NOTICE FORM 140

Laws 2012, Ch 257, § 11 (HB 2779), repealed the Arizona Revised Statutes that authorize the Clean Elections Fund Tax Reduction optional check-off box, the Clean Elections Fund Tax Credit, the Citizens Clean Elections Fund donation line on the corporate income tax returns and the Citizens Clean Elections Voluntary Gift line on the individual income and fiduciary tax returns. The changes are effective from and after August 2, 2012.

If you are filing after August 2, 2012, do not make a voluntary gift to the Citizens Clean Elections Fund on line 45 of the return. Any amount designated on line 45 in a return postmarked after August 2, 2012, will not go to the Citizens Clean Elections Fund; the amount designated will be returned to the taxpayer.

Fiscal year filers with a taxable year ending from and after August 2, 2012, do not claim a credit on line 28 for any amounts donated to the Citizens Clean Elections Fund after August 2, 2012.

ARIZONA FORM

Resident Personal Income Tax Return

	FOR
	CALENDAR YEAR
1	2011

Nesident Fersonal income Tax Neturn	CALENDAR YEA
OR FISCAL YEAR BEGINNING (M,M,D,D,Y,Y,Y,Y) and ending (M,M,D,D,Y,Y,Y,Y) .	2011
heck box 82F if filing under extension	

			$\overline{}$	
	You <u>must</u>	Social Security No).	
Sp 1	SSN(S)	e's Social Securi	ty No.	
Cı	rrent Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) Home Phone (with a	th area code)		
	y, Town or Post Office State Zip Code			
<u>[</u>	REVENUE USE ONLY. DO N	OT MARK IN THIS	AREA	
Status	4 Married filing joint return NAME OF QUALIFYING CHILD OR DEPENDENT		, t <u>-</u> ,	
Ste	5			
Filing	6 Married filing separate return. Enter spouse's name and Social Security No. above.			
	7 Single			
emptions	Enter the 8 Age 65 or over (you and/or spouse)			
mpţ	claimed. 9 Blind (you and/or spouse)			
	Dependents. From page 2, line A2 – do not include self or spouse. heck mark. 11 Qualifying parents and grandparents. From page 2, line A5.	80		
_	2 Federal adjusted gross income (from your federal return)	12	0	
s .	3 Additions to income (from page 2, line B12)	13	0	
egn	4 Subtractions from income (from page 2, line C17 or line C30)		0	
SC	5 Arizona adjusted gross income. Add lines 12 and 13 then subtract line 14	15	0	
ona	6 Deductions: Check box and enter amount. See instructions, page 14 16 □ ITEMIZED 16S□ STANDARD	16	0	
Ariz	7 Personal exemptions. See pages 14 and 15 of the instructions	17	C	
and	8 Arizona taxable income: Subtract lines 16 and 17 from line 15. If less than zero, enter zero		C	
	9 Compute the tax using amount on line 18 and Tax Table X, Y or Optional Tax Tables		C	
ധ	10 Tax from recapture of credits from Arizona Form 301, Part II, line 34		C	
-	1 Subtotal of tax: Add lines 19 and 20	21	C	
_	2 - 23 Clean Elections Fund Tax Reduction: See instructions, page 15	24	C	
\circ	4 Reduced tax. Subtract line 23 from line 21	25	0	
-	6 Credits from Arizona Form 301, Part II, line 65, or Forms 310, 321, 322, and 323 if Form 301 is not required	26	0	
-1	7 Credit type: <i>Enter form number</i> of each credit claimed		T	
= 1	8 Clean Elections Fund Tax Credit for (from worksheet on page 18 of the instructions)	28	0	
ים מו	9 Balance of income tax: Subtract lines 25, 26 and 28 from line 24. If the sum of lines 25, 26 and 28 is more than line 24, enter zero	29	C	
	Unpaid Arizona use tax (from worksheet on page 18 of instructions)	30	C	
_	1 Balance of tax: Add lines 29 and 30	31	0	
7	2 Arizona income tax withheld during 2011	32	0	
Ü	3 Arizona estimated tax payments for 2011		0	
D I	4 2011 Arizona extension payment (Form 204)		0	
	5 Increased Excise Tax Credit (from worksheet on page 19 of the instructions)	36	0	
= 1	7 Other refundable credits: Check the box(es) and enter the amount		0	
	8 Total payments/refundable credits: Add lines 32 through 37	38	0	
e.	9 TAX DUE: If line 31 is larger than line 38, subtract line 38 from line 31 and enter amount of tax due. Skip lines 40, 41 and 42		0	
dn	O OVERPAYMENT: If line 38 is larger than line 31, subtract line 31 from line 38 and enter amount of overpayment	40	0	
Attach required documents in	1 Amount of line 40 to be applied to 2012 estimated tax	41	0	
nen	2 Balance of overpayment: Subtract line 41 from line 40	42	0	
jg ,	3 - 53 Voluntary Gifts to	⊣		
ğ 0	Citizens Clean Elections 45 000 Child Abuse Prevention 46 00 Shelter Domestic Violence Shelter Neighbors Helping Neighbors Helping Neighbors Shelter 50 00 Shelter Shelt	7		
ᆵ		-		
<u>e</u>	Special Olympics	<u>)</u>		
tach	4 Check only one if making a political gift 541 □ Democratic 542 □ Green 543 □ Libertarian 544 □ Republican 55 Estimated payment penalty and MSA withdrawal penalty	EE	0	
¥	6 Check applicable boxes 561 Annualized/Other 562 Farmer or Fisherman 563 Form 221 attached 564 MSA Penalty	55	-	
	7 Total of lines 43 through 53 and 55	57	o	
<u>-</u> [8 REFUND: Subtract line 57 from line 42. If less than zero, enter amount owed on line 59	58	0	
- 1				
1. 8/2/2012	Direct Deposit of Refund: Check box 58A if your deposit will be ultimately placed in a foreign account; see instructions. 58A☐ ROUTING NUMBER ACCOUNT NUMBER C☐ Checking or			

