

**ARIZONA FORM**  
**140X**

**Individual Amended Income Tax Return**

**2007**

For calendar year Y,Y,Y,Y or fiscal year beginning M,M,D,D,Y,Y,Y,Y and ending M,M,D,D,Y,Y,Y,Y **66**

YOUR FIRST NAME AND INITIAL <b>1</b>		LAST NAME		YOUR SOCIAL SECURITY NO.	
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL <b>1</b>		LAST NAME		SPOUSE'S SOCIAL SECURITY NO.	
PRESENT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE <b>2</b>		APT. NO.	DAYTIME PHONE (w/area code)	<b>94</b> HOME PHONE (w/area code)	<b>IMPORTANT</b> You must enter your SSNs.
CITY, TOWN OR POST OFFICE <b>3</b>		STATE	ZIP CODE		

Filing Status	<b>Check box to indicate both filing and residency status:</b>		Original Return	This Return
	4 Married filing joint return	4	<input type="checkbox"/>	<input type="checkbox"/>
Residency	5 Head of household: Name of qualifying child or dependent	5	<input type="checkbox"/>	<input type="checkbox"/>
	6 Married filing separate return. Enter spouse's Social Security Number above and full name here.	6	<input type="checkbox"/>	<input type="checkbox"/>
	7 Single	7	<input type="checkbox"/>	<input type="checkbox"/>
	8 Resident	8	<input type="checkbox"/>	<input type="checkbox"/>
Exemptions	9 Nonresident	9	<input type="checkbox"/>	<input type="checkbox"/>
	10 Part-year resident	10	<input type="checkbox"/>	<input type="checkbox"/>
	11 Part-year resident active military	11	<input type="checkbox"/>	<input type="checkbox"/>
	12 Nonresident active military	12	<input type="checkbox"/>	<input type="checkbox"/>
	13 Age 65 or over: Enter the number claimed	13	<input type="checkbox"/>	<input type="checkbox"/>
	14 Blind: Enter the number claimed	14	<input type="checkbox"/>	<input type="checkbox"/>
	15 Dependents: Enter the number claimed	15	<input type="checkbox"/>	<input type="checkbox"/>
	16 Qualifying parents or ancestors: Enter the number claimed	16	<input type="checkbox"/>	<input type="checkbox"/>

**FOR DOR USE ONLY**

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**81** **80**

**Original Form Filed: (Check only one)** **97**

1 Form 140	1
2 Form 140A	2
3 Form 140EZ	3
4 Form 140NR	4
5 Form 140PY	5

If 140NR or 140PY, enter corrected percentage of Arizona residency **86**

**IMPORTANT: You must enter an amount in columns (a), (b), and (c) for lines 17 and/or 18, lines 19 through 25, lines 27, 31, 32, 35, and lines 37 through 40.**

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

17 Federal adjusted gross income				<b>17</b>
18 Form 140NR and 140PY filers only: Enter Arizona gross income				<b>18</b>
19 Additions to income				<b>19</b>
20 Subtotal: Form 140, 140A, 140EZ filers: Add lines 17 and line 19. Form 140NR or 140PY filers: Add lines 18 and 19				<b>20</b>
21 Subtractions from income				<b>21</b>
22 Arizona adjusted gross income. Subtract line 21 from line 20				<b>22</b>
23 Deductions (itemized or standard)				<b>23</b>
24 Personal exemptions				<b>24</b>
25 Arizona taxable income. Subtract lines 23 and 24 from line 22				<b>25</b>
26 Tax from tax rate table: <input type="checkbox"/> Table X or Y (140, 140NR or 140PY) <input type="checkbox"/> Optional Table (140, 140A or 140EZ)				<b>26</b>
27 Tax from recapture of credits from Arizona Form 301, Part II				<b>27</b>
28 Subtotal of tax. Add lines 26 and 27, column (c)				<b>28</b>
29 Clean Elections Fund Tax Reduction claimed on original return				<b>29</b>
30 Reduced tax. Subtract line 29 from line 28, column (c)				<b>30</b>
31 Family income tax credit				<b>31</b>
32 Credits from Arizona Form 301 or Forms 310, 321, 322 or 323				<b>32</b>
33 Credit type: Enter form number of each credit claimed: <b>33</b>				
34 Subtract lines 31 and 32 from line 30				<b>34</b>
35 Clean Elections Fund Tax Credit. See instructions				<b>35</b>
36 Balance of tax. Subtract line 35 from line 34. If line 35 is more than line 34, enter zero				<b>36</b>
37 Payments (withholding, estimated, or extension)				<b>37</b>
38 Increased Excise Tax Credit				<b>38</b>
39 Property Tax Credit				<b>39</b>
40 Other refundable credits. 40A1 <input type="checkbox"/> 313 40A2 <input type="checkbox"/> 326 40A3 <input type="checkbox"/> 327 40A4 <input type="checkbox"/> 329 40A5 <input type="checkbox"/> 330				<b>40</b>
41 Payment with original return plus all payments after it was filed				<b>41</b>
42 Total payments and refundable credits. Add lines 37 through 41, column (c)				<b>42</b>
43 Overpayment from original return or as later adjusted. See instructions				<b>43</b>
44 Balance of credits. Subtract line 43 from line 42				<b>44</b>
45 REFUND/CREDIT DUE: If line 36 is less than line 44, subtract line 36 from line 44, and enter amount of refund/credit				<b>45</b>
46 Amount of line 45 to be applied to 2008 estimated tax. If zero, enter "0"				<b>46</b>
47 AMOUNT OWED: If line 36 is more than line 44, subtract line 44 from line 36, and enter the amount owed				<b>47</b>

Payment enclosed. Check the box and attach payment.

ORIGINAL AMOUNT REPORTED (a)	AMOUNT TO BE ADDED OR SUBTRACTED (b)	CORRECTED AMOUNT (c)
		<b>17</b>
		<b>18</b>
		<b>19</b>
		<b>20</b>
		<b>21</b>
		<b>22</b>
		<b>23</b>
		<b>24</b>
		<b>25</b>
		<b>26</b>
		<b>27</b>
		<b>28</b>
		<b>29</b>
		<b>30</b>
		<b>31</b>
		<b>32</b>
		<b>34</b>
		<b>35</b>
		<b>36</b>
		<b>37</b>
		<b>38</b>
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		<b>42</b>
		<b>43</b>
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		<b>45</b>
		<b>46</b>
		<b>47</b>

**DOR USE ONLY**

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**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:

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

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**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, R.R.	APT. NO.	CITY, TOWN OR POST OFFICE	STATE	ZIP CODE

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.

PLEASE SIGN HERE



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.