NUMBER	eigii account;	Sec manuchons. SUAL	-			
Ş	ر او	98 S Savings					}		00	
0000	등 51 L 52	AMOUNT OWED: If line 40 is more Check box 52 if this amended return the control of the control o					_		00	
		OR 10573 (20)		n 140X (2020)	o. alo yoai li	.c .ccc was mouned	J L	Page 1 of	4	

Your Na	lame (as shown on page 1)			our Social Security Numb	 per						
paren comp	must complete page 4, Dependent and Other Exemption Information into and grandparents (page 1, box 16.) You must also complete page plete page 4, your dependents and other exemptions may be denied. DME, DEDUCTIONS, CREDITS: In column (a), list the items you are	ge 4, Part d. Do not	rt 3, if you claim Othe t count or list yoursel	er Exemptions on page 1 If or your spouse as dep	1, line 22. If you do not pendents.						
	most recent amended return. In column (c), enter the amount of the change. In column (d), enter the corrected amount for the item you are changing										
	(a) INCOME, DEDUCTIONS, AND CREDITS YOU ARE CHANGING		(b) ORIGINAL AMOUNT REPORTED	(c) AMOUNT TO ADD OR SUBTRACT	(d) CORRECTED AMOUNT						
53a _			\$	\$	\$						
			\$	\$	\$						
53c			\$	\$	\$						
	CAPITAL GAIN OR (LOSS): If you are changing any amount on lin	ines 54a	through 54e, comple		(d).						
	(a) ITEM		(b) ORIGINAL AMOUNT REPORTED	(c) AMOUNT TO ADD OR SUBTRACT	(d) CORRECTED AMOUNT						
	Total net capital gain or (loss) reported on	J	ĺ								
_	Form 140, line 19; Form 140NR, line 33; or Form 140PY, line 32	J	\$	\$	\$						
	Total net short-term capital gain or (loss) reported on	J	ĺ								
_	Form 140, line 20; Form 140NR, line 34; or Form 140PY, line 33	J	\$	\$	\$						
54c 1	Total net long-term capital gain or (loss) reported on	J	ĺ								
<u> </u>	Form 140, line 21; Form 140NR, line 35; or Form 140PY, line 34	J	\$	\$	\$						
54d N	Net long-term capital gains from assets acquired after December 3	1, 2011									
<u>r</u>	reported on Form 140, line 22; Form 140NR, line 36; or Form 140PY,	, li <u>ne 35</u>	·\$	\$	\$						
_	Amount of allowable subtraction reported on Form 140, line 23;		1								
	Form 140NR, line 37; or Form 140PY, line 36	J	\$	\$	\$						
	ur address is the same on this amended return as it was on your origi Name 56ь Number			e line below.	Apt. No.						
56 c C	City, Town or Post Office		Sti	ate	ZIP Code						
	Under penalties of perjury, I declare that I have read this return and a true, correct and complete. Declaration of preparer (other than taxp										
SIGN HERE	YOUR SIGNATURE	DATE	OCCU	IPATION							
SIC	SPOUSE'S SIGNATURE	DATE	SPOU	SE'S OCCUPATION							

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

DATE

PAID PREPARER'S SIGNATURE

PAID PREPARER'S CITY

PAID PREPARER'S STREET ADDRESS

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

FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

PAID PREPARER'S TIN

PAID PREPARER'S PHONE NUMBER

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

2020 Form 140X - Standard Deduction Increase for Charitable Contributions

You must complete this worksheet if you are taking an increased standard deduction for charitable contributions. Include the completed worksheet with your tax return, when filed. If you do not include the completed worksheet, your standard deduction will not be increased.

Taxpayers electing to take the Standard Deduction may *increase* the standard deduction amount by 25% (.25) of the total amount of the taxpayer's charitable deductions that would have been allowed if the taxpayer elected to claim itemized deductions on the Arizona tax return.

Charitable contributions (lines 1C, 2C, and 3C) are those gifts allowed on federal Form 1040 Schedule A (Gifts to Charity) that you would have claimed had you elected to take itemized deductions on your federal return.

NOTE 1: A **part-year resident** taxpayer may only include those charitable contributions that are incurred and paid while an Arizona resident plus the amount of such gifts from Arizona sources incurred and paid during the part of the year while an Arizona nonresident. A **nonresident** taxpayer must prorate the increased standard deduction by his/her Arizona income ratio computed on page 1, line 18a.

