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Arizona Form 140X Individual Amended Income Tax Return

calendar year 2013

	ANZONA FORM 140X INCIVI					₅₆ 201	13
_	OR FISCAL YEAR BEGINNING $[M,M]D,D]$ Your First Name and Middle Initial	Last Name	ENDING [M			Social Security No.	
1				Enter			
1	Spouse's First Name and Middle Initial (if box 4 or 6 checked)	Last Name		your SSN(s).	Spous	se's Social Security	/ No
	Current Home Address - number and street, rural route		Apt. No.	Daytime Pt	none ((with area code)	
2				94			
	City, Town or Post Office State	ZIP Code	;	Last Names Used in	Prior `	Year(s)	
3				REVENUE USE ONLY.	DO NO	OT MADY IN THIS AL	DEA
	Check a box to indicate both filing and residency status:	•		88	DO NO	JI WARK IN THIS AF	KEA.
	 Check a box to indicate both filling and residency status: 4						
<u>.</u>	2 Tread of Household = Enter harne of qualifying child of deper	riderit on next iine.	1				
staple to upper left corner.	6 Married filing separate return: Enter spouse's name and So						
eft	• Desident			1			
P.	9 Nonresident 10 Nonresident active military						
bb	10 Nonresident active military			81 PM		80 RCVD	
no	11 Part-year resident						
e t	12 ☐ Part-year resident active military						
ap		•	•	Enter number claimed		i i	
	4 Exemption – Blind: Enter number claimed					umber claimed ► 16	
(4)	Federal adjusted gross income (from your federal return)Nonresidents and part-year residents only: Enter Arizona gro						00
page	18a Arizona Residency: If you checked box 9, 10, 11 or 12						100
	9 Additions to income		-				00
140X	20 Subtotal: Residents: Add line 17 and line 19. Nonresidents						00
	21 Subtractions from income				21		00
Form	22 Net capital gain or (loss)				_		
Ϋ́F	Net long-term capital gain subtraction from assets acquired a						00
4 =1	23 Arizona adjusted gross income: Subtract lines 21 and 22 f						00
တ	24 Deductions						00
வ	Personal exemptions						00
μij	27 Tax from tax table: Table X or Y (140, 140NR or 140PY)						00
윙	28 Tax from recapture of credits from Arizona Form 301, Part II,	•		,			00
er	9 Subtotal of tax: Add lines 27 and 28				29		00
other	50 Family income tax credit (Arizona residents only)						00
9	Credits from Arizona Form 301, Part II, line 69; or Forms 310,						00
es	Credit type: Enter form number of each credit claimed						00
np	Balance of tax: Subtract lines 30 and 31 from line 29. If less 4 Payments (withholding, estimated, or extension)						00
اڄ	35 Increased Excise Tax Credit (Arizona residents only)						00
	Representation of the Arizona residents only)						00
i AZ	37 Other refundable credits: Check the box(es); enter the amount 3						00
and	88 Payment with original return plus all payments after it was file	ed			38		00
	39 Total payments and refundable credits: Add lines 34 through						00
p	Overpayment from original return or as later adjusted. See in						00
	Balance of credits: Subtract line 40 from line 39						00
rec	OVERPAYMENT: If line 33 is less than line 41, subtract line 3 Amount of line 42 to be applied to 2014 estimated tax. If zero						00
_	 Amount of line 42 to be applied to 2014 estimated tax. If zero REFUND: Subtract line 43 from line 42. If less than zero, er 						00
	Direct Deposit of Refund: Check box 44A if your deposit will be ull ROUTING NUMBER ACCOUNT NUMBER	Itimately placed in a	oreign account	t; see instructions. 44A			
any	ROUTING NUMBER ACCOUNT NUMBER			C☐ Checking or S☐ Savings	r		
ace a	45 AMOUNT OWED: If line 33 is more than line 41, subtract line	e 41 from line 33,	and enter the	amount owed.			
<u> a</u>	Make check payable to Arizona Department of Revenue; incl						00
딢	Check box 46 if this amended return is the result of a net ope						-

ľ	Your Name (as shown on page 1)				Your Social Security No.					
SI		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.								
t Exemptions	FIRST AND LAST NAME:		SOCIAL SECURITY NO. RELATIONS		RELATIONS		NO. OF MONTHS LI YOUR HOME IN :		ADD	DELETE
I: Dependent	A2 If adding dependents, enter the name of a	any dependent add	ded above who	o does not	qualify as a d	epende	nt on your federal	I return:		
PART	A3 If adding dependents, enter the name of a	any dependent add	ded above not	claimed as	s a dependent	t on you	ır federal return dı	ue to edu	ucation (credits:
=		QUALIFYING DEPENDENTS (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.								
PART	FIRST AND LAST NAME:		SOCIAL SECU	JRITY NO.	D. RELATIONSHIP		NO. OF MONTHS L YOUR HOME IN		ADD	DELETE
	INCOME, DEDUCTIONS, CREDITS: In columost recent amended return. In column (c),	lumn (a), list the ite amount	ms you are che of the change.	anging. In In columr	column (b), er	nter the	amount claimed c	on your c	original rou	eturn or nanging.
PART III (A)	(a) ITEMS YOU ARE CHANGING			ORIGINA	(b) IAL AMOUNT PORTED	A ADD	(c) AMOUNT TO OR SUBTRACT	(d) CORRECTED AMOUNT		
PAR				\$ \$ \$		\$ \$ \$		\$ \$ \$		
	LONG-TERM CAPITAL GAIN: If you are changing the amount of the allowable subtraction from income for any net long-term capital gains included in your federal adjusted gross income from assets acquired after December 31, 2011, complete columns b, c, and d.									
	(a) ITEM Total not short torm conital gain or (loss)	ITEM			(b) IAL AMOUNT PORTED		(c) AMOUNT TO OR SUBTRACT	CORRE	(d) ECTED AN	MOUNT
PART III (B)	Total net short-term capital gain or (loss) reported on Form 140, line D31; Form 140NR, line E33; Form 140PY, line E37 Total net long-term capital gain or (loss) reported on				\$		\$			
PAF	Form 140, line D32; Form 140NR, line E34; Form 140PY, line E38 Net long-term capital gains from assets acquired after December 31, 2011 reported on Form 140, line D33;			\$		\$	\$		\$	
	Form 140NR, line E35; Form 140PY, line E39			\$		\$		\$		
>	Form 140NR, line 19; Form 140PY, line 19									
PART IV										
PART V	If your address is the same on this amended Name	ed return as it was on Number and Street,		l return, w		,	e below. own or Post Office	e State	e ZI	IP Code
ſ	I have read this return and any attach true, correct and complete. Declaration									
				DATE		CCUPATIO				
	SPOUSE'S SIGNATURE PAID PREPARER'S SIGNATURE			DATE SPOUSE'S OCCUPATION						
	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN									

STATE 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.

ZIP CODE

PAID PREPARER'S PHONE NO.