

DO NOT STAPLE ANY ITEMS TO THE RETURN.

STOP! If your Arizona taxable income is \$50,000 or more, you must use Arizona Form 140.

82F Check box 82F if filing under extension

Your First Name and Middle Initial Last Name Enter your SSN(s) Your Social Security Number

Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No.

Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code)

City, Town or Post Office State ZIP Code Last Names Used in Last Four Prior Year(s) (if different)

FILING STATUS: 4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment 5 Head of household... 6 Married filing separate return... 7 Single

EXEMPTIONS: 8 Age 65 or over... 9 Blind... 10a Dependents: Under age of 17... 10b Dependents: Age 17 and over... 11a Qualifying parents and grandparents

Table for Dependents (Box 10a and 10b) with columns for Name, SSN, Relationship, Months lived in home, and Dependent status.

Table for Qualifying parents and grandparents (Box 11a) with columns for Name, SSN, Relationship, Months lived in home, and Age/Status.

Table for Tax Calculations (Lines 12-30) including Federal adjusted gross income, Arizona adjusted gross income, and tax due/overpayment.

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PLEASE BE SURE TO SIGN ON PAGE 2 OF THIS RETURN.

Continued on page 2

Place any required federal and AZ schedules or other documents after Form 140A.

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

Voluntary Gifts

31 Enter the amount from page 1, line 29 Tax Due; or line 30 Overpayment..... **31** _____ **00**

32 - 42 Voluntary Gifts to:

| | | | | | | | |
|--|-----------|-------|-----------|--|-----------|-------|-----------|
| Solutions Teams Assigned to Schools..... | 32 | _____ | 00 | Arizona Wildlife..... | 33 | _____ | 00 |
| Child Abuse Prevention | 34 | _____ | 00 | Domestic Violence Services..... | 35 | _____ | 00 |
| Neighbors Helping Neighbors.. | 37 | _____ | 00 | Political Gift..... | 36 | _____ | 00 |
| I Didn't Pay Enough Fund..... | 40 | _____ | 00 | Special Olympics..... | 38 | _____ | 00 |
| | | | | Veterans' Donations Fund | 39 | _____ | 00 |
| | | | | Sustainable State Parks and Road Fund..... | 41 | _____ | 00 |
| | | | | Spay/Neuter of Animals.. | 42 | _____ | 00 |

43 Political Party (if amount is entered on line 36 - check only one box):
431 Democratic **432** Libertarian **433** Republican

44 Total voluntary gifts: Add lines 32 through 42..... **44** _____ **00**

Refund or Amount Owed

45 REFUND: If line 31 is an overpayment, subtract line 44 from line 31. If less than zero, enter amount owed on line 46..... **45** _____ **00**

Direct Deposit of Refund: **Check box 45A** if your deposit will be ultimately placed in a **foreign account**; see instructions. **45A**

98 C Checking or S Savings

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

46 AMOUNT OWED: If line 31 is a tax due, add lines 31 and 44. Make check payable to Arizona Department of Revenue; write your SSN on payment, and include with your return..... **46** _____ **00**

PLEASE SIGN HERE

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

→ YOUR SIGNATURE _____ DATE _____ OCCUPATION _____

→ SPOUSE'S SIGNATURE _____ DATE _____ SPOUSE'S OCCUPATION _____

PAID PREPARER'S SIGNATURE _____ DATE _____ FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) _____

PAID PREPARER'S STREET ADDRESS _____ PAID PREPARER'S TIN _____

PAID PREPARER'S CITY _____ STATE _____ ZIP CODE _____ PAID PREPARER'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 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 |
|--------------------------------|-----------------------------|

2021 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 2021 | (e) ✓ Dependent Age included in: | | (f) ✓ IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL RETURN DUE TO EDUCATIONAL CREDITS |
|-----|---|----------------------------|---------------------|---|--|--------------------------|--|
| | | | | | 1 (Box 10a) | 2 (Box 10b) | |
| 10f | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10g | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10h | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10i | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10j | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10k | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10l | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10m | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10n | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10o | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10p | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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) 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) ✓ IF AGE 65 OR OVER | (f) ✓ IF DIED IN 2021 |
|-----|---|----------------------------|---------------------|---|----------------------------|--------------------------|
| 11e | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 11f | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 11g | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 11h | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 11i | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 11j | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Part 3: Other Exemptions

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

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

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