ARIZONA FORM
140A

Resident Personal Income Tax Return (Short Form)

2001

		170/								
	Your first name and initial			Last name			Your Social Security Number			
1	<u> </u>			Last name :			Snouse's	Social Security	/ Number	
							opouse s		Number	
F	rese	ent home address	- number and street, rural rout	te, apt. no.	Daytime phone: ()		^	IMPORTANT	
Ш	2				94 Home phone: ()		•	nust enter your	•
		town or post office	e State Zip Code				FOR E	OOR USE ON	•	
	3									
<u>~</u>	4	1 1	ng joint return		_					
Filing Status	5	1 I	usehold - name of qualifying cl							
2	6				umber above	88				
Ξ	-	and full nar		1001		T				
	/ 6	Single	Ago 65 or over (you and/or or	201100/		<u> </u>				
io	l °	Enter the number	Age 65 or over (you and/or sp Blind (you and/or spouse)	Jouse)		81		80		
m	10	claimed. Do not put a	Dependents. From page 2, lii	ine Δ2 - do not includ e	self or snouse	82 CHECK	ONE if filing un			82D
Fxe	8 9 10 11	check mark.	Qualifying parents and ances			-			nth extension nth extension	82D 82F
			gross income (from your fede						12	00
		•	65 or over: Multiply the numb	,				00		
	14.	. Exemption - Blin	d: Multiply the number in box	9 by \$1,500				00		
			endents: Multiply the number					00		
			alifying parents and ancestors of					00		
			s. Add lines 13 through 16						17	00
	_		gross income. Subtract line 1						18	00
v			ion. If you checked filing statu						19	00
ent			tions. <i>See page 5 of the instru</i> income. <i>Subtract lines 19 and</i>						20	00
avm			om Optional Tax Rate Tables						22	00
2									24	00
7	=							25	00	
Hac		26. Family income tax credit from worksheet on page 7 of instructions							26	00
to to			from line 25. If less than zero,						27	00
d ob	28	. Clean Elections	Fund Tax Credit. From worksh	heet on page 7					28	00
į	29.		Subtract line 28 from line 27. I						29	00
Se h	30.	. Arizona income t	tax withheld during 2001				30	00	1	
2	31. Amount paid with 2001 Arizona extension request (Form 204)			est (Form 204)			31	00	1	
ū				n page 8				00	-	
5	33. Property Tax Credit from Form 140PTC						33	00	34	100
return	34. Total payments/credits. Add lines 30 through 33								35	00
	Total Total De 2 in mile 2 in larger train mile e if captract mile e i mem mile 2 if and enter amount or tax ager train mile e in								36	00
of the	37	- 44 Voluntary git	fts to: on Fund (enter entire refund only)	37		na Wildlife Fund		00	<u> </u>	
of last page	1	Alu to Luucati	Citizens Clean Elections Fund			Prevention Fund		00	1	
ot p	1		Domestic Violence Shelter Fund		00 Neighbors Helping			00	1	
of Ja			Special Olympics Fund	43	00	Political Gift		00		
back (45 Check only one if making a political gift: 451 Democratic 452 Green 453 Libertarian 454 Natural Law 455 Reform 456 Reput								
b3								46	00	
-2 to	1 1. KEI OND. Subtract line 40 from line 30. If less than 2010, effect amount owed on line 40.								47	00
≥	≥ 48. AMOUNT OWED. Add lines 35 and 46. Make check payable to Arizona Department of Revenue; include SSN on payment								48	00
Attach W	HERE	true, correct an YOUR SIGNATURE	return and any attachments d complete. Declaration of p	s with it. Under pena preparer (other than เ	lties of perjury, I dec taxpayer) is based o DATE	lare that to the n all informati OCCUP.	on of which prep	owledge parer ha	and belief, the s any knowled	y are ge.
	SIGN	SPOUSE'S SIGNATURE			DATE	SPOUSI	SPOUSE'S OCCUPATION			
	LEASE	PAID PREPARER S SIGNATURE			FIRM'S NAME (P	REPARER'S IF SE	LF-EMPLOYED)			
	<u> </u>	PAID PREPARER'S 1	TIN DATE	PAID PREPARER	S ADDRESS					

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A1	A: Dependents - do not list yourself of List children and other dependents. If more spi	NO. OF MONTHS LIVED							
	FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	IN YOUR HOME IN 2001					
A2	Enter total number of persons listed in A1 here and on the front of this form, box 10								
A3	Enter the names of the dependents age 65 or c	r dependent on your federa	al return:						
44	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.								
				NO. OF MONTHS LIVED					
	FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	IN YOUR HOME IN 2001					
۱5	Enter total number of persons listed in A4 here	and on the front of this form, box 11		TOTAL A5					
RTI	B: Last Name(s) Used in Prior Years if	different from name(s) used in o	current year						
B6									

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.