Your First Name and Middle Initial Spouse's First Name and Middle Initial Spouse's First Name and Middle Initial Spouse's First Name and Middle Initial Current Home Address - number and street, rural route Current Home Address - number and street, rural route City, Town or Post Office State ZIP Code Last Name Last Name Spouse's Social Security Number Spouse's Social Security No. Daytime Phone (with area code) [94] City, Town or Post Office State ZIP Code Last Names Used in Last Four Prior Year(s) (if different spouse) Married filing joint return 4a Injured Spouse Protection of Joint Overpayment Head of household. Enter name of qualifying child or dependent on next line. REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88 REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88 Age 65 or over (you and/or spouse) When the number claimed. Do not put a check mark. 8				140 Resident Personal Income Tax			Return	-	20) 21	
Trumper first Name and Middiel Initial (if box 4 or 6 checked) Spouse's First Name and Middiel Initial (if box 4 or 6 checked) Last Name Spouse's Social Security Number	RET	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEGINI	NING (M,M,D,D	12,0,2,1	_ AND ENDING	M _M D	D12.	0 Y Y _ 66F
Spouse's First Name and Middle Initial (if box 4 or 6 checked) Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Last Name Spouse's Social Socurity No. Daytime Phone (with area code) Strike City, Town or Post Office State ZiP Code Last Name Lucial Last Four Phone (with area code) Strike City, Town or Post Office State ZiP Code Last Name Lucial Last Four Phone (with area code) Strike City, Town or Post Office State ZiP Code Last Name Lucial Last Four Phone (with area code) Strike City, Town or Post Office State ZiP Code Last Name Lucial Last Four Phone (with area code) Strike City Town or Post Office State Last Name Lucial Last Four Phone (with area code) Strike City Town or Post Office State Last Name Lucial Last Four Phone (with area code) Strike City Town or Post Office State Last Name Lucial Last Four Phone (with area code) Strike City Town or Post Office Last Name Lucial Last Four Phone (with area code) Strike Individual Last Four Phone (with Area Code) Strike Indiv	Ψ.	_				Last Name		Enter		Social S	Security Number
Current Home Address - number and street, rural route Corp. Town or Post Office State Injured Spouse Protection of Joint Overpayment State Injured Spouse Protection of Joint Overpayment Injured Spouse Injured Spouse Protection of Joint Overpayment Injured Spouse Injured Spouse Protection of Joint Overpayment Injured Spouse Injury Injured Spouse Injury Injured Spouse Injury Inj	0	$\underline{}$	C	and First Names and Middle Initi		Lost Names				'- 0-	
STATE Part	<u>S</u>	_	Spou	ise's First Name and Middle Initi	ai (ii box 4 or 6 checked)	Last Name		SSN(s	Spous	se s 50	ciai Security No.
STATE Part	<u>≅</u>	<u> </u>	Curre	ent Home Address - number and	street, rural route		Apt. No.	Daytir	me Phone	(with a	rea code)
STATE Part	_	2					·			`	,
Page		$\overline{}$	City,	Town or Post Office	State	ZIP Code		Last Names Used	in Last Fou	r Prior Y	ear(s) (if different)
Page	벌.				<u></u>			DEVENUE HOE O	NIV DO N	OT MAD	<u>97</u>
Page	Z	ŢŢ			•		verpayment		NLY. DO NO	JI MAR	K IN THIS AREA.
Page	S	ST/	5	Head of household. Enter	name of qualifying child or dep	endent on next line.		<u> </u>			
Page	2	NG	6	Married filing separate ref	turn. Enter spouse's name and	Social Security Numb	per above.				
Box 19a and 10b): Dependent Information. See instructions. For more space, check the box and complete page 4, Part 1. (b) (c)	2		7	Single	·	•					
Box 19a and 10b): Dependent Information. See instructions. For more space, check the box and complete page 4, Part 1. (b) (c)		SNS			·	rk.					
Box 19a and 10b): Dependent Information. See instructions. For more space, check the box and complete page 4, Part 1. (b) (c)		ΙΞΊ		1 1 -			-	R1 PM		80 R	CVD
Box 19a and 10b): Dependent Information. See instructions. For more space, check the box and complete page 4, Part 1. (b) (c)		EMF	•	, ,)	·	,			00	
Company Comp		EX		'		ndonio. Ago 17 dile					
FIRST AND LAST NAME					ent Information. See instruc				omplete p	age 4,	
100 100					ST NAME SC	` '		1 ' ' .	✓ Dependent	Age \	✓ if you did not claim
100 100		ents				50 5200	1122/11/01/01	LIVED IN YOUR	1 I	n: 2	this person on your federal return due to
100 100		end							(Box 10a) (Bo	x 10b)	educational credits
100		Dep							╫	\dashv	
									ᆸ	5	
Contributions to Income adjustment. See instructions Contributions to Income adjustment in qualified small business Contributions to Income adjustment. See instructions	'									page 4,	Part 2.
14 Modified federal adjusted gross income. Subtract line 13 from line 12	140	sand									(f)
14 Modified federal adjusted gross income. Subtract line 13 from line 12	<u>.</u>	Parent			71 147 UVIL	OCIAL SECONTT NO.	LIVED IN YOUR				
14 Modified federal adjusted gross income. Subtract line 13 from line 12	ᅙ	ying F						TIOWE IN 2021			
14 Modified federal adjusted gross income. Subtract line 13 from line 12	ţe	Qualif	110						片		
14 Modified federal adjusted gross income. Subtract line 13 from line 12	sat	Ī	Ī	-	no (from your fodoral retur	·n)			12		
14 Modified federal adjusted gross income. Subtract line 13 from line 12	ent	١		· · -	` •	•					
Total net capital gain or (loss). See instructions						I .					
Total net capital gain or (loss). See instructions	200	JS	15	Non-Arizona municipal interest					15		
Total net capital gain or (loss). See instructions	ē	įįį		•							
Total net capital gain or (loss). See instructions	등	Adc		•							
24 Multiply line 23 by 25% (.25) and enter the result	5										
24 Multiply line 23 by 25% (.25) and enter the result	es		20								
24 Multiply line 23 by 25% (.25) and enter the result	ng e										
24 Multiply line 23 by 25% (.25) and enter the result	Š										
25 Net capital gain derived from investment in qualified small business					·						00
33 Net Operating loss adjustment. See instructions 100 34b 529A (ABLE accounts) 00 add 34a and 34b 34c 00	<u>ф</u>										
33 Net Operating loss adjustment. See instructions 100 34b 529A (ABLE accounts) 00 add 34a and 34b 34c 00	ā	Su	26	Recalculated Arizona depreciat	ion				26		
33 Net Operating loss adjustment. See instructions 100 34b 529A (ABLE accounts) 00 add 34a and 34b 34c 00	era	actio							I .		
33 Net Operating loss adjustment. See instructions 100 34b 529A (ABLE accounts) 00 add 34a and 34b 34c 00	fed	ubtra		_	-	-					
33 Net Operating loss adjustment. See instructions 100 34b 529A (ABLE accounts) 00 add 34a and 34b 34c 00	eg	Ō			-						
33 Net Operating loss adjustment. See instructions 100 34b 529A (ABLE accounts) 00 add 34a and 34b 34c 00	₫								I		
33 Net Operating loss adjustment. See instructions 100 34b 529A (ABLE accounts) 00 add 34a and 34b 34c 00	<u>5</u>			•			•	•			
33 Net Operating loss adjustment. See instructions 100 34b 529A (ABLE accounts) 00 add 34a and 34b 34c 00	any			•		-					
35 Subtract lines 24 through 34c from line 19. Enter the difference	99		33 34	Net operating loss adjustment. Contributions to: 342 529 College	See instructions	24b 520A (ABLE	counte)	00 -4-104-			
	<u>В</u>										

