FOR CALENDAR YEAR

00

•		Arizona	Form 140 Re	sident Person	al Incon	ne Tax Return		2013			
, 8			EGINNING (M,MID, under extension	DIY,Y,Y,Y, AND	ENDING ∟	,M;D,D;Y,Y,Y,	66	2010			
$\overline{}$	Your First Name and			Last Name		Enter	Your Social Se	curity No.			
1	Provinc's First Nam	o and Middle Initial	(if hoy 4 or 6 shocked)	Lost Namo			 Spauso's Soci	l ial Security No.			
Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name SSN(s).								al Security No.			
=	Current Home Addre	ess - number and s	street, rural route		Apt. No.	Daytime Ph	none (with are	a code)			
2						94					
3	City, Town or Post C	Office	State	ZIP Code		Last Names Used in F	Prior Year(s)				
	0 4 Marria	d filing joint roturn				REVENUE USE ONLY.	DO NOT MARK	IN THIS AREA.			
Corner.	5 Head	Married filing joint return Head of household – Enter name of qualifying child or dependent on next line:									
	The state of the s										
L Z	6 Marrie										
\sim \sim											
<u>e</u>	8 Age 65	 ↓ Enter the number claimed. Do not put a check mark. Age 65 or over (you and/or spouse) 									
be	WEnter the number claimed. Do not put a check mark. 8							80 RCVD			
gli	Depen	Dependents. From page 2, line A2 – <i>do not include self or spouse</i> . Qualifying parents and grandparents. From page 2, line A5.									
							40	00			
Q			om your federal return) ne B12)					00			
st			d enter the total					00			
ge 2				00							
<u>.</u> ⊠.											
40 1	7 Arizona adjusted gross income. Subtract lines 15 and 16 from line 14, and enter the difference							00			
T 1								00			
after Form	·							00			
<u></u>	, ,							00			
aft	Tax from recapture of credits from Arizona Form 301, Part II, line 36							00			
			sheet in the instructions)					00			
வ	25 Credits from Ari	zona Form 301, Pa	is not required	25	00						
								00			
P 4	27 Balance of tax: Subtract lines 24 and 25 from line 23. If the sum of lines 24 and 25 is more than line 23, enter zero										
=1		•	g 2013 or 2013					00			
0 T O			Form 204)					00			
				00							
౼			PTC					00			
ine 3			e box(es); enter the amour its: Add lines 28 through					00			
	•			00							
d AZ	36 OVERPAYMENT: If line 34 is larger than line 27, subtract line 27 from line 34 and enter amount of overpayment							00			
(6)								00			
<u>sral</u>				00							
ede	39 - 48 Voluntary G Child Abuse Preve			ams Assigned to Schools olence Shelter		00 Arizona Wildl	I	00			
bg bg	National Guard Re			lelping Neighbors		00 Special Olym		00			
required federal		Veterans' Donations Fund47 00 I Didn't Pay Enough Fund48 00									
92	-	, , , – – – – – – –									
≥1ઁ		Estimated payment penalty; MSA penalty; and AZ Long-Term Health Care Savings Account (AZLTHSA) penalty 511 Annualized/Other 512 Farmer or Fisherman 513 Form 221 attached 514 MSA Penalty 515 AZLTHSA Penalty 515 AZLTHSA Penalty 515 Farmer or Fisherman 513 Form 221 attached 514 Form 221 attached 514 Form 221 AZLTHSA Penalty 515 Form									
원 5											
			38. If less than zero, enter				53	00			
_	ROUTING NUI		x 53A if your deposit will be ACCOUNT NUMBER	unimatery placed in a fo l	eigii account;	— C ☐ Checking or					
5.	98 4 AMOUNT OWE	D: Add lines 35 and	52. Make check payable	to Arizona Department of	Revenue: inclu	S □ Savings	54	00			
	DOR 10413 (13)						- 1				

