Nonresident Personal Income Tax Return

2000

| | For t | the year January 1 - December 31, 2000, or other tax year beginning, 2000, a | , 2000, and ending | | | | 66 | — |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------|----------|-------------------|---------------|---------------|
| _ | | our first name and initial Last name Your social security | | | | | 1001 | |
| | 1 | | | |] | 1 | | |
| | - | f a joint return, spouse's first name and initial Last name Spouse's so | | | | | | |
| - | Ľ. | | | | | | | |
| | | | | | | TANT! st enter | é | |
| - | 2 | 2 () you | | | | | | |
| | City, t | town or post office State ZIP code Home telephone 94 | | For DOR u | ise only | | | |
| | 3 | | | | | | | |
| _ | 4 | Married filing joint return | | | | | | |
| Exemptions Filing Status | 5 | Head of household - name of qualifying child or dependent | | | | | | |
| | | Married filing separate return. Enter spouse's social security number above | | | | | | |
| | 6 | and full name here. ➤ | | | | | | |
| | 7 | Single And 65 or over (you and/or spouse) Enter the number 81 | | | 80 | | | |
| | 8 | Age 65 of over (you and/or spouse) | , = | | | eral extension | 1 82 D | $\overline{}$ |
| xem | 10 | Dilliu (you aliu/ol spouse) | od anaron spouse) | | | | | |
| ш | | | Compos | ite Return | | | | |
| | 14 | , , , , , , , , , , , , , , , , , , , , | 14 | 00 | − | | | |
| | 15 | (/ 5 / / | | | | | | 00 |
| | 16 17 | , , , , , , , , , , , , , , , , , , , | | | | | | 00 |
| | 18 | | | | | | | 00 |
| | 19 | | | | | | | 00 |
| | 20 | | | | | | | 00 |
| | 21 | <u> </u> | 21 | | | 00 | | |
| | 22 | 1 7 3 | | | | 00 | | |
| | 23 | | | | | 00 | | |
| | 24 | | | | | 00 | | |
| | 26 | | | | | 00 | | |
| | 27 | | | | | 1 | | |
| | 28 | | 28 | | | 00 | | |
| | 29 | | | | | 00 | | |
| | 30 | | 30 | | | 00 | | |
| | 31 32 | | 32 | | | 00 | | |
| Attach payment here. | 33 | | | | | 00 | | |
| | 34 | | | | | 00 | | |
| | 35 | | | | | 00 | | |
| | 36 | 1 7 | | | | 00 | | |
| | 37 | | | | | | | 00 |
| | 38 | 30711 30712 30712 30712 | | | 38 | | | 00 |
| | 40 | | | | 40 | | | 00 |
| | 41 | | | | | | | 00 |
| | 42 | 11 | 42 | | | 00 | | |
| | 43 | 1 3 | 43 | | | 00 | | |
| men | | oluntary gifts to: | _ | | | | | |
| pay | | Aid to Education Fund (Enter entire refund only) 44 00 Arizona Wildlife Fund 45 00 Citizens Clean Elections Fund 46 00 Child Abuse Prevention Fund 47 00 | | | | | | |
| itach | | tizens Clean Elections Fund 46 UU Child Abuse Prevention Fund omestic Violence Shelter Fund 48 00 Neighbors Helping Neighbors Fund | - 1 1 | | | | | |
| Att | Domestic Violence Shelter Fund Special Olympics Fund 50 00 Neighbors Helping Neighbors Fund Political Gift 51 00 00 | | | | | | | |
| | 52 Check only one if making a political gift: 521 Democratic 522 Green 523 Libertarian 52 4 Natural Law 525 Reform 526 Republican | | | | | | | |
| | 53 Estimated payment penalty and interest and MSA withdrawal penalty | | | | | | | 00 |
| | 54 Check applicable box(es). 54 1 Annualized/Other 54 2 Farmer or fisherman 54 3 Form 221 attached 54 4 MSA penalty 55 Total of lines 44 45 46 47 48 49 50 51 and 53 | | | | | | | |
| | 55 Total of lines 44, 45, 46, 47, 48, 49, 50, 51 and 53 | | | | | | | 00 |
| | 56 57 | | | | 56 57 | | | 00 |

