	Part-Year Resident Personal Income Tax Return	FOR CALENDAR YEAR			
	140 PY OR FISCAL YEAR BEGINNING [M,M,D,D,Y,Y,Y,Y] AND ENDING [M,M,D,D,Y,Y,Y,Y,Y,Y,Y,Y,Y,Y,Y,Y,Y,Y,Y,Y,	2010			
0	Your First Name and Initial Last Name You must	Social Security No.			
TAPE.	Spouse's First Name and Initial (if box 4 or 6 checked) Last Name Spouse Spou	se's Social Security No.			
2	Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) Home Phone (v. 94)	with area code)			
raple	City, Town or Post Office State Zip Code				
ONE STAPLE.	A Married filing joint return The Head of household				
-	Ti Qualifying parents and anocstors or your parents non page 2, line 40.	80			
	12-13 Residency Status (check one): 12 Part-Year Resident Other than Active Military 13 Part-Year Resident Active Military 14 Federal adjusted gross income (from your federal return)				
	14 Federal adjusted gross income (from your federal return)	15 00			
	16 Additions to income (from page 2, line B19)	16 00			
	17 Add lines 15 and 16	17 00			
	18 Subtractions from income (from page 2, line D36): Enter the number from line D34a	18 00			
	19 Arizona adjusted gross income: Subtract line 18 from line 17	19 00			
	20 Deductions. Check box and enter amount. See instructions, page 16				
	21 Personal exemptions. See page 17 of the instructions.	21 00			
	22 Arizona taxable income: Subtract lines 20 and 21 from line 19. If less than zero, enter zero	22 00			
	23 Compute the tax using Tax Table X or Y	23 00			
	24 Tax from recapture of credits from Arizona Form 301, Part II, line 31				
	25 Subtotal of tax: Add lines 23 and 24	25 00			
	26 - 27 Clean Elections Fund Tax Reduction: See instructions, page 18				
	28 Reduced tax: Subtract line 27 from line 25	28 00			

1 33N(3).	1
Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) Home Phone (w 94	ith area code)
City, Town or Post Office State Zip Code	
	OT MADICINI TIUO ADEA
Married filing joint return	OI MARK IN THIS AREA.
Married filing joint return S	
6 Married filing separate return. Enter spouse's name and Social Security No. above.	
7 Single	
number 9 Blind (you and/or spouse)	
Dependents. From page 2, line A2 – do not include self or spouse.	
check mark. 11 Qualifying parents and ancestors of your parents from page 2, line A5.	80
12-13 Residency Status (check one): 12 Part-Year Resident Other than Active Military 13 Part-Year Resident Active	e Military
14 Federal adjusted gross income (from your federal return)	1
	15 00
15 Arizona income (from page 2, line B19)	16 00
□ 17 Add lines 15 and 16	17 00
	18 00
19 Arizona adjusted gross income: Subtract line 18 from line 17	19 00
20 Deductions. Check box and enter amount. See instructions, page 16	20 00
21 Personal exemptions. See page 17 of the instructions	21 00
22 Arizona taxable income: Subtract lines 20 and 21 from line 19. If less than zero, enter zero	22 00
	23 00
24 Tax from recapture of credits from Arizona Form 301, Part II, line 31	24 00
25 Subtotal of tax: Add lines 23 and 24	25 00
26 - 27 Clean Elections Fund Tax Reduction: See instructions, page 18	27 00
	28 00
	29 00
	30 00
31 Credit type: Enter form number of each credit claimed	
32 Clean Elections Fund Tax Credit: From worksheet on page 20 of the instructions	
33 Balance of tax: Subtract lines 29, 30 and 32 from line 28. If the sum of lines 29, 30 and 32 is more than line 28, enter zero	
34 Arizona income tax withheld during 2010	34 00
	35 00
	36 00
37 Increased Excise Tax Credit: From worksheet on page 21 of the instructions	37 00
	38 00
<u> </u>	39 00
40 TAX DUE: If line 33 is larger than line 39, subtract line 39 from line 33, and enter amount of tax due. Skip lines 41, 42 and 43	40 00
41 OVERPAYMENT: If line 39 is larger than line 33, subtract line 33 from line 39, and enter amount of overpayment	41 00
42 Amount of line 41 to be applied to 2011 estimated tax	42 00
43 Balance of overpayment: Subtract line 42 from line 41	43 00
44 - 54 Voluntary Gifts to	
Citizens Clean Elections 46 00 Child Abuse Prevention 47 00 Shelter 48 00 Neighbors Helping	1
I Didn't Pay Enough Fund 49 00 National Guard Relief Fund 50 00 Neighbors 000 Neighbors	1
Special Olympics	
40 TAX DUE: If line 33 is larger than line 39, subtract line 39 from line 33, and enter amount of tax due. Skip lines 41, 42 and 43	56 00
57 Check applicable boxes 571 Annualized/Other 572 Farmer or Fisherman 573 Form 221 attached 574 MSA Penalty	00
	58 00
	59 00
	00
FO ROUTING NUMBER ACCOUNT NUMBER	
	60 00
Payment enclosed. Check the box and attach your payment to the upper left corner of this page.	

