ARIZONA FOR	<u>M</u>
1 1 N V	

Individual Amended Income Tax Return

2008

99

_	First Name and Initial		, ca. bogii		st Name			and 0		ng [M,M D,D Your		Y , Y , Y J. 66 I Security No.
1				1								
If a jo	int return, Spouse's First Name and I	nitial		Las	st Name					Spou	se's S	Social Security No
	nt Home Address - number and stree	et rural route	Apt. No.	Da	vtime nh	one (w/area	code)	Home ph	one	(w/area code)	11/11	ODTANT A
2	The Front of Additional and Circle	or, rarai roato	7 (51. 110.	ا	yumo pm	ono (wate	oode)	941101110 pi				enter your SSN
_	Town or Post Office State	Zip Code					RE	VENUE USE	E 0	NLY. DO NOT M		· · · · · · · · · · · · · · · · · · ·
3				OF	RIGINAL	THIS	1					
CI	neck box to indicate both filing	and residency st	atus:	R	<u>ETURN</u>	RETURN						
Status 5	Married filing joint return Head of household			4								
5 g	Head of household.	UALIFYING CHILD OR D	DEPENDENT	5			<u> </u>					
Filing 6	Married filing separate return: Er		ecurity No.	1	_	_	88					
	above AND enter SPOUSE'S F			6	Ц							
\neg	Single			-	Ц	Н	81			80		
S 8	Resident				H	\vdash	┍					[9
สเ	Nonresident				H	H	1 '	•		I: (Check only or	′	-
DS 10	Part-year resident				H	H	1					F
	Part-year resident active military				H	H	1					F
	Nonresident active military Age 65 or over: Enter the number				屵		- 1					
oı -	Age 65 or over: Enter the number claime					+	1					
	Dependents: Enter the number					1	1			enter corrected p		
	Qualifying parents or ancestors					1	-1				86	_ ~
	IMPORTANT: You <u>must</u> enter				(c) for I	ines 17		IGINAL AMOU	_	AMOUNT TO ADD		CORRECTED
	and/or 18, lines 19 through 25,							REPORTED (a)	\perp	OR SUBTRACT (b)	<u>L</u>	AMOUNT (c)
17	Federal adjusted gross income.								_		17	
18	Form 140NR and 140PY filers of	only: Enter Arizona	gross inco	me					\dashv		18	
19	Additions to income								\dashv		19	
_	Subtotal: Form 140, 140A, 140						- 1					
Etuli.	140PY filers: Add lines 18 and	19		•••••			-		\dashv		20	
	Subtractions from income						-		\dashv		21	
$\overline{}$	Arizona adjusted gross income:							+	\dashv		22	
≒ ²³	Deductions (itemized or standar						- 1		\dashv		23	
~	Personal exemptions								\dashv		24	
\circ	Arizona taxable income: Subtra Tax from tax table: Table X							104 05 14057			25 26	
2	Tax from recapture of credits from						- 1	40A OF 140EZ	<u>.)</u>		27	
21	Subtotal of tax: <i>Add</i> lines 26 ar		•						_		28	
≤ ₂₉	Clean Elections Fund Tax Redu						- 1	I	<u>.</u>		29	
\sim	Reduced tax: Subtract line 29 f		Ü								30	
	Family income tax credit						- 1		Ï		31	
0	Credits from Arizona Form 301										32	
₹ 33	Credit type: Enter form number								_			
	Subtract lines 31 and 32 from lin										34	
~	Clean Elections Fund Tax Credi								\prod		35	
3 6	Balance of tax: Subtract line 35	from line 34. If lin	e 35 is mor	e tha	n line 3	4, enter "z	ero"		,		36	
Z 37	Payments (withholding, estimate	ed, or extension)							\perp		37	
<u> 38</u>	Increased Excise Tax Credit						\perp		\perp		38	
< ↑	Property Tax Credit						_		\dashv		39	
	Other refundable credits										40	
_	Payment with original return plu										41	
	Total payments and refundable										42	
~	Overpayment from original return										43	
	Balance of credits: Subtract line										44	
	REFUND/CREDIT DUE: If line		-								45	
	Amount of line 45 to be applied										46 47	
-4/	AMOUNT OWED: If line 36 is a	hore than line 44, s			OIII IIIIE	ou, and	er ner	ui c aiiiouiil 0	we	u	_	DOR USE ONLY

me (a	as shown on page 1)			Your So	cial Security No.		
1:	Dependent Exemptions - do	not list	yourself or spouse as	depend	lents		_
	List children and other dependents. If		•	-		NO.05	MONTHOLINER
	FIRST AND LAST NAME:		SOCIAL SECURITY NO.	1	_ATIONSHIP	I	MONTHS LIVED IN YOURING THE TAXABLE Y
							-
	Enter the names of the dependents list	ted above	who do not qualify as your de	ependent c	on your federal	return:	
			<u>'</u>				
	Enter dependents listed above who we	ere not cla	imed on your federal return d	ue to educ	ation credits:		
	parent or ancestor of your parents, see		SOCIAL SECURITY NO.		_ATIONSHIP		MONTHS LIVED IN YOU
	FIRST AND LAST NAME.		SOCIAL SECURITY NO.	KEI	LATIONSHIP	HOIVIE DO	UKING THE TAXABLE
III:	Income, Deductions, and Creations List the line reference from page 1 for documents required. If the change(s) return with the IRS (Form 1040X), pleating	or which y pertain(s)	to an IRS audit, please attac	h a copy o		_	
III:	List the line reference from page 1 for documents required. If the change(s)	or which y pertain(s)	to an IRS audit, please attac	h a copy o		_	
III:	List the line reference from page 1 for documents required. If the change(s)	or which y pertain(s) ase attach al Retu on this an	to an IRS audit, please attact a copy and all supporting sch	h a copy o	f the agent's re	port. If you	u filed an amended fe
	List the line reference from page 1 for documents required. If the change(s) return with the IRS (Form 1040X), please the same and Address on Origin If your name and address is the same	or which y pertain(s) ase attach al Retu on this an	to an IRS audit, please attact a copy and all supporting sch	n a copy o nedules. ur original	f the agent's re	port. If you	u filed an amended fe
V:	List the line reference from page 1 for documents required. If the change(s) return with the IRS (Form 1040X), please the same and Address on Origin If your name and address is the same Name	nal Retu on this an	to an IRS audit, please attact a copy and all supporting school and all supporting school are also are	ur original Apt. No.	return, <i>write "s</i>	port. If you	e <i>line below</i> . State Zip Code
V :	List the line reference from page 1 for documents required. If the change(s) return with the IRS (Form 1040X), please the same and Address on Origin If your name and address is the same	nal Retu on this an Number	to an IRS audit, please attact a copy and all supporting school and all supporting school are also at a copy and all supporting school are also are	ur original Apt. No.	return, write "s City, Town or Po	port. If you	e line below. State Zip Code
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DATE

PAID PREPARER'S TIN

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

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016.