| Form 140NI | R (2000 | 0) Page 2 | | | | | | | | | | |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------|-----------------------|-----------------|----------------------|-----------------------------------|--------------|--------------------|----------------------------------|--|
| PART A | A1 | List children and other | dependents. If more | e space is ne | eded, attach a sep | arate sheet. | | | | | | |
| Dependents | | First name Last na | | - | | | cial security number | | Relationship | | No. of months lived in your home | |
| Do not list | | | | | | | | | | in 2000 | _ | |
| yourself or | | | | | | | | | | | | |
| spouse. | | | | | | | | | | | | |
| | | | | | | | | | | | _ | |
| | | | | | | | | | | | | |
| | | | | | | | | | T A I | A2 | _ | |
| | A2 | Enter total number of p | persons listed in A1 | here and on t | he front of this forn | n, box 10. | | 10 | TAL | AZ | | |
| | A3 | Enter the names of the | e dependents age 6 | 5 or over liste | d above who do no | ot qualify as y | our depende | nt on your federal re | turn: | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | _ | | |
| | | | | | | | | | | | | |
| | 2000 FEDERAL | | | | | | | | | 0000 4 5170 | | |
| PART B | | 2000 FEDERAL Amounts from federal return Wages, salaries, tips, etc. | | | | | ı | 2000 ARIZONA Source amounts or | | | | |
| Arizona | D4 | | | | | | <u>.</u> | Source amounts | | | | |
| Percent of | B4 | | | | | | | | _ | | 00 | |
| Total | B5 | Interest | | | | | | | - | | 00 | |
| Income | _ | B6 Dividends | | | | | | | - | | 00 | |
| | B7 | | | | | | | _ | | 0 | | |
| | B8 | Business income or (I | | | | | | | _ | | 00 | |
| | B9 | Gains or (losses) from | | | | | B9 | | | | 0 | |
| | B10 | Rents, royalties, partn | | | | | | | n r | | _ | |
| | | federal Schedule E | | | | | | 00 | _ | | 0 | |
| | B11 | Other income reported | d on your federal ref | turn | | | ···· B11 | 00 | | | 0 | |
| | B12 | Total income. Add lin | nes B4 through B11 | | | | ···· B12 | 00 | | | 0 | |
| | | | | | | | | | 7 1 | | | |
| | B13 | Other federal adjustm | ents. <i>Attach your o</i> u | <i>vn schedule</i> . | | | | 00 | _ | | 0 | |
| | B14 | Federal adjusted gros | s income. Subtract | line B13 from | line B12 in FEDE | RAL Column | B14 | 00 | | | | |
| | B15 | Arizona income. Subt | tract line R13 from li | ine B12 in AR | NZONA Column Fi | nter | | | | | | |
| | 5.0 | here and on the front | | | | | | | B15 | | 0 | |
| | R16 | Arizona percentage. <i>I</i> | | | | | | | B16 | | % | |
| | 510 | 7 ilizoria percentage. 2 | Sivide line Dio by lin | ic Dirtana c | mer ine result (not | 10001 10070) | | | <u> </u> | | | |
| PART C | C17 | C17 Early withdrawal of Arizona Retirement System contributions | | | | | | C17 | | 0 | | |
| Additions | | 8 Other additions to income. <i>See instructions and attach your own schedule</i> | | | | | | C18 | | 0 | | |
| To Income | | 9 Total. Add lines C17 and C18. Enter here and on the front of this form, line 16 | | | | | | C19 | | 0 | | |
| | | Exemption: Age 65 or | | | | | | 00 | 017 | | T | |
| PART D | | Exemption: Blind. <i>Mul</i> | , , | | 0 | | | 00 | | | | |
| Subtractions | | | | | | | | 00 | _ | | | |
| From | | Exemption: Dependents. Multiply number in box 10, page 1, by \$2,300 Total exemptions. Add lines D20 through D22 | | | | | | 00 | | | | |
| Income | D24 | Multiply line D23 by percentage on line B16 and enter the result | | | | | [DZ0] | | D24 | | 0 | |
| | | 5 Interest on U.S. obligations, such as U.S. savings bonds and treasury bills included in the ARIZONA column | | | | | | D25 | | 0 | | |
| | | 6 Arizona state lottery winnings included on line B11 in ARIZONA column (up to \$5,000 only) | | | | | | D26 | | T | | |
| | | 7 Alternative fuel vehicles and refueling equipment | | | | | | D27 | | 00 | | |
| | D28 | | | | | | | | | 0 | | |
| | D29 | | | | | | | D28 | | 00 | | |
| | D30 | | | , | | | | | D29 | | 00 | |
| | | | | | | | | | D30 | | 00 | |
| PART E | E31 | Last name(s) used in | prior years it differe | nt from name | (s) used in current | year. | | | | | | |
| | | | | | | | | | | | | |
| | 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 | | | | | | | | | rrect and complete | <u>)</u> . | |
| | Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | | | | | | | | | |
| Dlagge | Your | our signature Date Occupation | | | | | | | | | | |
| Please | | | | | | | | | | | | |
| Sign | Spou | se's signature | | | | Date | Spouse's oc | ccupation | | - | | |
| Here | | | | | | | | | | | | |
| Paid | Prepa | ırer's signature | | | | Firm's name | (preparer's if s | self-employed) | | | | |
| Preparer's | L | | | | | | | | | | | |
| Information | Prepa | arer's TIN | | Date | Preparer's address | | | | | | | |
| | ĺ | | | 1 | İ | | | | | | | |

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.

Attach W-2 here.