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ARIZONA FORM
140X

## **Individual Amended Income Tax Return**

FOR CALENDAR YEAR **20**LLL

		OR FISCAL YEAR BEGINNING WIMIDID	III		ANDEN	DING WINDL	$^{1}$	<u> </u>	<u>,                                    </u>		
/ -	our 1	First Name and Initial	La	st Name	)			must	ocial	Security No.	
Spouse's First Name and Initial (if box 4 or 6 checked)				Last Name enter your Spouse's Social Sec					ocial Security	No.	
Present Home Address - number and street, rural route					hone (with	h area code)		ne Phone <i>(with ar</i>	ea co	ode)	
	_		$\perp$				94				
	ity, <b>3</b>	Town or Post Office State Zip Code	OF	RIGINAL	THIS	REVENUE	USE	ONLY. DO NOT MA	ARKI	N THIS AREA.	
	C	neck box to indicate both filing and residency status:	_		RETURN						
Status			. 4								
atı	-	Married filing joint return	5	Ħ	$\dashv$						
Ś	١٦	Tiead of flousefiold	ာ	ш	ш						
Filing	6	Married filing separate return: Enter spouse's name and				88					
证		Social Security No. above		$\vdash$	$\square$						
	-	Single	_	Н	$\square$	81		80			
>	8	Resident	. 8	$\square$	$\sqcup$						07
Suc	9	Nonresident	. 9	Щ	Ш	Original Form	File	d: (Check only one	e)		97
ši		Part-year resident		Ш		1Form 140				······································	1
Residency	11	Part-year resident active military	. 11	Ш		2Form 140A					2
_	12	Nonresident active military	. 12			зForm 140EZ					3
ns	13	Age 65 or over: Enter the number claimed	. 13			4Form 140NR .				4	4
emptions	14	Blind: Enter the number claimed	. 14			5Form 140PY					5
Ĭ	15	Dependents: Enter the number claimed	. 15			If 140NR or 14	OPY,	enter corrected p	erce	ntage of	
	16	Qualifying parents or ancestors	. 16			Arizona residei	гсу		86		1
	Г	IMPORTANT: You must enter an amount in columns (a), (b)		(c) for li	ines 17			AMOUNT TO ADD	<u> </u>	CORRECTED	,
		and/or 18, lines 19 through 25, lines 27, 31, 32, 35, and lines				REPORTEI (a)	)	OR SUBTRACT (b)		AMOUNT (c)	
	17	Federal adjusted gross income				(-)		(3)	17	(-)	$\top$
	ı								18		$\top$
	ı	Form 140NR and 140PY filers only: Enter Arizona gross income.									+
:-	l	Additions to income					+		19		+
'n	20	Subtotal: Form 140, 140A, 140EZ filers: Add lines 17 and line 1									
return.	140PY filers: <i>Add</i> lines 18 and 19						-		20		+
the	21 Subtractions from income						+		21		+
of t	22 Arizona adjusted gross income: Subtract line 21 from line 20								22		+
	ı	Deductions (itemized or standard)					+		23		+
age	ı	Personal exemptions							24		+
st p	$\overline{}$	Arizona taxable income: Subtract lines 23 and 24 from line 22							25		+
<u>a</u>	ı	Tax from tax table:  Table X or Y (140, 140NR or 140PY)			,		ΞZ) .	T	26		+
as	ı	7 Tax from recapture of credits from Arizona Form 301, Part II							27		+
Ņ	ı	Subtotal of tax: Add lines 26 and 27, column (c)						I	28		+
≶	29	29 Clean Elections Fund Tax Reduction claimed on original return							29		+
유	ı	Reduced tax: Subtract line 29 from line 28, column (c)							30		+
Atta	ı	1 Family income tax credit							31		+
⋖		2 Credits from Arizona Form 301 or Forms 310, 321, 322 or 323									+
	33	Credit type: Enter form number of each credit claimed	33	ــا ل	ا لـ	با لبب		لـــا لـ			
ENT.	34 Subtract lines 31 and 32 from line 30.								34		+
旧		Clean Elections Fund Tax Credit. See instructions							35		$\sqcup$
$\geq$	36	Balance of tax: Subtract line 35 from line 34. If line 35 is more than	line 3	4, enter '	"zero"				36		$\perp$
PAYM	37	Payments (withholding, estimated, or extension)							37		$\perp \perp$
I	38	38 Increased Excise Tax Credit							38		
Š	39	9 Property Tax Credit							39		
ATTA	40	Other refundable credits40	A1C	329 40	<b>A2</b> □330				40		
⋖		11 Payment with original return plus all payments after it was filed									
NOT		Total payments and refundable credits: Add lines 37 through 41, column (c)							41 42		
	ı	Overpayment from original return or as later adjusted. See ins									$\Box$
8	ı	Balance of credits: Subtract line 43 from line 42									П
_	ı	REFUND/CREDIT DUE: If line 36 is less than line 44, subtract line									$\top$
	ı	Amount of line 45 to be applied to 2010 estimated tax. If zero							46		$\top$
	ı	AMOUNT OWED: If line 36 is more than line 44, subtract line 44 fr									$\top$
	ı	Check box 48 if this amended return is the result of a net open						_		2,0,Y,Y	
AD		91-5380f (09)	. au ig	, .000, ai	onto ti	your tho loos				VENUE USE O	NLY
		• •							82	99	

