E RETURI	Arizona Form 140 PY Part-Year Resident Personal Income				e 1	Гах Retur			ENDAR YEAR	}			
E N	82F		Check box 82F filing under extension	OR FISCAL YEAR BEG	INNI	NG IMIMIDID	12,0,2	1 <sub>1.</sub>	AND ENDING	IM,MID	.D12	, <b>0</b> , Y , Y i	66F
畐	,		First Name and Middle Initial			Last Name						Security Nu	
_	1								Enter			,	
	_	Spous	se's First Name and Middle Initi	al (if box 4 or 6 checked)		Last Name	,		your	Spou	se's S	ocial Securi	ty No.
<b>ANY ITEMS</b>	1			,					SSN(	s).	1	ı	•
Ë	_	Curre	nt Home Address - number and	l street, rural route			Apt. No.		Dayti	me Phone	(with	area code)	
Ž	2								94				
						L	ast Names Used	d in Last Fou	r Prior	Year(s) (if diff	ferent)		
PL	3												97
STAPLE	STATUS	4	☐ Married filing joint return	4a Injured Spouse	Prote	ection of Joint Ov	erpayment		EVENUE USE C	ONLY. DO N	ОТ МА	RK IN THIS A	REA.
Ë	Ι¥	5	Head of household: Enter	name of qualifying child or d	lepend	dent on next line:		8	BR				
DO NOT													
8	FILING	6	Married filing separate ret	turn: Enter spouse's name a	and Sc	ocial Security Numb	oer above.						
_	_	7	Single										
	ONS		<b>♦</b> Enter the number claime						₁ PM			RCVD	
		8	Age 65 or over (you and/o	' '   '		9, and 11a, also con 10a and 10b, also co	-	8	<sub>1P</sub> PM		80R	KCVD	
	ΙŻ	9	Blind (you and/or spouse)	)			•	1					
	EXEMPT	10a 11a	Dependents: Under age of Qualifying parents and graduate		pena	ents: Age 17 and	over.	L					
		11a 12-1		•	eside	nt Other than Act	tive Military	13	☐ Part-Year I	Resident A	ctive N	/lilitary	
			(Box 10a and 10b): Depende										
			(a)	one miorination.	uono	(b)	(c)		(d)	(e)		(f)	
			FIRST AND LAS		soc		RELATIONS	HIP	NO. OF MONTHS LIVED IN YOUR	✓ Dependent included	Age in:	✓ if you did no this person on	ot claim
			(Do not list yourself	or spouse.)		NUMBER			HOME IN 2021	1 (Box 10a) (Box 10a)	2 ox 10b)	federal return of educational ci	due to
	nts	10c											
٠.	pug	<b>10</b> d											
OP.	Dependents		(Box 11a): Qualifying parents	s and grandparents. See	instru			ck 1			page	4, Part 2.	
17	_		(a) FIRST AND LAS	STNAME	SO(	(b) CIAL SECURITY	(C)	нір	(d) NO. OF MONTHS	(e) ✓ IF AGE 6	S5 OR	✓ IF DIED	NI C
E			(Do not list yourself		300	NO.	INCLATIONS		LIVED IN YOUR HOME IN 2021	OVER		2021	, <b>.</b>
nents after Form 140PY.		11 <sub>b</sub>							TIONE IN 2021				
Ę		11c											
aĘ		14	Dates of Arizona residency: From	$M_1M_1D_1D_1Y_1Y_1Y_1$	∕_ to	M.M.D.D.Y	YYY		2021 FEDER	RAL	20	21 ARIZON	IA
nts			List other state(s) of residency:					An	nount from Feder	ral Return		Amount Only	
ne		15	Wages, salaries, tips, etc					15		00			00
5		16	Interest					16		00			00
ခ			Dividends				Ī	17		00			00
ē	9		Arizona income tax refunds				1	18		00			00
Ħ	9		Business income (or loss) from					19		00			00
ŏ	a		Gains (or losses) from federal Rents, royalties, partnerships, esta				Г	20 21		00			00
es	izor		Other income reported on your		-		Ī	22		00			00
킁	₹		Total income: Add lines 15 throu	= = = = = = = = = = = = = = = = = = = =			1	23		00			00
he			Other federal adjustments: Inc					24		00			00
SC			Federal adjusted gross income	•			r	25		00			
Z			Arizona gross income: Subtract							26			00
gu		27	Arizona income ratio: Divide	line 26 by line 25 and enter the	he res	ult (not over 1.000)	)	<u></u>		27		•	
<del>a</del>			Small Business income: 285										00
ler	ons		Modified Arizona gross income										00
fec	ij		Total depreciation included in A	-									00
eq	¥		Other Additions to Income. Co						-				00
ij			<b>Subtotal:</b> Add lines 29, 30 and 3 Total Arizona net capital gain of							00			00
ed	7		Total Arizona net short-term ca	· ·						00			
Ŋ	tions page 2		Total Arizona net long-term car							00			
al	tract on p		Net long-term capital gain from							00			
Place any required federal and AZ schedules or other docun	Sub Sont.		Multiply line 36 by 25% (.25) a										00
₫	J		Net capital gain derived from in										00
		39	Subtract lines 37 and 38 from I		nce								00
	A	ADOR 1	0149 (21)		A	Z Form 140PY (	(2021)					Page	e 1 of 6

