NOTICE FORM 140PY

Laws 2012, Ch 257, § 11 (HB 2779), repealed the Arizona Revised Statutes that authorize the Clean Elections Fund Tax Reduction optional check-off box, the Clean Elections Fund Tax Credit, the Citizens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 47 of the return. Any amount designated on line 47 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 31 for any amounts donated to the Citizens Clean Elections Fund after August 2, 2012.

ARIZONA FORM 140PY

Part-Year Resident Personal Income Tax Return

REISCAL YEAR BEGINNING IM. MID. DIY. Y. Y. YI AND ENDING IM. MID. DIY. Y. Y.

FOR CALENDAR YEAR **2011**

Vour	Check box 82F if filing under extension First Name and Initial	Last Name			Vour 9	Social Sec	rurity No
1	riist Name and miliai	Last Name	must	ouciai Seu	unty No.		
Spou	se's First Name and Initial (if box 4 or 6 checked)	Last Name	er your Spous	se's Social	Security N		
Curro 2	ent Home Address - number and street, rural route Apt. No.	Daytime Phone	e (with area coo	de)	Home Phone (v	vith area	code)
	Town or Post Office State Zip Code						
3				LDEVENUE	LICE ONLY DO A	OT MARK	IN THIS ADI
4 5				REVENUE	USE ONLY. DO N	IOI MARK	IN THIS AR
5	Head of household	CHILD OR DEPENDE	ENT				
6	Married filing separate return. Enter spouse's name and So	ocial Security No	o. above.				
6	Single	·					
	ter the 8 Age 65 or over (you and/or spouse)			88			
n	Imber 9 Blind (you and/or shouse)						
C	anneu.	lude self or snou	50				
che	not put a 10 Dependents. From page 2, line A2 – do not inc. ck mark. 11 Qualifying parents and grandparents from page 2			81		80	
	13 Residency Status (check one): 12 Part-Year Resident C		Military 13 [☐ Part-Yea	r Resident Activ	 e Militarv	
	Federal adjusted gross income (from your federal return)				00	7	
	Arizona income (from page 2, line B19)				1	15	
	Additions to income (from page 2, line C24)					16	
	Subtractions from income (from page 2, line D36)					17	
	Arizona adjusted gross income: Add lines 15 and 16 then subtra					18	
	Deductions. Check box and enter amount. See instructions, p					19	
	Personal exemptions. See page 16 of the instructions					20	
	Arizona taxable income: Subtract lines 19 and 20 from line 18. If les					21	
	Compute the tax using Tax Table X or Y					22	
	Tax from recapture of credits from Arizona Form 301, Part II, lin					23	
	Subtotal of tax: Add lines 22 and 23					24	
	- 26 Clean Elections Fund Tax Reduction: See instructions, page						
	Reduced tax: Subtract line 26 from line 24					27	
	Family income tax credit from worksheet on page 18 of the inst.					28	
	Credits from Arizona Form 301, Part II, line 65, or Forms 310, 3					29	
	Credit type: Enter form number of each credit claimed					29	
	Clean Elections Fund Tax Credit (from worksheet on page 20 of the					31	
	Balance of income tax: Subtract lines 28, 29 and 31 from line 27. If					32	
	Unpaid Arizona use tax (from worksheet on page 20 of instructions).					33	
٨	Balance of tax: Add lines 32 and 33					34	
25	Arizona income tax withheld during 2011					35	
	Arizona estimated tax payments for 2011					36	
	2011 Arizona extension payment (Form 204)					37	
	Increased Excise Tax Credit: From worksheet on page 21 of the ins					38	
	Other refundable credits: Check the box(es) and enter the amo					39	
	Total payments/refundable credits: Add lines 35 through 39					40	
	TAX DUE: If line 34 is larger than line 40, subtract line 40 from line 34					41	
	OVERPAYMENT: If line 40 is larger than line 34, <i>subtract</i> line 34 from	•	,	,		42	
	Amount of line 42 to be applied to 2012 estimated tax			•		43	
	Balance of overpayment: Subtract line 43 from line 42					44	
_	FE Voluntary Cifto to Aid to Education	4.5				 	
43	(State tetalia ett.)		Arizona Wildli Domestic Viol				
	Citizens Clean Elections 47 000 Child Abuse Prevention	48 (Domestic Viol Shelter Neighbors Hel Neighbors	lping	49 00	7	
	I Didn't Pay Enough Fund 50 National Guard Relief Fun	d 51	Neighbors		52 00	7	
	Special Olympics		Political Gift			4	
					•	57	
	Estimated payment penalty and MSA withdrawal penalty					57	
	Check applicable boxes 581 ☐ Annualized/Other 582 ☐ Farmer Total of lines 45 through 55 and 57				-	_	
1	•					59	
lon	REFUND: Subtract line 59 from line 44. If less than zero, enter amound Direct Deposit of Refund: Check box 60A if your deposit will be ultimated.					60	
3	ROUTING NUMBER ACCOUNT NUMBER 98	,		⊢ c□ (Checking or		
j i					Savings	1 1	