	Your I	Name (as shown on page 1)	Your Social Security N	umber	
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Incom	e schedule on page 6	36	00
	37	Subtract line 36 from line 35. Enter the difference	, ,		00
Exemptions	38	Age 65 or over: Multiply the number in box 8 by \$2,100			00
	39	Blind: Multiply the number in box 9 by \$1,500			00
Ē	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300			00
Exe	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, 6			00
	43	Deductions: Check box and enter amount. See instructions	IIZED43S STANDARD	43	00
×	44	If you checked box 43 S and claim charitable contributions, check 44 C Complete page 3	. See instructions	44	00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"			00
	46a	Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables		. 46a	00
Balance of Tax		Reserved			
e o	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 30			00
auc	48	Subtotal of tax: Add lines 46a and 47. Enter the total			00
Ba	49	Dependent Tax Credit. See instructions			00
	50	Family income tax credit (from the worksheet - see instructions)			00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61			00
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is great			00
	53	2021 AZ income tax withheld			00
- s	54	2021 AZ estimated tax payments54a 00 Claim of Right 54b			00
s an	55	2021 AZ extension payment (Form 204)			00
Total Payments and Refundable Credits	56	Increased Excise Tax Credit (from the worksheet - see instructions)			00
Payr	57	Property Tax Credit from Arizona Form 140PTC			00
otal	58	Other refundable credits: Check the box(es) and enter the total amount			00
<u> </u>	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total			00
_	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Si			00
men	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of ov	•		00
Dag	62	Amount of line 61 to be applied to 2022 estimated tax			00
Tax Due or Overpayment	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference			00
		Solutions Teams	dlife 65		100
£ }	U-T		68 00	7	
5			onations Fund 71	7	
Voluntary Gifts		Custoinable State Barks	r of Animals 74	7	
፟≥	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Liber		<u> </u>	
_		Estimated payment penalty	tariari 755Republicari	76	00
alt		771 ☐ Annualized/Other 772 ☐ Farmer or Fisherman 773 ☐ Form 221 included		. 76	100
Penalty		Add lines 64 through 74 and 76; enter the total		70	00
-	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80		. 79	00
wed	19	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign according to the control of the	ount: see instructions. 79A		100
Refund or Amount Owed		CD Chacking or ROUTING NUMBER ACCOUNT NUMBER			
Refu nou		98 S Savings			
Ā	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue	e; write your SSN on payment;		
		and include with your return			00
		Inder penalties of perjury, I declare that I have read this return and any documents with			
	tr	rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all int	ormation of which prepare	r has any knowledge	9.
H	→				
ш		OUR SIGNATURE DATE	OCCUPATION		
王		OUN OIGHNI GIVE	OOODI ATION		
(D)	→				
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Ш					
AS	P	AID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPA	RER'S IF SELF-EMPLOYED)		
PLEASE SIGN HERE			*		
7	P	AID PREPARER'S STREET ADDRESS	PAID PREPARE	ER'S TIN	
			()	
	P	AID PREPARER'S CITY STATE ZIP CODE	PAID PREPARÉ	ER'S PHONE NUMBER	

