

For calendar year [ ] or fiscal year beginning [ ] and ending [ ]

YOUR FIRST NAME AND INITIAL, LAST NAME, YOUR SOCIAL SECURITY NO., IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL, LAST NAME, SPOUSE'S SOCIAL SECURITY NO., PRESENT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE, APT. NO., DAYTIME PHONE W/AREA CODE: [94] HOME PHONE W/AREA CODE: [ ]

IMPORTANT You must enter your SSNs.

FOR DOR USE ONLY

Filing Status: 4 Married filing joint return, 5 Head of household, 6 Married filing separate return, 7 Single, Residency: 8 Resident, 9 Nonresident, 10 Part-year resident, 11 Part-year resident active military, 12 Nonresident active military, Exemptions: 13 Age 65 or over, 14 Blind, 15 Dependents, 16 Qualifying parents or ancestors

Table with columns: ORIGINAL AMOUNT REPORTED (a), AMOUNT TO BE ADDED OR SUBTRACTED (b), CORRECTED AMOUNT (c). Rows 17-47 including Federal adjusted gross income, Arizona adjusted gross income, tax calculations, and refund/credit due.

ATTACH PAYMENT HERE. Attach any W-2s to back of last page of the return.

DOR USE ONLY [82] [99]

**PART I: Dependent Exemptions - do not list yourself or spouse as dependents**

List children and other dependents. If more space is needed, attach a separate sheet.

| FIRST AND LAST NAME | SOCIAL SECURITY NO. | RELATIONSHIP | NO. OF MONTHS LIVED IN YOUR HOME DURING THE TAXABLE YEAR |
|---------------------|---------------------|--------------|--|
|                     |                     |              |  |
|                     |                     |              |  |
|                     |                     |              |  |

Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:

\_\_\_\_\_

Enter dependents listed above who were not claimed on your federal return due to education credits:

\_\_\_\_\_

**PART II: Qualifying Parents and Ancestors of Your Parents Exemptions (Arizona residents only)**

List below qualifying parents and ancestors of your parents for which you are claiming an exemption. If more space is needed, attach a separate sheet. Do not list the same person here that you listed in Part I, above, as a dependent. For information on who is a qualifying parent or ancestor of your parents, see the instructions for the original return that you filed.

| FIRST AND LAST NAME | SOCIAL SECURITY NO. | RELATIONSHIP | NO. OF MONTHS LIVED IN YOUR HOME DURING THE TAXABLE YEAR |
|---------------------|---------------------|--------------|--|
|                     |                     |              |  |
|                     |                     |              |  |

**PART III: Income, Deductions, and Credits**

List the line reference from page 1 for which you are reporting a change then give the reason for each change. Attach any supporting documents required. If the change(s) pertain(s) to an IRS audit, please attach a copy of the agent's report. If you filed an amended federal return with the IRS (Form 1040X), please attach a copy and all supporting schedules.

**Part IV: Name and Address on Original Return**

If your name and address is the same on this amended return as it was on your original return, write "same" on the line below.

Name \_\_\_\_\_ Number and Street, etc. \_\_\_\_\_ City, State Zip \_\_\_\_\_

|                           |  |   |  |
|---------------------------|--|---|--|
| <b>PLEASE SIGN HERE</b>   | <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 _____                                      |  |
|                           | → SPOUSE'S SIGNATURE _____   | DATE _____                                      |  |
|                           | 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.