	Your N	Name (as shown on page 1) Your Social Security N	lumber	
	40	Recalculated Arizona depreciation	40	00
s Je 1	41	Contributions to: 41a 529 College Savings Plans 00 41b 529A (ABLE accounts) 00 add 41a and 41b		00
Subtractions cont. from page	42	Interest on U.S. obligations such as U.S. savings bonds and treasury bills		00
Subtractions nt. from page	43	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income		00
Sub nt. f	44	Other Subtractions from Income. Complete Other Subtractions from Arizona Gross Income schedule on page 6		00
8	45	Subtract lines 40 through 44 from line 39. Enter the difference		00
	46	Age 65 or over: Multiply the number in box 8 by \$2,100	00	100
Suc	47	Blind: Multiply the number in box 9 by \$1,500	00	
Exemptions	48	Other Exemptions. See instructions48E Multiply the number in box 48E by \$2,300	00	
хеш	49	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000	00	
ú	50	Add lines 46 through 49. Enter the total	00	
	51	Multiply line 50 by the Arizona income ratio on line 27		00
		Arizona adjusted gross income: Subtract line 51 from line 45. If less than zero, enter "0"		00
	53	Deductions: Check box and enter amount. See instructions	_	00
	54	If you checked box 53S and claim charitable contributions check 54C Complete page 3. See instructions		00
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"		00
×		Compute the tax using amount from line 55 and Tax Tables X and Y		00
of Tax		Reserved		
9	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 30		00
Balance	58	Subtotal of tax: Add lines 56a and 57. Enter the total		00
ä	59	Dependent Tax Credit. See instructions	59	00
	60	Family income tax credit (from the worksheet - see instructions)	60	00
	61	Nonrefundable credits from Arizona Form 301, Part 2, line 61	61	00
	62	Balance of tax: Subtract lines 59, 60 and 61 from line 58. If the sum of lines 59, 60 and 61 is more than line 58, enter "0"	62	00
Total Payments and Refundable Credits	63	2021 AZ income tax withheld	63	00
	64	2021 AZ estimated tax payments <b>64a</b> 00 Claim of Right <b>64b</b> 00 Add 64a and 64		00
nent le C	65	2021 AZ extension payment (Form 204)	65	00
Payr	66	Increased Excise Tax Credit (from the worksheet - see instructions)		00
otal	67	Other refundable credits: Check the box(es) and enter the total amount	9 67	00
ĔŒ	68	Total payments and refundable credits: Add lines 63 through 67. Enter the total		00
ar t	69	<b>TAX DUE:</b> If line 62 is larger than line 68, subtract line 68 from line 62. Enter amount of tax due. Skip lines 70, 71 and 72	69	00
Tax Due or Overpayment	70	<b>OVERPAYMENT:</b> If line 68 is larger than line 62, subtract line 62 from line 68. Enter amount of overpayment	70	00
Tax E Overp	71	Amount of line 70 to be applied to 2022 estimated tax	71	00
٦ó	72	Balance of overpayment: Subtract line 71 from line 70. Enter the difference		00
£	73 -	- 83 Voluntary Gifts to: Solutions Teams Assigned to Schools73 00 Arizona Wildlife74 0	0	
ق		Child Abuse Prevention	0	
ıtarı		Neighbors Helping Neighbors78 00 Special Olympics79 00 Veterans' Donations Fund 80 0	0	
Voluntary Gifts		I Didn't Pay Enough Fund81 00 Sustainable State Parks and Road Fund82 00 Spay/Neuter of Animals83 0	0	
>	84	Political Party (if amount is entered on line 77- check only one): 841 Democratic 842 Libertarian 843 Republican		
Ę	85	Estimated payment penalty	85	00
Penalty	86	861 ☐ Annualized/Other 862 ☐ Farmer or Fisherman 863 ☐ Form 221 included		
_	87	Add lines 73 through 83 and 85; enter the total		00
ğ	88	REFUND: Subtract line 87 from line 72. If less than zero, enter amount owed on line 89	_	00
d or		Direct Deposit of Refund: Check box 88A if your deposit will be ultimately placed in a foreign account; see instructions. 88A COUNT NUMBER  ACCOUNT NUMBER  ACCOUNT NUMBER	J	
efun		C Checking or S Savings C Savings ACCOUNT NUMBER ACCOUNT NUMBER		
Refund or Amount Owed				00
		AMOUNT OWED: Add lines 69 and 87. Make check payable to Arizona Department of Revenue; write your SSN on paymen		00
2	tr	Inder penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my k rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any know	nowledg ledge.	ge and belief, they are
	→_			
	_	OUR SIGNATURE DATE OCCUPATION		
SIGN HERE	<b>→</b> _s	POUSE'S SIGNATURE DATE SPOUSE'S OCCUPATION		
S				
SE	P	AID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)		
EASE	Ē	AID PREPARER'S STREET ADDRESS PAID PREPARER'S	S TIN	
F		( )		
	=	DEPARTMENT OF THE PROPERTY.	0.001:0	

