Four First Name and Initial Last Name Tourism Last Name Tourism	<u>ARI</u>	ZONA FORM	Kes					Iax Retu	urn				
The Present First Name and Initial		140 FISCAL YEAR	R BEGINI						D.DIY.Y.	Υ.Υ.	66	2008	
Passant Home Address - number and street, rural route Apt. No. Daytime Phone (with area code)	Your		(BEOII II			1		D.110 (22.12.22)			curity No.	(required)	
The personal reforms Address - number and street, rural route Apt. No. Daytime Phone (with area code) The personal reforms or Post Office State Zip Code Home phone (with area code) Check this box if: SzF Filling under extension State Zip Code Home phone (with area code) Check this box if: SzF Filling under extension State Zip Code Home phone (with area code) Check this box if: SzF Filling under extension State Zip Code Home phone (with area code) Check this box if: SzF Filling under extension State Zip Code Home phone (with area code) SzF Filling under extension SzF Filling under e	1									1	1		
Description		ioint return, Spouse's First Name and Initial				Last Name			Spouse	Spouse's Social Security No. (required)			
Check this box if: State Zip Code Home phone (with area code)		ent Home Address - number and	street, ru	ural route	Apt. No.	Daytime I	Phone (with	h area code)		IMP	OPTA	NT 🖈	
Married filing joint return	2				I				_				
Married filing joint return Marke Of GOULPYNG CHILD OR DEPENDENT Solid Married filing separate return. Enter spouse's Social Security No. above Married filing separate return. Enter spouse's Social Security No. above Married filing separate return. Enter spouse's Social Security No. above Married filing separate return. Enter spouse's Social Security No. above Married filing separate return. Enter spouse's Social Security No. above Married filing separate return. Enter spouse's Social Security No. above Married filing separate return. Married filing separa	City,	Town or Post Office	State	Zip Code	•	Home ph	one (with a	rea code)		_			
Married filing separate return	3					94			82F_	Filing	g under	extension	
AAD onlier name here SOURCE STULL NAME SOURCE STULL NAME SOURCE STULL NAME Table Source Student Source Student	_ω 4	Married filing joint return						REVENUE U	JSE ONLY. D	O NOT	MARK IN	THIS AREA.	
AAD onlier name here SOURCE STULL NAME SOURCE STULL NAME SOURCE STULL NAME Table Source Student Source Student	1afc	Head of household	NAME OF	QUALIFYING CF	IILD OR DEF	PENDENT							
Single S	S 6	Married filing separate return			Security N	lo. above							
Single S	∄ ┃_	─	SPOUSE'S	FULL NAME									
Billind (you and/or spouse) Billind (you and/or spouse) Dependents. From page 2, line A2 – do not include self or spouse.													
12 Federal adjusted gross income (from pour federal return)	SUO	umbor - I go to						[88]					
12 Federal adjusted gross income (from pour federal return)	ig cl	aimed.											
12 Federal adjusted gross income (from pour federal return)	Do Ke							04		90			
13 Additions to income (from page 2. line B13)											40	100	
14 Add lines 12 and 13 15 16 16 16 16 16 16 16		, ,	` •										
17 Deductions: Check box and enfer amount. See instructions, pages 13 and 14. 17		, , ,											
17 Deductions: Check box and enfer amount. See instructions, pages 13 and 14. 17	14 15									$\overline{}$			
17 Deductions: Check box and enter amount. See instructions, pages 13 and 14. 171	16 16												
19 Arizona taxable income: Subtract lines 17 and 18 from line 16. It less than zero, enter zero. 19 0.00	17												
19 Arizona taxable income: Subtract lines 17 and 18 from line 16. It less than zero, enter zero. 19 0.00	ည်း (၁၈)					-							
20 Compute the tax using amount on line 19 and Tax Table X, Y or Optional Tax Tables 20 0 00 00 00 00 00 00 00 00 00 00 00 0	₽ 10												
