

Personal information section including name, address, and SSN fields.

Filing Status and Exemptions section with checkboxes for marital status and exemption types.

Main tax calculation table with 56 rows, including income, deductions, credits, and tax due.

PART A: Dependents - do not list yourself or spouse

A1	LIST CHILDREN AND OTHER DEPENDENTS. IF MORE SPACE IS NEEDED, ATTACH A SEPARATE SHEET.	NO. OF MONTHS LIVED IN YOUR HOME IN 2001
FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP

A2 Enter total number of persons listed in A1 here and on the front of this form, box 10 TOTAL **A2**

A3 Enter the names of the dependents age 65 or over listed above who do not qualify as your dependent on your federal return:

A4 List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 5 of the instructions.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2001

A5 Enter total number of persons listed in A4 here and on the front of this form, box 11. TOTAL **A5**

PART B: Additions to Income

B6	Non-Arizona municipal interest	B6	<input type="text"/>	00
B7	Early withdrawal of Arizona Retirement System contributions not included on your federal return	B7	<input type="text"/>	00
B8	Ordinary income portion of lump-sum distributions excluded on your federal return	B8	<input type="text"/>	00
B9	Agricultural water conservation expenses	B9	<input type="text"/>	00
B10	Medical savings account (MSA) distributions. See page 6 of the instructions.....	B10	<input type="text"/>	00
B11	Other additions to income. See instructions and attach your own schedule.....	B11	<input type="text"/>	00
B12	Total. Add lines B6 through B11. Enter here and on the front of this form, line 13.....	B12	<input type="text"/>	00

PART C: Subtractions from Income

C13	Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100.....	C13	<input type="text"/>	00
C14	Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500.....	C14	<input type="text"/>	00
C15	Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300.....	C15	<input type="text"/>	00
C16	Exemption: Qualifying parents and ancestors of your parents. Multiply the number in box 11, page 1, by \$10,000.....	C16	<input type="text"/>	00
C17	Total exemptions: Add lines C13 through C16. If you have no other subtractions from income, skip lines C18 through C27 and enter the amount on line C17 on Form 140, Page 1, line 15.	C17	<input type="text"/>	00
C18	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	C18	<input type="text"/>	00
C19	Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer)	C19	<input type="text"/>	00
C20	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only).....	C20	<input type="text"/>	00
C21	U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return	C21	<input type="text"/>	00
C22	Agricultural crops contributed to Arizona charitable organizations	C22	<input type="text"/>	00
C23	Certain wages of American Indians	C23	<input type="text"/>	00
C24	Income tax refund from other states. See instructions.....	C24	<input type="text"/>	00
C25	Deposits and employer contributions into MSAs. See page 9 of the instructions.....	C25	<input type="text"/>	00
C26	Other subtractions from income. See instructions and attach your own schedule	C26	<input type="text"/>	00
C27	Total: Add lines C17 through C26. Enter here and on the front of this form, line 15.....	C27	<input type="text"/>	00

Part D: Last Name(s) Used in Prior Years if different from name(s) used in current year

D28

PLEASE SIGN HERE	<i>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.</i>		
	YOUR SIGNATURE	DATE	OCCUPATION
	▶ _____	_____	_____
	SPOUSE'S SIGNATURE	DATE	SPOUSE'S OCCUPATION
	▶ _____	_____	_____
PAID PREPARER'S SIGNATURE	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)		
▶ _____	_____		
PAID PREPARER'S TIN	DATE	PAID PREPARER'S ADDRESS	
_____	_____	_____	

If you are sending a payment with this return, 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, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138.