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 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.

DOR 10149 (21)

AZ Form 140PY (2021)

Page 2 of

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

# 2021 Form 140PY - 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:** As a part-year resident filing Arizona Form 140PY, you may only include those charitable contributions that are incurred and paid while an Arizona resident <u>plus</u> the amount of such gifts from Arizona sources incurred and paid during the part of the year while an Arizona nonresident.

**NOTE 2:** 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 line 5C.

**NOTE 3:** 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
6C	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 54.
- Be sure to check box 53S for Standard Deduction on line 53.
- Check box **54C** for charitable contributions on line 54. 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 140PY 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 48.

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

Information used to compute your allowable Dependent Tax Credit on page 2, line 59.

**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 59.

	compute your Dept	endent fax Credit on iii	ie 39.					
	FIRST AND	(a) D LAST NAME urself or spouse.)	(b) SOCIAL SECURITY NUMBER	(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
						1 (Box 10a)	2 (Box 10b)	RETURN DUE TO EDUCATIONAL CREDITS
10e								
10f								
10g								
10h								
10i								
10j								
10k								
10ı								
10m								
10n								
10 <sub>0</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 2, line 49.

	Additional quality	ig parcinis and grandpe	il Critis il illorritation asco	to compute your a	nowabic exemption e	ni page 2, ilile 45.	
		(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 2021	✓ IF AGE 65 OR OVER	✓ IF DIED IN 2021
11d							
11e							
11 <sub>f</sub>							
<b>11</b> g							
11h							
<b>11</b> i							

#### Part 3: Other Exemptions

Information used to compute your allowable **Other Exemptions** on page 2, line 48.

