ARIZONA FORM 140

Resident Personal Income Tax Return

FOR
CALENDAR YEAR
2010

OR FISCAL YEAR BEGINNING [M,M,D,D,Y,Y,Y,Y] and ENDING [M,M,D,D,Y,Y,Y,Y]. 66 20

	82F	Check box 82F if filing under extension		
	Your 1	You <u>must</u>	Soci	al Security No.
		se's First Name and Initial (if box 4 or 6 checked) Last Name enter your SSN(s).	se's	Social Security No.
		ent Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) Home Phone (with a	area	code)
	2	94	• •	
ŀ		Town or Post Office State Zip Code		
(3			
-	<i>"</i>	REVENUE USE ONLY. DO N	TO	MARK IN THIS AREA.
	Status 5	Married filing joint return NAME OF QUALIFYING CHILD OR DEPENDENT		
	න් 5	Head of household▶		
	Filing 6	Married filing separate return. Enter spouse's name and Social Security No. above.		
	^L 7	∐ Single		
-	S E	nter the 8 Age 65 or over (you and/or spouse)		
		umber alimed. 9 Blind (you and/or spouse)		
	Do Do	not put a 10 Dependents. From page 2, line A2 – do not include self or spouse.	_	
		Qualifying parents and ancestors of your parents. From page 2, line A5.	80	
1		Federal adjusted gross income (from your federal return)	12	
1	<u>§</u> 13	Additions to income (from page 2, line B12)	13	
1	ਰੂ 14	Add lines 12 and 13	14	
1	ල් 15	Subtractions from income (from page 2, line C17 or line C30): If applicable, enter the number from line C26a 151	15	
1	\sim	Arizona adjusted gross income: Subtract line 15 from line 14	16	
1	¥ 17	Deductions: Check box and enter amount. See instructions, page 15	17	
1	=	Personal exemptions. See page 15 of the instructions.	18	
1	<u>ਫ਼</u> 19	Arizona taxable income: Subtract lines 17 and 18 from line 16. If less than zero, enter zero	19	
1	as l	Compute the tax using amount on line 19 and Tax Table X, Y or Optional Tax Tables	20	
1	=	Tax from recapture of credits from Arizona Form 301, Part II, line 31	21	00
1	=	Subtotal of tax: Add lines 20 and 21	22	
1	\circ	- 24 Clean Elections Fund Tax Reduction: See instructions, page 16 231 YOURSELF 232 SPOUSE	- 1	
1	<u></u>	Reduced tax: Subtract line 24 from line 22	25	
1	-	Family income tax credit from worksheet on page 17 of instructions	26	
1	\succeq	Credits from Arizona Form 301, Part II, line 59, or Forms 310, 321, 322, and 323 if Form 301 is not required	27	00
1	_	Credit type: Enter form number of each credit claimed		
1	d)	Clean Elections Fund Tax Credit. From worksheet on page 19 of the instructions.	29	
1	=	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	30	
1		Arizona income tax withheld during 2010	31	00
1	a)	Arizona estimated tax payments for 2010	32	
1	~	Increased Excise Tax Credit from worksheet on page 19 of the instructions	34	
1	23	Property Tax Credit from Form 140PTC	35	
		Other refundable credits: Check the box(es) and enter the amount(s)	_	
		Total payments/refundable credits: Add lines 31 through 36.	37	00
	-	TAX DUE: If line 30 is larger than line 37, subtract line 37 from line 30 and enter amount of tax due. Skip lines 39, 40 and 41	38	
	<u>~</u>	OVERPAYMENT: If line 37 is larger than line 30, subtract line 30 from line 37 and enter amount of overpayment	39	
	.01	Amount of line 39 to be applied to 2011 estimated tax	40	
1	.= ⊈3 41	Balance of overpayment: Subtract line 40 from line 39	41	00
1	ue 42	- 52 Voluntary Gifts to	0	
1	noc	Citizens Clean Elections 44 00 Child Abuse Prevention 45 00 Domestic Violence Shelter	0	
	g g	- 52 Voluntary Gifts to Ald to Education (entire refund only) 42 00 Arizona Wildlife Domestic Violence Shelter Shelter Ald Didn't Pay Enough Fund 47 00 National Guard Relief Fund 48 00 Neighbors Helping Neighbors 49 00	_	
		Special Olympics	0	
	_	Check only one if making a political gift 531 Democratic 532 Green 533 Libertarian 534 Republican		
		Estimated payment penalty and MSA withdrawal penalty	54	00
	₹ 55	$\textbf{\textit{Check applicable boxes}} \hspace{0.2cm} \textbf{551} \square \\ \text{Annualized/Other} \hspace{0.2cm} \textbf{552} \square \\ \text{Farmer or Fisherman} \hspace{0.2cm} \textbf{553} \square \\ \text{Form 221 attached} \hspace{0.2cm} \textbf{554} \square \\ \text{MSA Penalty} \\ \text{Solution} \hspace{0.2cm} \textbf{100} \\ \text{Solution} 0.2cm$		
6	<u>5</u> 56	Total of lines 42 through 52 and 54	56	
2 (10)	50 57	REFUND: Subtract line 56 from line 41. If less than zero, enter amount owed on line 58	57	00
7.	ADOR 9	Direct Deposit of Refund: Check box 57A if your deposit will be ultimately placed in a foreign account; see instructions. 57A ROUTING NUMBER ACCOUNT NUMBER ACCOUNT NUMBER ACCOUNT NUMBER		
716	SAE	98 Checking or Savings		
Š	55 58 Section 2	AMOUNT OWED: Add lines 38 and 56. Make check payable to Arizona Department of Revenue; include SSN on payment.	58	00