23 - 24 Clean Elections Fund Tax Reduction: See instructions, pages 14 and 15	Z 20												
23 - 24 Clean Elections Fund Tax Reduction: See instructions, pages 14 and 15	ာ် ဥ 21										21		
25 Reduced tax: Subtract line 24 from line 22 26 Gramily income tax credit from worksheet on page 15 of instructions	22	Subtotal of tax: Add lines 20 and	21								22	00	
25 Reduced tax: Subtract line 24 from line 22 26 Gramily income tax credit from worksheet on page 15 of instructions		• 24 Clean Elections Fund Tax F	Reduction	: See instruct	tions, pages	s 14 and 15.	231	YOURSELF	23 2 SPO	JSE	24	00	
30 Balance of tax: Subtract lines 26, 27 and 29 from line 25. If the sum of lines 26, 27 and 29 is more than line 25, enter zero	<u>5</u> 25	Reduced tax: Subtract line 24 from	m line 22.								25		
30 Balance of tax: Subtract lines 26, 27 and 29 from line 25. If the sum of lines 26, 27 and 29 is more than line 25, enter zero	26	Family income tax credit from w	orksheet	on page 15	of instruct	ions					26		
30 Balance of tax: Subtract lines 26, 27 and 29 from line 25. If the sum of lines 26, 27 and 29 is more than line 25, enter zero	전 일 27	Credits from Arizona Form 301,	line 59, 0	or Forms 310							27	00	
30 Balance of tax: Subtract lines 26, 27 and 29 from line 25. If the sum of lines 26, 27 and 29 is more than line 25, enter zero	මු 28	**											
31 Arizona income tax withheld during 2008 31 Arizona estimated tax payments for 2008 32 000													
32 000 32 32 000 33 30 30	<u>2</u> 30										30		
33 000 34 Increased Excise Tax Credit from worksheet on page 18 of the instructions 34 000 34 Increased Excise Tax Credit from Worksheet on page 18 of the instructions 35 000 35 000 35 000 35 000 35 000 35 000 35 000 36 000 37 000 37 000 37 000 38 000	31 V												
1	and 32	• •											
37 TAX DUE: If line 30 is larger than line 36, subtract line 36 from line 30 and enter amount of tax due. Skip lines 38, 39 and 40	ح الم الم		,	•									
37 TAX DUE: If line 30 is larger than line 36, subtract line 36 from line 30 and enter amount of tax due. Skip lines 38, 39 and 40	Doe 35	, -											
37 TAX DUE: If line 30 is larger than line 36, subtract line 36 from line 30 and enter amount of tax due. Skip lines 38, 39 and 40	450 36												
Citizens Clean Elections	छ त 37												
Citizens Clean Elections	96 38	· ·						•					
Citizens Clean Elections	JD 39	Amount of line 38 to be applied	to 2009 e	estimated tax	(
Citizens Clean Elections	ਉ 40	Balance of overpayment: Subtra	act line 39							<u></u>			
Citizens Clean Elections	age 41	50 Voluntary Gifts to: Aid to E	ducation							00)		
52 Estimated payment penalty and MSA withdrawal penalty	zing,	,	• ,	ections	43	00	Child Abus	e Prevention	44	00)		
52 Estimated payment penalty and MSA withdrawal penalty	zime.	Domest	ic Violenc	e Shelter	45	00	National G	uard Relief Fund	46	00	O		
52 Estimated payment penalty and MSA withdrawal penalty	# ₩	Neighbo	ors Helping	g Neighbors 2	17			•			-1		
52 Estimated payment penalty and MSA withdrawal penalty	Ä.									00	<u>)</u>		
53 Check applicable boxes: 531 Annualized/Other 532 Farmer or Fisherman 533 Form 221 attached 534 MSA Penalty 54 Total of lines 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, and 52	エ												
55 REFUND: Subtract line 54 from line 40. If less than zero, enter amount owed on line 56	≥ 52				•						52	00	
55 REFUND: Subtract line 54 from line 40. If less than zero, enter amount owed on line 56	⁵³										E4	00	
	₹ 54												
	Ω 25	Direct Deposit of Refund: Se	e instructi	ons.		int owed on i	ııne 56				22		
	Ĕ.		m í	ACCOUNT NUMI	BER	 	 	 	C Checkii	ng or			
			LLI L	ake check na	vable to Ar	izona Dena	rtment of Re	evenue: include	S S Savings	S ent	56	00	