l	You	r inar	ne (as snown on page 1)			Your	Social S	ecurity No.					
_	П	Δ1	List children and other dependents. Do not list yourself or spouse. If more space is needed,										
Dependents		Λ1	attach a separate sheet. NO. OF MONTHS LIVED										
			FIRST AND LAST NAME SOCIAL SI	FOLI	DITY NO	RELATIONSH			OME IN 2011				
			FIRST AND LAST NAME SOCIAL SI		KIII NO.	RELATIONSH	IF	IN TOOK I	IOIVIE IIV 2011	+			
										+			
	S									+			
	ent	4.2	Enter total number of nersons listed in A1 have and on the	o fro	nt of this for	m hay 10			TOTAL	A 2			
	pue		2 Enter total number of persons listed in A1 here and on the front of this form, box 10							A2			
	e b	AJ	a Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:										
			h. Enter dependents listed shows who were not claimed an your federal return due to education gradita:										
	T		b Enter dependents listed above who were not claimed on your federal return due to education credits:										
	PART A:	A 4											
_		A4	List qualifying parents and grandparents. If more space is needed, attach a separate sheet.										
			You cannot list the same person here and also on line A1. For information on who is a							٦			
			qualifying parent or grandparent, see page 5 of the instructions. NO. OF MONTHS LIVED FIRST AND LAST NAME SOCIAL SECURITY NO. RELATIONSHIP IN YOUR HOME IN 2011										
			FIRST AND LAST NAME SOCIAL SI	ECUI	KITT NO.	RELATIONSH	IP	IN YOUR HOME IN 2011					
		A E	5 Enter total number of persons listed in A4 here and on the front of this form, box 11										
			•							A5	·		
ent of Total Income		БО	6 Dates of Arizona residency: From M.M.D.D.Y.Y.Y.Y.J. to M.M.D.D.Y.Y.Y.Y.J. 2011 FEDERAL List other state(s) of residency: Amount from Federal Return							1	2011 ARIZONA Amount Only		
	ne	D7	List other state(s) of residency:					B7	00		00		
	00		Interest.					B8	00		00		
	늘								00		00		
											00		
			Arizona income tax refunds					B10	00				
	ent		Alimony received					B11 B12			00		
	வ	Business income (or loss) from federal Schedule C							00		00		
		313	Gains (or losses) from federal Schedule D								00		
700	zou	514	4 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E. B14 5 Other income reported on your federal return						00		00		
	Į.	B15 Other income reported on your federal return						B15	00	_	00		
	മ്പ		6 Total income: Add lines B7 through B15							_	00		
	LE I		7 Federal adjustments. Attach your own schedule								00		
			Federal adjusted gross income: Subtract line B17 from line B16 in the FEDERAL column							B19	00		
			Arizona income: Subtract line B17 from line B16 in the ARIZONA column. Enter here and on the front of this form, line 15								%		
			Arizona percentage: Divide line B19 by line B18, and enter the result (not over 100%)										
ز	ons	22	Total depreciation included in Arizona gross income	300	the motion	13 101 11110 11104				C21			
Y	iii d	23	2 Total depreciation included in Arizona gross income. 3 Other additions to income: See instructions and attach your own schedule							C23			
ì	: 8 C	24	Total: Add lines C21 through C23. Enter here and on the front	of thi	is form on line	16			•••••	C24			
		25	Exemption: Age 65 or over. Multiply the number in box 8, pa	ane 1	by \$2 100	70		D25	00				
	a L		· · · · · · · · · · · · · · · · · · ·					D26	00	_			
	×Ι		Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500							Ď			
										Ď			
	£ [)			
Subtractions from	ons		Multiply line D29 by the percentage on line B20, and enter the result							D30	00		
	acti		Interest on U.S. obligations such as U.S. savings bonds and treasury bills included in the ARIZONA column							D31			
	a la									D32			
	ري آ									D33			
	\Box									D34			
	α		Other subtractions from income: See instructions and attach							D35			
			Total: Add lines D30 through D35. Enter here and on the front							D36			
	E		Last name(s) used in prior years – if different from name(s) u										
	Ц	1	I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge										
	CICN HED								UPATION				
			SPOUSE'S SIGNATURE	OUSE'S SIGNATURE DATE SPOUSE'S OCCUPATION									
	DIEACE]		DATE		FIRM'S NAME	(PREP	ARER'S IF	SELF-EMPLOYE)			
			DAID DDEDADED'S TINI DAID DDEDADED'S ADDDE	-00						DED	C 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.