i oui i	varie (as shown on page 1)			1001 0	oolal occurry 140.		
PAI	RT A: Dependents and Qu	ualifying Parents	s - do no	t list yourself o	r spouse		
lf co	mpleting Part A, also complete Par	t C, lines C15 and/or C	C16 and C1	7.			
A 1	List children and other dependents. I	f more space is needed	d, attach a s	eparate sheet.	NO. OF MONTHS	S LIVED	
	FIRST AND LAST NAME	SOCIAL SECUR	RITY NO.	RELATIONSHIP	IN YOUR HOME	IN 2010	
	Enter total number of persons listed in			•			
А3	a Enter the names of the dependen	ts listed above who do	not qualify a	s your dependent on y	our federal return:		
	. =						
	b Enter dependents listed above wh	o were not claimed on	your federal	return due to education	on credits:		
	List and life in a parameter and a passage				ata abaat		
A4	List qualifying parents and ancestors						
	You cannot list the same person here				NO OF MONTHS	2111/55	
	qualifying parent or ancestor of your	, ,			NO. OF MONTHS		
	FIRST AND LAST NAME	SOCIAL SECUR	RITY NO.	RELATIONSHIP	IN YOUR HOME	IN 2010	
۸5	Enter total number of persons listed i	n 11 here and on the fr	ont of this fo	ırm hov 11		TOTAL A5	
	RT B: Additions to Incom		OH OH HIIS IO	iiii, box 11		TOTAL AS	
	Non-Arizona municipal interest					В6	00
	Ordinary income portion of lump-sum						00
	Total federal depreciation. <i>Also see th</i>						00
	Medical savings account (MSA) distri						00
	I.R.C. §179 expense in excess of allo						00
	Other additions to income. See instruc						00
	Total. Add lines B6 through B11. Enter I	-					00
	RT C: Subtractions from		, , ,				
	Exemption: Age 65 or over. Multiply the		ov \$2.100		C13	00	
	Exemption: Blind. Multiply the number in				C14	00	
	Exemption: Dependents. Multiply the no				C15	00	
	Exemption: Qualifying parents and and						
	box 11, page 1, by \$10,000				C16	00	
C17	Total exemptions: Add lines C13 thro	ugh C16. If you have	no other su	ubtractions from			
	income, skip lines C18 through C3	0 and enter the amou	nt on line C	17 on Form 140, Pag	e 1, line 15	C17	00
C18	Interest on U.S. obligations such as U	J.S. savings bonds and	treasury bil	ls		C18	00
C19	Exclusion for federal, Arizona state of	local government pens	sions (up to	\$2,500 per taxpayer)		C19	00
C20	Arizona state lottery winnings include	d as income on your fe	deral return	(up to \$5,000 only)		C20	00
	U.S. Social Security or Railroad Retir			•	•	· —	00
C22	Recalculated Arizona depreciation					C22	00
C23	Certain wages of American Indians					C23	00
C24	Income tax refund from other states.	See instructions					00
	Deposits and employer contributions	· -					00
	Construction of an energy efficient re					C26	00
	Pay received for active service as a r		•				00
	Net operating loss adjustment. See in						00
	Other subtractions from income. See	•					00
	Total: Add lines C17 through C29.					C30	00
	t D: Last Name(s) Used in	n Prior Years – if	different froi	m name(s) used in cur	rent year		
D31							
HERE	I have read this return and any at						
Ш	true, correct and complete. Declar	diation of preparer (other	ei illali iaxpi	ayer) is based on all if	iornation of which	preparer rias ar	ly knowledge.
エ・	YOUR SIGNATURE			DATE OC	CUPATION		
9			L)AIL 00	COFATION		
SIGN	SPOUSE'S SIGNATURE			DATE SP	OUSE'S OCCUPATION		
SE	S. SOSE S SIGIVATORE			<u> </u>	2302 3 00001 ATR		
EAS	PAID PREPARER'S SIGNATURE		ATE	FIRM'S NAME (P	REPARER'S IF SELF	-EMPLOYED)	
Щ		<i>-</i> .				, <u> </u>	

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

PAID PREPARER'S ADDRESS

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 TIN

PAID PREPARER'S PHONE NO.