Yo	ur Nai	ne (as shown on page 1)		Your Social	Security No.			
	A1	List children and other dependents. Do not list yourself or spouse	e. If more spa	ce is needed, 「			1	
		attach a separate sheet.			NO. OF MONTH			
		FIRST AND LAST NAME SOCIAL SECURITY	NO. RE	ELATIONSHIP	IN YOUR HOMI	= IN 2010		
(O								
ent		Enter total number of persons listed in A1 here and on the front of	this form ha	. 10		TOTAL	A2	
enc	l	a Enter the names of the dependents listed above who do not qu					AZ	
Dependents	73	a Enter the names of the dependents listed above who do not qu	dalily as your		bui lederal letui	···		
		b Enter dependents listed above who were not claimed on your f	federal return	due to educatio	n credits:			
RT A:		b Enter dependents listed above who were not claimed on your federal return due to education credits:						
Μ	l	List qualifying parents and ancestors of your parents. If more spa						
		You cannot list the same person here and also on line A1. For info						
		qualifying parent or ancestor of your parents, see pages 5 and 6 c		Г	NO. OF MONTH			
		FIRST AND LAST NAME SOCIAL SECURITY		LATIONSHIP	IN YOUR HOMI	≣ IN 2010		
	A5	Enter total number of persons listed in A4 here and on the front of	this form, box	<u>< 11</u>		TOTAL	A5	
	В6	Dates of Arizona residency: From $[M,M]D,D]Y,Y,Y,Y]$ to	$D_{1}D_{1}M_{1}D_{2}C_{2}$) _[Y , Y , Y , Y].	2010 FED	ERAL	20	10 ARIZONA
(D)		List other state(s) of residency:			Amount from Fe	deral Return		Amount Only
ome	В7	Wages, salaries, tips, etc.			B7	00		OC
<u>n</u>	В8	Interest			B8	00		OC
Total Incom	В9	Dividends			B9	00		00
of To	B10	Arizona income tax refunds			B10	00		00
nt	B11	Alimony received			B11	00		00
erce	l	Business income (or loss) from federal Schedule C				00		OC
a Pe	B13	Gains (or losses) from federal Schedule D			B13	00		OC
ZONS		Rents, royalties, partnerships, estates, trusts, small business corp				00		OC
Ariz		Other income reported on your federal return				00		00
	B16	Total income: Add lines B7 through B15			B16	00		00
R	B17	Federal adjustments. Attach your own schedule			B17	00		00
_		Federal adjusted gross income: Subtract line B17 from line B16 in the				00		0.0
		Arizona income: Subtract line B17 from line B16 in the ARIZONA column			,		B19 B20	00
		Arizona percentage: Divide line B19 by line B18, and enter the result (not over 100%)						% 00
\circ	C22	Total depreciation included in Arizona gross income					C21 C22	00
공 를	C23	Other additions to income: See instructions and attach your own sched		•••••			C23	00
4 8 4	C24	Total: Add lines C21 through C23. Enter here and on the front of this form	on line 16				C24	00
	<u></u>	Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$				00	02.	100
~	l .	Exemption: Blind. <i>Multiply</i> the number in box 9, page 1, by \$1,500				00		
\sim	D27	Exemption: Dependents. <i>Multiply</i> the number in box 10, page 1, by \$2				00	1	
_	D28	Exemption: Qualifying parents and ancestors. <i>Multiply</i> the number i				00	1	
s fro	D29	Total exemptions: Add lines D25 through D28				00	1	
ion	D30	Multiply line D29 by the percentage on line B20, and enter the res	ult				D30	OC
rac	D31	Interest on U.S. obligations such as U.S. savings bonds and treas	ury bills inclu	ded in the ARIZO	ONA column		D31	OC
Subti	D32	Arizona state lottery winnings included on line B15 in the ARIZON.	A column (up	to \$5,000 only)			D32	OC
	D33	U.S. Social Security or Railroad Retirement Act benefits included in	in your ARIZC	NA income			D33	OC
RTD	D34	Construction of an energy efficient residence: See page 12 of instruc	ctions. Enter n	umber then amour	nt D34 :	a	D34	OC
AR	D35	Other subtractions from income: See instructions and attach your own	schedule				D35	OC
	D36	Total: Add lines D30 through D35. Enter here and on the front of this form	n, line 18				D36	00
	E37	Last name(s) used in prior years – if different from name(s) used in cur						
	HERE	I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has						
	SIGN HER	YOUR SIGNATURE	DATE	OCCU	JPATION			
		SPOUSE'S SIGNATURE	DATE		JSE'S OCCUPATI			
	PLEASE	PAID PREPARER'S SIGNATURE DATE	FII	RM'S NAME (PRE	PARER'S IF SELI	()	<u> </u>	DUONE NO

PAID PREPARER'S TIN 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.