	(a)	(b)	(0	c)	(d)
	FIRST AND LAST NAME	SOCIAL SECURITY		OR OVER	✓STILLBORN
	(Do not list yourself or spouse.)	NUMBER	(see inst	ructions)	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 48E on page 2, line 48.

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

### 2021 Form 140PY - 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 31 (see instructions for more information)

A	Non-Arizona Municipal Interest	Α	00
В	Ordinary Income Portion of Lump-Sum Distributions Excluded on Your Federal Return	В	00
C	Fiduciary Adjustment from Arizona Form 141AZ Schedule K-1 and/or Schedule K-1(NR)	С	00
D	Partnership Income Adjustment	D	00
E	Items Previously Deducted for Arizona Purposes.	Е	00
F	Claim of Right Adjustment for Amounts Repaid in 2021	F	00
G	Claim of Right Adjustment for Amounts Repaid in Prior Years	G	00
н	Addition to S Corporation Income Due to Claiming Pass-Through Credit (Forms 312 and 315)	Н	00
	Adjusted Basis in Property for Which You Have Claimed a Credit for Investment in Qualified Small Businesses (Form 338)	ı	00
J	Nonqualified Withdrawals from 529 College Savings Plans	J	00
K	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 <b>not elected</b> 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	K	00
L	Americans with Disabilities Act - Access Expenditures	L	00
М	Amortization or Depreciation for Child Care Facility Before 1990	М	00
N	Net capital loss derived from exchange of legal tender: See instructions	N	00
0	Other Adjustments Related to Tax Credits	0	00
Р	Other Adjustments - see instructions	Р	00
Q	Total Other Additions: Add all amounts and enter the total here and on line 31	Q	00

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

## 2021 Form 140PY - 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 44 (see instructions for more information)

Α	Exclusion for U.S. Government, Arizona State, or Local Government Pensions (up to \$2,500 per taxpayer)	Α	00
В	Exclusion for Benefits, Annuities, and Pensions Received as Retired or Retainer Pay of the Uniformed Service of the United States. You may subtract 100% of the amount received	В	00
С	Agricultural Crops Given to Arizona Charitable Organizations	С	00
D	Certain Wages of American Indians	D	00
Е	Pay Received for Active Service as a Member of the Reserves, National Guard, or the U.S. Armed Forces	E	00
F	Federally Taxable Arizona Municipal Interest as Evidenced by Bonds	F	00
G	AdoptionExpense	G	00
Н	Qualified Wood Stove, Wood Fireplace, or Gas Fired Fireplace	Н	00
	Claim of Right Adjustment for Amounts Repaid in Prior Tax Years	ı	00
J	Certain Expenses Not Allowed for Federal Purposes	J	00
к	Qualified State Tuition Program Distributions	ĸ	00
L	Installment Sale Income From Another State Taxed by the Other State in a Prior Taxable Year	L	00
м	Basis Adjustment for Property Sold or Otherwise Disposed of During the Taxable Year	М	00
N	Fiduciary Adjustment from Arizona Form 141AZ Schedule K-1 and/or Schedule K-1(NR)	N	00
0	Partnership Income Adjustment	0	00
Р	Net Operating Loss Adjustment	Р	00
Q	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 <b>not elected</b> 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. A dual licensee that elects to operate on a for-profit basis does not qualify for a subtraction for the medical marijuana portion of their business.	Q	00
R	Long-Term Care Insurance Premiums	R	00
s	Americans with Disabilities Act - Access Expenditures	S	00
т	Exploration Expenses Deferred before January 1, 1990.	Т	00
U	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)	U	00
V	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,	V	00
	line 7 or K-1(NR), line 20		 
w	Net capital gain derived from exchange of legal tender: See instructions	w	00
w			