OR FISCAL YEAR BEGINNING $M, M, D, D \mid Y, Y, Y, Y$, AND ENDING $M, M, D, D \mid Y, Y, Y, Y, 66$ 82F $\square$ Check box 82 F if filing under extension


49 Voluntary Political Gift (check only one): $491 \square$ Americans Elect $492 \square$ Democratic $493 \square$ Green 494 $\square$ Libertarian $495 \square$ Republican
50 Estimated payment penalty; MSA penalty; and AZ Long-Term Health Care Savings Account (AZLTHSA) penalty....... 50 $51 \quad 511 \square$ Annualized/Other $512 \square$ Farmer or Fisherman $513 \square$ Form 221 attached $514 \square$ MSA Penalty $515 \square$ AZLTHSA Penalty 52 Total of lines 39 through 48 and 50 $\qquad$

| 50 | $\square$ | 00 |
| :--- | :--- | :--- |
| 52 |  | 00 |
| 53 |  | 00 |
| 54 |  |  |

## If completing Part A, also complete Part C, lines C15 and/or C16 and C17.

A1 List children and other dependents. Do not list yourself or spouse. If more space is needed, attach a separate sheet.

| FIRST AND LAST NAME | SOCIAL SECURITY NO. |  |  | RELATIONSHIP | NO. OF MONTHS LIVED IN <br> YOUR HOME IN 2013 |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

A2 Enter total number of persons listed in A1 here and on the front of this form, box 10; also complete Part C below...... A2
A3 a Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:
b Enter the dependents listed above who were not claimed on your federal return due to education credits:

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 qualifying parent or grandparent, see instructions.

| FIRST AND LAST NAME | SOCIAL SECURITY NO. |  | RELATIONSHIP | NO. OF MONTHS LIVED IN <br> YOUR HOME IN 2013 |
| :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |

A5 Enter total number of persons listed in A4 here and on the front of this form, box 11.
B6 Non-Arizona municipal interest.............................................................................................................................
B7 Ordinary income portion of lump-sum distributions excluded on your federal return. $\qquad$
B8 Total federal depreciation. Also see the instructions for line C22 .................................................................................
B9 Medical savings account (MSA) distributions. See page 7 of the instructions...............................................................
B10 Reserved ............................................................................................................................................................. B
B11 Other additions to income. See instructions and attach your own schedule...................................................................... B
B12 Total: Add lines B6 through B11. Enter here and on the front of this form, line 13............................................................... B

C14 Exemption: Blind. Multiply the number in box 9 , page 1 , by $\$ 1,500$
C15 Exemption: Dependents. Multiply the number in box 10 , page 1 , by $\$ 2,300$..
C16 Exemption: Qualifying parents and grandparents. Multiply box 11, page 1 , by $\$ 10,000$

| C13 | 0 |
| :--- | :--- |
| C14 | 0 |

C17 Total exemptions: Add lines C13 through C16. If you have no other subtractions from income, skip
lines C18 through C30 and enter the amount on line C17 on Form 140, Page 1, line 15

C19 Exclusion for federal, Arizona state or local government pensions (up to $\$ 2,500$ per taxpayer)
C20 Arizona state lottery winnings included as income on your federal return (up to $\$ 5,000$ only).
C21 U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (taxable amount)
C23 Certain wages of American Indians

| A5 |  |
| :---: | :---: |
| B6 | 00 |
| B7 | 00 |
| B8 | 00 |
| B9 | 00 |
| B10 |  |
| B11 | 00 |
| B12 | 00 |
| 00 |  |
| 00 |  |
| 00 |  |
| 00 |  |
| C17 | 00 |
| C18 | 00 |
| C19 | 00 |
| C20 | 00 |
| C21 | 00 |
| C22 | 00 |
| C23 | 00 |
| C24 | 00 |
| C25 | 00 |
| C26 | 00 |
| C27 | 00 |
| C28 | 00 |
| C29 | 00 |
| C30 | 00 |
| D31 | 00 |
| D32 | 00 |
| D33 | 00 |
| D34 | 00 |

C27 Pay received for active service as a member of the reserves, national guard or the U.S. armed forces
C28 Net operating loss adjustment. See instructions before you enter any amount here
C29 Other subtractions from income. See instructions and attach your own schedule

D34 Multiply line D33 by 10\% (.10). Enter here and on page 1, line 16.

I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

YOUR SIGNATURE $\overline{\text { DATE }}$

OCCUPATION

SPOUSE'S SIGNATURE
$\overline{\text { DATE }}$
SPOUSE'S OCCUPATION
$\overline{\text { PAID PREPARER'S SIGNATURE }} \overline{\text { DATE }}$ FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)
PAID PREPARER'S STREET ADDRESS
PAID PREPARER'S TIN

PAID PREPARER'S CITY
STATE
ZIP CODE