Payment enclosed. Check the box and attach payment. PLEASE DO NOT SEND CASH.

STAPLE ONLY. DO NOT USE TAPE.

Your N	lame (as shown on page 1)			Yo	our Social S	Security No.		7	
PAF	RT A: Dependents and Quali	fving Parents	- do not lis	st vourse	elf or s	pouse		_	
	mpleting Part A, also complete Part C, I			,					
A1	List children and other dependents. If mo	ist children and other dependents. If more space is needed, attac					NO. OF MONTHS LIVED		
-	FIRST AND LAST NAME	SOCIAL SECURI	TY NO.	RELATIONSHI	IP II	YOUR HO	ME IN 2008		
-								_	
-									
	Enter total number of persons listed in A1							A2	
A3	Enter the names of the dependents list	ed above who do no	ot qualify as you	ır dependent	on your	ederal retu	ırn:		
	Estandario de la Patadahan anta esta					124			
	b Enter dependents listed above who we	ere not claimed on ye	our rederal retu	n due to edu	ication cr	eaits:			
Λ.4	List qualifying parents and ancestors of yo	our parents. If more	enace is needs	d attach a se	enarate s	heet			
	You cannot list the same person here and				eparate s	neet.			
	qualifying parent or ancestor of your parer			WIIO IO U	_	O OF MON	THS LIVED	7	
-	Alifying parent or ancestor of your parents, see page 6 of the instructions. NO. OF MONTHS LIVED ST AND LAST NAME SOCIAL SECURITY NO. RELATIONSHIP IN YOUR HOME IN 2008								
-								1	
A5	Enter total number of persons listed in A4	here and on the from	nt of this form, b	ox 11			TOTAL	. A5	
	RT B: Additions to Income		·						
В6	Non-Arizona municipal interest							В6	00
B7	Early withdrawal of Arizona Retirement Sy	stem contributions r	not included on	your federal ı	return			B7	00
B8	Ordinary income portion of lump-sum distr	ributions excluded o	n your federal r	eturn				B8	00
B9	tal federal depreciation							В9	00
B10	Medical savings account (MSA) distributio	edical savings account (MSA) distributions. See page 7 of the instructions							00
B11	I.R.C. §179 expense in excess of allowable amount. See page 7 of the instructions								00
B12	2 Other additions to income. See instructions and attach your own schedule								00
	Total. Add lines B6 through B12. Enter here a	and on the front of this i	form, line 13					B13	00
PAR	T C: Subtractions from Income				_				
C14	Exemption: Age 65 or over. Multiply the numl	per in box 8, page 1, by	\$2,100		C1	4	00	_	
C15	Exemption: Blind. Multiply the number in box 9), page 1, by \$1,500			C1	5	00		
C16	Exemption: Dependents. Multiply the number	in box 10, page 1, by \$	2,300		<u>C</u> 1	6	00	<u>)</u>	
C17	Exemption: Qualifying parents and ancesto	rs of your parents. M	<i>fultiply</i> the number	in					
	box 11, page 1, by \$10,000					7	00	<u>)</u>	
	Total exemptions: Add lines C14 through	•							
	income, skip lines C19 through C30 and							C18	00
	Interest on U.S. obligations such as U.S. s	o .	•					C19	00
	Exclusion for federal, Arizona state or loca	-						C20	00
	1 Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)							C21	00
	•			•			,	C22	00
	Recalculated Arizona depreciation							C23 C24	00
	Certain wages of American Indians Income tax refund from other states. See instructions							C25	00
								C26	00
	Deposits and employer contributions into MSAs. See page 11 of the instructions							C27	00
	Compensation received for active service as a member of the reserves, national guard or the U.S. armed forces							C28	00
	29 Other subtractions from income. See instructions and attach your own schedule							C29	00
	Total: Add lines C18 through C29. Enter	•						C30	00
	t D: Last Name(s) Used in P								
D31	` '								
HERE.	I have read this return and any attachi true, correct and complete. Declaration								
뿔.	YOUR SIGNATURE		DATE		OCCUP	ATION			
SIGN	SPOUSE'S SIGNATURE		DATE		-	E'S OCCUPA	ATION		
	OF OUGL S SIGNALUNE		DAIE		35008	_ 3 00001	NION		
PLEASE	PAID PREPARER'S SIGNATURE		FIRM'S	S NAME (PREF	PARER'S	F SELF-EM	PLOYED)		
Δ	PAID PREPARER'S TIN DATE	PAID	PREPARER'S A	DDRESS					

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.

PAID PREPARER'S ADDRESS