Your	ur Name (as shown on page 1) Your Social Security No.]				
PA	RT A: Dependents, Qualifyi	ng Parents a	nd Gran	dparents	- do not l	ist yourself	or spous	6 T	
If co	ompleting Part A, also complete Part C,	, lines C15 and/o	r C16 and C	17.				1	
A 1	List children and other dependents. If m	ore space is need	ed, <i>attach a</i> :	separate shee	et.	NO. OF MON	THS LIVED		
	FIRST AND LAST NAME	SOCIAL SEC	URITY NO.	RELATIO	ONSHIP	IN YOUR HO	ME IN 2011		
								-	
				+				-	
A2	Enter total number of persons listed in A	1 here and on the	front of this f	orm, box 10;	also comple	te Part C belov	vTOTAL	A2	
A3	a Enter the names of the dependents li	isted above who d	o not qualify	as your depe	ndent on yo	ur federal retu	ırn:		
	b Enter dependents listed above who w	vere not claimed o	n your federa	al return due t	to education	credits:			
Α4	List qualifying parents and grandparents	. If more space is	needed. atta	ch a separate	e sheet.				
	You cannot list the same person here an								
	qualifying parent or grandparent, see pa	ge 6 of the instruc	tions.			NO. OF MON	THS LIVED		
	FIRST AND LAST NAME	SOCIAL SEC		RELATIO	ONSHIP	IN YOUR HO			
	Enter total number of persons listed in A RT B: Additions to Income	4 here and on the	front of this f	orm, box 11			TOTAL	A5	
	Non-Arizona municipal interest							В6	00
	Ordinary income portion of lump-sum dis							B7	00
	Total federal depreciation. <i>Also see the inc</i>		•					B8	00
	Medical savings account (MSA) distribut							B9	00
	I.R.C. §179 expense in excess of allowa	· -						B10	00
	Other additions to income. See instruction							B11	00
	Total: Add lines B6 through B11. Enter here							B12	00
	RT C: Subtractions from Inc		1110 101111, 11110 1	<u> </u>					
	Exemption: Age 65 or over. Multiply the nur		by \$2 100			C13	00	-	
	Exemption: Blind. Multiply the number in box					C14	00	1	
	Exemption: Dependents. <i>Multiply</i> the numb					C15	00	1	
	Exemption: Qualifying parents and grands		-			0.0		-	
• • •	box 11, page 1, by \$10,000					C16	00		
C17	Total exemptions: Add lines C13 through						1	-	
	income, skip lines C18 through C30 a	-				1, line 14		C17	00
C18	Interest on U.S. obligations such as U.S.							C18	00
	Exclusion for federal, Arizona state or loc	•						C19	00
	Arizona state lottery winnings included a	-						C20	00
	U.S. Social Security or Railroad Retirem	•			• ,			C21	00
	Recalculated Arizona depreciation							C22	00
	Certain wages of American Indians							C23	00
	Income tax refund from other states. See							C24	00
C25	Deposits and employer contributions into	MSAs. See page	11 of the instru	ıctions				C25	00
	Adjustment for I.R.C. §179 expense not							C26	00
	Pay received for active service as a men							C27	00
	Net operating loss adjustment. See instru		_					C28	00
C29	Other subtractions from income. See insi	tructions and attach	your own sche	dule				C29	00
C30	Total: Add lines C17 through C29. Ente	er here and on th	e front of th	is form, line	14			C30	00
	rt D: Last Name(s) Used in F								
D31									
IERE	I have read this return and any attactrue, correct and complete. Declarate								
SIGN HERE	YOUR SIGNATURE			DATE	occ	CUPATION			
	SPOUSE'S SIGNATURE			DATE	SPC	USE'S OCCUP	ATION		
PLEASE	PAID PREPARER'S SIGNATURE		DATE	FIRM'S	S NAME (PR	EPARER'S IF S	ELF-EMPLO	YED)	
PL	PAID PREPARER'S TIN PAID P	REPARER'S ADDRE	ESS				<u>(</u> PAID PRE	<u>)</u> PÁRER'S PHO	NE NO.

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

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.