NOTE 2: If you did not itemize deductions on your federal return and reported the allowable deduction (not to exceed \$300) for qualifying charitable contributions on your federal return, you *must* reduce the total 2020 contributions by the amount for which you took the allowable deduction on your federal return. Enter the amount of your federal deduction on line 5C.

NOTE 3: You *must* reduce your contribution amount by the total 2020 contributions for which you are claiming an Arizona tax credit on Form 321 (line 20) and/or Form 352 (line 20) for the current tax year (2020) or claimed on your return for the prior tax year (2019). The prior tax year amounts can be found on line 10 of your 2019 Forms 321 and 352. Enter this amount on line 6C.

NOTE 4: If you itemized deductions on your federal return (1040 Schedule A) and were required to adjust the amount of your allowable contributions on your federal 1040 Schedule A for the amount claimed as a tax credit on your Arizona income tax return, include the amount of the federal contribution adjustment to line 1C and enter the amount of the Arizona tax credit on line 6C.

Complete the worksheet to determine your allowable increased standard deduction for charitable contributions.

40	2020 Ciffe by each or sheet	40					
1C	2020 Gifts by cash or check	1C					00
2C	2020 Other than by cash or check	2C					00
3C	Carryover from prior year	3C					00
4C	Add lines 1C through 3C and enter the total	4C				00	
5C	If you did not itemize deductions on your federal return (1040 Schedule A) and took a deduction for charitable contributions on your federal return, enter the amount of charitable contribution deduction reported on your federal return. (See Note 2)	5C					00
6C	Total charitable contributions for which you are claiming a credit under Arizona law for the current (2020) or prior tax year (2019)	6C					00
7C	Subtract lines 5C and 6C from line 4C and enter the difference. If less than zero, enter "0"	7C					00
8C	Multiply line 7C by 25% (.25) and enter the result	8C					00
9C	Nonresidents filing Form 140NR: Enter your Arizona income ratio from page 1, line 18a. All other taxpayers enter 1.000	9C		•			
10C	Multiply line 8C by the percentage on line 9C and enter the result	10C					00

- Enter the amount shown on line 10C on page 1, line 33
- Be sure to check box 32S for Standard Deduction on line 32.
- Check box 33C for charitable deductions on line 33. If you do not check this box, you may be denied the increased standard deduction.

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

2020 140X Dependent and Other Exemption Information

Include page 4 with your amended return if:

- You are reporting dependents (box 15a and 15b) on page 1.
- You are reporting qualifying parents and grandparents (box 16) on page 1.
- You are taking a deduction for *Other Exemptions* on page 1, line 22 (Subtractions from Income).

Part 1: Dependents (Box 15a and 15b) - (Forms 140, 140A, 140NR, and 140PY)

Information used to compute your allowable Dependent Tax Credit on page 1, line 38 (box 38b).

	(a)	(b)	(c)	(d)	(e)		(f)
	FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURITY NUMBER	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2020	✓ Dependent Age included in:		✓ IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL
				TIONE IN 2020	1 (Box 15a)	2 (Box 15b)	RETURN DUE TO EDUCATIONAL CREDITS
15c							
15d							
15e							
15f							
15g							
15h							
15i							
15j							
15k							
15ı							
15m							
15n							

Part 2: Qualifying parents and grandparents (Box 16) - (Forms 140, 140A, and 140PY)

Information used to compute your exemption included in Subtractions from Income, line 22.

	(a)		(b)	(c)	(d)	(e)	(f)
	FIRST AND LAST NAME (Do not list yourself or spouse.)				NO. OF MONTHS LIVED IN YOUR HOME IN 2020	✓ IF AGE 65 OR OVER	✓ IF DIED IN 2020
16a							
16 _b							
16c							
16d							
16e							
16f							

Part 3: Other Exemptions - (Forms 140, 140A, 140NR, and 140PY)

Information used to compute your other exemptions included in Subtractions from Income, line 22.

	(a) (b) (c) (d)								
	(a)	(b)			(d)				
	FIRST AND LAST NAME	SOCIAL SECURITY	✓ AGE 65	OR OVER	√ STILLBORN				
	(Do not list yourself or spouse.)	NUMBER		ructions)	CHILD IN 2020				
	(= ,	(ddd indiaddond)							
			C1	C2					
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									