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 140. 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

2021 Form 140 - 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 on their Arizona tax return 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 1040 Schedule A (Gifts to Charity) that you would have claimed had you elected to take itemized deductions on your federal return.

NOTE 1: You must reduce your contribution amount by the total charitable contributions you made during January 1, 2021 through December 31, 2021 for which you are claiming an Arizona tax credit under Arizona law for the current tax year return or claimed on the prior tax year return. Enter this amount on 5C.

NOTE 2: 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 5C.

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

1C	2021 Gifts by cash or check	1C	00
2C	2021 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	Total charitable contributions made in 2021 for which you are claiming a credit under Arizona law for the current (2021) or prior (2020) tax year	5C	00
	Subtract line 5C from line 4C and enter the difference. If less than zero, enter "0"	6C	00
7C	Multiply line 6C by 25% (.25) and enter the result	7C	00

- Enter the amount shown on line 7C on page 2, line 44.
- Be sure to check box 43S for Standard Deduction on line 43.
- Check box **44C** for charitable contributions on line 44. 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

2021 Form 140 Dependent and Other Exemption Information

Include page 4 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 2, line 40.

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

Information used to compute your allowable Dependent Tax Credit on page 2, line 49.

NOTE: If you have more than three qualifying dependents, you *must* complete Part 1 *and* the worksheet in the instructions to compute your Dependent Tax Credit on line 49.

	compute your Dependent Tax Credit on line 49.								
	(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 2021	(e ✓ Depend include	dent Age	(f) ✓ IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL	
					TIONE IN 2021	1 (Box 10a)	2 (Box 10b)	RETURN DUE TO EDUCATIONAL CREDITS	
10f									
10g									
10h									
10i									
10j									
10k									
10ı									
10m									
10n									
10 _o									
10 _p									

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 2, line 41.

	Additional qualifying parents and grandparents information used to compute your allowable exemption on page 2, line 41.											
		(a)	(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 2021	✓ IF AGE 65 OR OVER	✓ IF DIED IN 2021					
11a												
11e												
11 f												
11 g												
11h												
11i												

Part 3: Other Exemptions

Information used to compute your allowable Other Exemptions on page 2, line 40.

	(a)	(b)	(c)		(d)
	FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURITY NO.	✓ AGE 65 OR OVER (see instructions)		✓ STILLBORN CHILD IN 2021
			C1	C2	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Enter the total number of individuals listed in Part 3 in box 40E on page 2, line 40.

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

2021 Form 140 - Other Additions to Arizona Gross Income

Complete and include this schedule with your tax return **only** if you are making any adjustments **increasing** your Arizona Gross Income.

Note: If you are making any adjustments reducing your Arizona Gross Income complete page 6.

