Arizona Form

FOR CALENDAR YEAR

RETURN.	Arizona Form 140EZ	Resident Person	nt Personal Income Tax Return (EZ Form)				YEAR 1
2-	Your First Name and Middle Initial		Last Name			Your Social Security	Number
H H					Enter	· · · · · · · · · · · · · · · · · · ·	
	Spouse's First Name and Middle Initia	l (if box 4 is checked)	Last Name		your	Spouse's Social Sec	urity No.
					SSN(s).		
	Current Home Address - number and	street, rural route	L	Apt. No.	Daytime P	hone (with area cod	e)
E 2					94		
∑_	City, Town or Post Office	State	ZIP Code		Last Names Used in La	st Four Prior Year(s) (if	
E A							97
DO NOT STAPLE ANY [⊡]	 82F Check box 82F if filing under extension You must 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: 				REVENUE USE ONLY.		IO AREA.
	 active duty military 	рау			81 PM	80 RCVD	
	– wages earned on Ir	ndian reservation(s)					
	 FILING STATUS: Check one box. 4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment 5 Single 						
ter Form 140EZ.	6 Federal adjusted gross inco	me from your federal retur	n			6	00
	7 Standard deduction: If you checked filing status box 4, enter \$25,100; if you checked filing status						
	box 5, enter \$12,550					7	00
	8 Arizona taxable income: Subtract line 7 from line 6. If less than zero, enter "0"					8	00
	9 Amount of tax from Optional Tax Tables						00
	10 Family income tax credit (from worksheet - see page 5 of the instructions)						00
	11 Balance of tax: Subtract line 10 from line 9. If line 10 is more than line 9, enter "0"						00
	12 Arizona income tax withheld during 2021						00
	13 2021 Arizona extension payment (Form 204)						00
	14 Increased Excise Tax Credit (from worksheet see page 6 of the instructions)						00
af	15 Total payments/credits: Add lines 12 through 14.					15	00
nts	16 TAX DUE / AMOUNT OWED: If line 11 is more than line 15, subtract line 15 from line 11. Skip line 17.						
ne	Make check payable to Arizona Department of Revenue; include SSN on payment						00
cur	17 OVERPAYMENT / REFUND: If line 15 is more than line 11, subtract line 11 from line 15						00
õp	Direct Deposit of Refund: Check box 17A if your deposit will be ultimately placed in a foreign account; see instructions. 17A						
er	98 S Savings						
Place any required federal and AZ schedules or other documents after Form 140EZ	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.						
I and Az	SPOUSE'S SIGNATURE		DATE	<u> </u>	POUSE'S OCCUPATION		
FLEASE	PAID PREPARER'S SIGNATURE DATE		FIRM'S NAM	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)			
ф Ц	PAID PREPARER'S STREET ADDRESS			PAID PREPARER'S TIN			
ire				ZIP CODE PAID PF) REPARÉR'S PHONE NUMBER	
nb: □	PAID PREPARER'S CITY	STATE	ZI		PAID PREPA	ALEK S FRUNE NUMBER	
ace any re	 If you are sending a payment with Arizona Department of Revenue Include the payment with Form If you are expecting a refund or Arizona Department of Revenue 	e, PO Box 52016, Phoenix n 140EZ. owe no tax, or owe tax bu	t are not sendi	ing a payme	nt, mail to:		
Б	Anzona Department of Neverlue		, 172 00012-2	100.			

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