

## Be sure to write your SSN on payment and attach to this page where indicated at left.

## PART I: Dependent Exemptions

Complete Part I only if you are making a change to the number of dependents you are claiming on line 15. Even if not making a change, enter the total number you are claiming on page 1, line 15. Do not list yourself or your spouse as dependents on line 15.

A1

|  |  |  | NO. OF MONTHS LIVED IN YOUR HOME DURING 2012 | ADD | DELETE |
| :---: | :---: | :---: | :---: | :---: | :---: |
| FIRST AND LAST NAME: | SOCIAL SECURITY NO. | RELATIONSHIP |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

A2
If adding dependents, enter the name of any dependent added above who does not qualify as a dependent on your federal return:
$\qquad$

A3 If adding dependents, enter the name of any dependent added above not claimed as a dependent on your federal return due to education credits:


## PART II: Qualifying Parents or Grandparents (Arizona residents only)

Complete Part II only if you are making a change to the number of qualifying parents or grandparents you are claiming on page 1 , line 16 . Even if not making a change, enter the total number you are claiming on page 1, line 16.

|  |  |  | NO. OF MONTHS LIVED IN YOUR HOME DURING 2012 | ADD | DELETE |
| :---: | :---: | :---: | :---: | :---: | :---: |
| FIRST AND LAST NAME: | SOCIAL SECURITY NO. | RELATIONSHIP |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## PART III: Income, Deductions, and Credits

On Part III, column (a), list the items you are changing. In column (b), enter the amount claimed on your original return or most recent amended return. In column (c), enter the amount of the change. In column (d), enter the corrected amount for the item you are changing.

| (a) <br> ITEM | (b) ORIGINAL AMOUNT REPORTED |  | (c) <br> AMOUNT TO ADD OR SUBTRACT |  | (d) <br> CORRECTED AMOUNT |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | \$ | . 00 | \$ | . 00 | \$ | . 00 |
|  | \$ | . 00 | \$ | . 00 | \$ | 00 |
|  | \$ | . 00 | \$ | . 00 | \$ | . 00 |
|  | \$ | . 00 | \$ | . 00 | \$ | . 00 |

## PART IV: Reason for the Change - give the reason for each changed listed in Part III

| \begin{tabular}{\|l|l|l|}
\hline
\end{tabular} |
| :--- |
| ART V: Name and Address on Original Return |
| If your name and address is the same on this amended return as it was on your original return, write "same" on the line below. |
| Name Apt. No. |



If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016.
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, $85072-2138$.