	Your I	lame (as shown on page 1)	0.							
		If completing Part A, also complete Part C, lines C15 and/or C16 and C17.								
	A1	List children and other dependents. Do not list y	et.							
		NO. OF MONTHS LIVED I								
PART A: Dependents		FIRST AND LAST NAME SO	OCIAL SECU	RITY NO.	RELATIONSHIP	YOUR HOME IN 2013				
		Enter total number of persons listed in A1 here a	A2							
		a Enter the names of the dependents listed above								
			7							
		b Enter the dependents listed above who were r	_							
		b Litter the dependents listed above who were i	٦							
		List qualifying parents and grandparents. If more space is needed, attach a separate sheet. You cannot list the								
	A4	same person here and also on line A1. For information on who is a qualifying parent or grandparent, see instruction								
		NO. OF MONTHS LIVED IN								
		FIRST AND LAST NAME SOCIAL SECURITY NO. RELATIONSHIP YOUR HOME IN 2013								
							1			
	۸E	Enter total number of persons listed in A4 here and on the front of this form, box 11								
							A5			
2	B6	Non-Arizona municipal interest					B6	00		
0	B7	Ordinary income portion of lump-sum distribution	ns excluded	l on your fe	ederal return		B7	00		
Ĕ	B8	Total federal depreciation. Also see the instructions	s for line C22				B8	00		
. S	В9	Medical savings account (MSA) distributions. So	ee page 7 of	the instructi	ons		В9	00		
5	B10	Total federal depreciation. Also see the instructions for line C22 Medical savings account (MSA) distributions. See page 7 of the instructions. Reserved Other additions to income. See instructions and attach your own schedule Total: Add lines B6 through B11. Enter here and on the front of this form, line 13								
ί	B11	Other additions to income See instructions and at	tach vour ow	n schedule			B10	00		
2	B12	Total: Add lines B6 through B11. Enter here and an	the front of th	in form line	12		B12	00		
	042	Franchisco Aca CE on over M. Well the early of the	une mont or th	15 101111, 11116	13	040	00	00		
	1	Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100								
	C15	Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500								
Je		Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300								
		Exemption: Qualifying parents and grandparents. Multiply box 11, page 1, by \$10,000 C16								
	C17	Total exemptions: Add lines C13 through C16.								
con		lines C18 through C30 and enter the amount	C17	00						
Subtractions from Income	C18	Interest on U.S. obligations such as U.S. savings bonds and treasury bills						00		
	I	Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer)						00		
	1	Arizona state lottery winnings included as incom	• •	C20	00					
	I	U.S. Social Security or Railroad Retirement Act	• *	C21	00					
trac	I	•			•		C22	00		
qng	I	'								
	1	Certain wages of American Indians						00		
Ö	1	Income tax refund from other states. See instruct	C24	00						
PART	1	Deposits and employer contributions into MSAs.			00					
-	C26	Adjustment for I.R.C. §179 expense not allowed		C26	00					
	C27	Pay received for active service as a member of	armed forces	C27	00					
	C28	Net operating loss adjustment. See instructions before you enter any amount here						00		
	C29	Other subtractions from income. See instructions and attach your own schedule						00		
	C30	Total: Add lines C17 through C29. <i>Enter here</i>		C29	00					
ŧ		<u>-</u>		D31	00					
<u>س</u> س	D31	Enter the total net short-term capital gain or (los								
Gain (D32	Enter the total net long-term capital gain or (loss	, ,	D32	00					
		Enter the net long-term capital gain from assets acquire	D33	00						
Ö	D34	Multiply line D33 by 10% (.10). Enter here and d	D34	00						
		I have read this return and any attachments w	wledge and b	pelief, they are						
	Щ	true, correct and complete. Declaration of pre	parer has any	knowledge.						
	SIGN HERE	•								
	三	YOUR SIGNATURE								
	Z									
	<u>ල</u>	SPOUSE'S SIGNATURE	SPOUSE'S OCCUPATION							
	S	SPOUSE'S SIGNATURE DATE SPOUSE'S OCCUPATION								
	SE	DATE FIDURE NAME (DREPAREDIO IS OF E SAC) OVERS								
	Ø	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)								
	Щ	PAID PREPARER'S STREET ADDRESS				PAID PREPARI	ER'S TIN			
	급					()			
		PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARE								

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.