ame	(as shown on page 1)			Your S	ocial Security N	lo.		
l:	Dependent Exemptions - do	not list	vourself or snouse :	as denen	Hants			
١.	•		•	-	aciits			
	List children and other dependents. I	it more spa	1				MONTHS LIVED IN Y	
	FIRST AND LAST NAME:		SOCIAL SECURITY NO.	RE	LATIONSHIP	HOME DU	RING THE TAXABLE	YE
	-							
	Enter the names of the dependents list	sted above	who do not qualify as your	dependent of	on your federal	return:		
	Enter dependents listed above who we	ere not cla	nimed on your federal return	due to educ	cation credite:			
	Enter dependents listed above who will	ere not cia		due to educ	Battori credits.			
	parent or ancestor of your parents, se  FIRST AND LAST NAME:		SOCIAL SECURITY NO.		LATIONSHIP		MONTHS LIVED IN Y RING THE TAXABLE	
III:	Income, Deductions, and Cro List the line reference from page 1 for documents required. If the change(s) return with the IRS (Form 1040X), please	or which y pertain(s)	to an IRS audit, please att	ach 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 att	ach a copy o		_		
III: /:	List the line reference from page 1 for documents required. If the change(s) return with the IRS (Form 1040X), please and Address on Origin	or which y pertain(s) ase attach	to an IRS audit, please attention and all supporting su	ach a copy o	of the agent's re	eport. If you	filed an amended	
	List the line reference from page 1 for documents required. If the change(s) return with the IRS (Form 1040X), please and Address on Original If your name and address is the same	or which y pertain(s) ase attach  nal Retu e on this an	to an IRS audit, please attention a copy and all supporting some supporting supporting some supporting support	ach a copy of schedules.	of the agent's re	eport. If you	filed an amended	fed
	List the line reference from page 1 for documents required. If the change(s) return with the IRS (Form 1040X), please and Address on Origin	or which y pertain(s) ase attach  nal Retu e on this an	to an IRS audit, please attention and all supporting su	ach a copy o	of the agent's re	eport. If you	filed an amended	fed
	List the line reference from page 1 for documents required. If the change(s) return with the IRS (Form 1040X), please and Address on Original If your name and address is the same	or which y pertain(s) ase attach  nal Retu e on this an	to an IRS audit, please attention a copy and all supporting some supporting supporting some supporting support	ach a copy of schedules.	of the agent's re	eport. If you	filed an amended	fed
<b>/:</b>	List the line reference from page 1 for documents required. If the change(s) return with the IRS (Form 1040X), please and Address on Original If your name and address is the same	nal Retuent on this are attach	irn mended return as it was oner and Street, R.R. Under penalties of perjury,	your original Apt. No.	return, write "s  City, Town or	eport. If you same" on the Post Office	line below.  State Zip Code	e / ar
I h:	Name and Address on Origin If your name and address is the same Name	nal Retuent on this are attach	irn mended return as it was oner and Street, R.R. Under penalties of perjury,	your original Apt. No.  I declare the sed on all into	return, write "s  City, Town or	eport. If you same" on the Post Office	line below.  State Zip Code	e e

PAID PREPARER'S ADDRESS

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 PHONE NO.

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