Other Additions to Arizona Gross Income - Line 18 (see instructions for more information)

Α	Married Persons Filing Separate Returns.	Α	00
В	Arizona Form 141AZ Schedule K-1 - Fiduciary Adjustment	В	00
С	Ordinary Income Portion of Lump-Sum Distributions Excluded on Your Federal Return	С	00
D	Items Previously Deducted for Arizona Purposes	D	00
E	Claim of Right Adjustment for Amounts Repaid in 2021	E	00
F(a)	Claim of Right Adjustment for Amounts Repaid in Prior Taxable years	F(a)	00
F(b)	Adjustment for Net Operating Loss due to Claim of Right	F(b)	00
G	Addition to S Corporation Income Due to Claiming Pass-Through Credit (Forms 312 and 315)	G	00
Н	Adjusted Basis in Property for Which You Have Claimed a Credit for Investment in Qualified Small Businesses (Form 338)	Н	00
1	Nonqualified Withdrawals from 529 College Savings Plans	ı	00
J	Sole Proprietorship Loss of an <i>Arizona Nonprofit Medical Marijuana Dispensary</i> Included in Federal Adjusted Gross Income. Sole Proprietorship loss of an Arizona dual licensee that has not elected to operate on a for profit-basis must also add back the portion of their loss that is from the medical marijuana portion of the business that is included in their federal adjusted gross income	J	00
K	Federal Net Operating Loss (NOL) Carryforward from Non-Arizona Sources Accrued While a Nonresident	K	00
L	Federal Capital Loss Carryforward Deduction Incurred from Non-Arizona Sources Prior to Arizona Residency	L	00
М	Americans with Disabilities Act - Access Expenditures	М	00
N	Amortization or Depreciation for Child Care Facility before 1990	N	00
0	Net Capital Loss Derived From the Exchange of One Kind of Legal Tender for Another Kind of Legal Tender: See instructions	0	00
Р	Other Adjustments Related to Tax Credits. See instructions	Р	00
Q	Other Adjustments - see instructions	Q	00
R	Total Other Additions: Add all amounts and enter the total here and on page 1, line 18	R	00

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

2021 Form 140 - Other Subtractions from Arizona Gross Income

Complete and include this schedule with your tax return **only** if you are making any adjustments **decreasing** your Arizona Gross Income.

Note: If you are making any adjustments increasing your Arizona Gross Income complete page 5.

Other Subtractions from Arizona Gross Income - Line 36 (see instructions for more information)

Α	Married Persons Filing Separate Returns.	Α	00
В	Arizona Form 141AZ Schedule K-1 - Fiduciary Adjustment	В	00
С	Federally Taxable Arizona Municipal Interest as Evidenced by Bonds	С	00
D	Adoption Expense	D	00
Е	Qualified Wood Stove, Wood Fireplace or Gas-Fired Fireplace	Е	00
F	Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years	F	00
G	Certain Expenses Not Allowed for Federal Purposes (due to claiming federal tax credits)	G	00
Н	Qualified State Tuition Distributions	н	00
ī	Installment Sale Income from Another State Taxed by the Other State In a Prior Taxable Year	ı	00
J	Agricultural Crops Given to Arizona Charitable Organizations	J	00
K	Basis Adjustment for Property Sold or Otherwise Disposed of During the Taxable Year	K	00
L	Sole Proprietorship Income of an <i>Arizona Nonprofit Medical Marijuana Dispensary</i> Included in Federal Adjusted Gross Income. In addition, Sole Proprietorship income of an Arizona dual licensee that has not elected to operate on a for-profit basis may subtract the portion of their federal taxable income that is from the medical marijuana portion of the business	L	00
М	Long-Term Care Insurance Premiums	М	00
N	Americans with Disabilities Act – Access Expenditures	N	00
0	Exploration Expenses Deferred before January 1, 1990	0	00
P	Sole Proprietorship of an Arizona Marijuana Establishment, Marijuana Testing Facilities and dual licensees that operate on a for-profit basis: enter the total amount of ordinary and necessary expenses related to the sales of recreational use products reported on Schedule DFE (line 16). An LLC that has elected to be treated as a disregarded entity for federal purposes, and also elected to operate on a for-profit basis may subtract the total amount of ordinary and necessary expenses related to the sales of recreational use products reported on Schedule DFE (line 16).	P	00
Q	S Corporation shareholders of an Arizona Marijuana Establishment, Marijuana Testing Facilities and dual licensees that operate on a for-profit basis: enter the amount of your pro-rata share of ordinary and necessary expenses related to the sales of recreational use products as shown on your 120S Schedule K-1, line 7	Q	00
R	Net Capital Gain Derived From the Exchange of One Kind of Legal Tender for Another Kind of Legal Tender:	_	
	See instructions.	R	00
S	Other Adjustments - see instructions	s	00
T	Total Other Subtractions: Add all amounts and enter the total here and on page 2, line 36	т	 00