	<u> </u>	ARIZONA FORM			ersonal Incom				2000			
<del></del>		140	Or fiscal t	ax year beginr		nd ending		66				
-	our fir:	st name and initial			Last name		Your social secur	ity number	•			
		t return, spouse's first name and initial			Last name		Spouse's social s	ocurity nun	nhor			
, i	1 <b>1</b>	rreturn, spouse's mist name and initial			Last Harrie		Spouse's social s	ecunty num	ı			
_ <u>L</u>	Present	t home address - number and street, ru	ural route	Apt. No.	Daytime telephone		á	MPORTA	ANT! É			
_		·						You <b>must</b> (	enter			
	2	- cc	01.1	710 1	( )	<u> </u>	-	our SSN(s)	above.			
(	ity, tov	wn or post office	State	ZIP code	Home telephone 94		For DOR us	se only				
	3				月( )							
	4	Married filing joint return		-	, ,							
tatus	5	Head of household - name of	f qualifying child or d	ependent :								
Filing Status		Married filing separate return	. Enter spouse's soc	ial security nun	nber above	88						
∄	6	and full name here.										
	7	Single	80									
ons	9	Age 65 or over (you and/or spouse)  Blind (you and/or spouse)  Dependents. From page 2, line A2 - do not include self or spouse.  Blind (you and/or spouse)  Enter the number claimed. Do not put a check mark.  OHECK ONE if filing						4 month federal extension 82 D				
Exemptions	10											
Exe	11	Qualifying parents and ances	ng tension: <sup>6 mont</sup>	h federal ex	ktension 82 F							
		ederal adjusted gross income (fro						12	00			
		Additions to income (from page 2, I						13	00			
		Add lines 12 and 13						14	00			
ired.		Elective subtraction of 2000 federal						15	00			
nbə		Subtractions from income (from page						16	00			
Aif		Total subtractions. Add line 15 and						17	00			
Ċ.		Arizona adjusted gross income. Su						18 19	00			
your federal Sch. A and Arizona Sch. A if required		Deductions. <i>Check box and enter</i> Personal exemptions. <i>See page 12</i>						20	00			
Arizo		Arizona taxable income. <i>Subtract lii</i>						21	00			
pur /		Compute the tax using amount on li						22	00			
. A 3		Tax from recapture of credits from A						23	00			
Sch		Subtotal of tax. <i>Add lines 22 and 2</i> 3		24	00							
leral		Clean Elections Fund Tax Reduction										
ır fec		Tax reduction. Complete workshee		26	00							
		Reduced tax. Subtract line 26 from Family income tax credit from work		27	00							
If itemizing be sure you attach		Credits from Arizona Form 301, line	•••••	29	00							
on at		Credit type. <i>Enter form number of e</i>						27	00			
re y		Subtract lines 28 and 29 from line 2		31	00							
e su		Clean Elections Fund Tax Credit. F		32	00							
ng b	<b>33</b> E	Balance of tax. Subtract line 32 from	33	00								
mizi		Arizona income tax withheld during						34	00			
If ite		Arizona estimated tax payments for						35	00			
		Amount paid with 2000 Arizona extensions to Arizona lexit		36 37	00							
		Property tax credit. Attach Arizona						38	00			
		Other refundable credits <i>check box</i> Fotal payments/refundable credits.						39	00			
ere.		TAX DUE. If line 33 is larger than li						40	00			
Attach payment here.		OVERPAYMENT. If line 39 is large		41	00							
yme		Amount of line 41 to be applied to 2		42	00							
h ра		Balance of overpayment. Subtract i		43	00							
ıttac		intary gifts to:	4									
4		Education Fund (Enter entire refund only)	44	00	Arizona Wildlife Fund	45	00					
		ens Clean Elections Fund estic Violence Shelter Fund	48	00	Child Abuse Prevention Fund Neighbors Helping Neighbors Fund	47 49	00					
		ial Olympics Fund	50	00	Political Gift	51	00					
		* *	one if making a political gift: 52 1 Democratic 522 Green 52 3 Libertarian 52 4 Natural Law52 5 Reform52 6 Republican									
		Estimated payment penalty and inte	53	00								
ļ		Check applicable box(es). 541 \[ \]										
		Total of lines 44, 45, 46, 47, 48, 49,						Penalty 55 56	00			
,		6 REFUND. Subtract line 55 from line 43. If less than zero, enter amount owed on line 57										
	56 F		e 43. If less than zer	o, enter amoun	t owed on line 57				00			

Form	140	(2000)	Page 2	

D. D. T. A.	A1	List children and other dependents. If more space is needed, attach a separate sheet.											
PART A Dependents		First name	Last nam	ne	S	Social security number			Relationship			No. of months lived in your home in 2000	
Do not list yourself or spouse.													
	A2 A3									DTAL A2 sturn:			
	A4 List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 5 of the instance.									structions.			
		First name Last name Social security number Relationship					No. of mor lived in your in 2000						
	A5	Enter total number of u	nersons listed in A4	here and on t	he front of this for	m hox	11			TC	)TAL	A5	
DADT D	Dr. N. A.;									B6		00	
PART B Additions	B7	Early withdrawal of Ari									B7		00
to Income	B8	Ordinary income portion	,			_					B8		00
	В9	Agricultural water cons	•								В9		00
		Medical savings accou									B10		00
		Other additions to inco									B11		00
DART C	1	Total. <i>Add lines B6 the</i> Exemption: Age 65 or								00	B12		00
PART C Subtractions	014	Exemption: Age 03 of Exemption: Blind. <i>Mul</i>								00	•		
from		Exemption: Depender			-					00			
Income		Exemption: Qualifying in box 11, page 1, by	\$10,000					C16		00			
	C17	Total exemptions. Add from income, skip lin						Form 140,	page 1, line 16	<b>5</b>	C17		00
		Interest on U.S. obliga									C18		00
		Exclusion for federal,		•							C19		00
		Arizona state lottery w	•			•					C20		00
		U.S. social security or Agricultural crops conf									C21 C22		00
		Alternative fuel vehicle									C23		00
		Certain wages of Nativ		•							C24		00
		Income tax refund from									C25		00
		Deposits and employe		•	•						C26		00
		Other subtractions from			•						C27		00
DADT D		C28 Total. Add lines C17 through C27. Enter here and on the front of this form, line 16									C28		00
PART D	I have read this return and any attachments with it. Under penalties of perjury, I declare that 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.											nplete.	
Please Sign Here		Your signature					any knov	Occupation	า				
Here	Spou	Spouse's signature Date Spouse's occupation											
Paid Preparer's	Prep	arer's signature				Firm's name (preparer's if self-employed)							
Information	Prep	arer's TIN		Date	Preparer's addres	s							
				1									

If you are sending a payment with this return, use the green envelope, or mail to: Arizona Department of Revenue, PO Box 52016, Phoenix AZ 85072-2016.

If you are expecting a refund, or owe no tax, or owe tax but are not sending a payment, use the gold envelope, or mail to: Arizona Department of Revenue, PO Box 52138, Phoenix AZ 85072-2138.

<sup>\*</sup> Refunds for Forms 313 and 327 credits will be paid in one lump sum only for purchase order agreements / contracts signed before 10/12/2000.