The Check box 867 The Charles box 867 Th	RETURN.			Arizona Form 140PY	Part-Year Res	iden	nt Per	sona	I Incom	е Та	ax Retur	n		1014 1014	AR
Tour First Name and Middle Initial (if box 4 or 6 checked) Spouge's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouge's Spouge's Social Security No Spouge S	Æ	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEG	INNIN	١G			Α	ND ENDING				. 66F
Spourable First Name and Middle Initial (if box 4 or 6 checked) Last Name Spourable First Name and Middle Initial (if box 4 or 6 checked) Last Name Spourable First Name and Middle Initial (if box 4 or 6 checked) Daytime Phone (with area code) Apt. No. Daytime Phone (with area code) Spourable First Name and Middle Initial (if box 4 or 6 checked) Daytime Phone (with area code) Spourable First Name and Middle Initial (if box 4 or 6 checked) Daytime Phone (with area code) Spourable First Name and Middle Initial (if box 4 or 6 checked) Daytime Phone (with area code) Spourable First Name and Middle Initial (if box 4 or 6 checked) Daytime Phone (with area code) Spourable First Name and Middle Initial (if box 4 or 6 checked) Daytime Phone (with area code) Spourable First Name and Middle Initial (if box 4 or 6 checked) Spourable First Name and Middle Initial (if box 4 or 6 checked) Spourable First Name and Middle Initial (if box 4 or 6 checked) Spourable First Name and Middle Initial (if box 4 or 6 checked) Spourable First Name and Middle Initial (if box 4 or 6 checked) Spourable First Name and Middle Initial (if box 4 or 6 checked) Spourable First Name and Middle Initial (if box 4 or 6 checked) Spourable First Name and Middle Initial (if box 4 or 6 checked) Spourable First Name and Middle Initial (if box 4 or 6 checked) Spourable First Name and Middle Initial (if box 4 or 6 checked) Spourable First Name and Middle Initial (if box 4 or 6 checked) Spourable First Name and Middle Initial (if box 4 or 6 checked) Spourable First Name and Middle Initial (if box 4 or 6 checked) Spourable First Name and Middle Initial (if box 4 or 6 checked) Spourable First Name and Spourable Initial (if box 4 or 6 checked) Spourable First Name and Middle Initial (if box 4 or 6 checked) Spourable First Name and Spourable Initial (if box 4 or 6 checked) Spourable First Name and Spourable Initial (if box 4 or 6 checked) Spourable First Name and Spourable Initial (if box 4 or 6 checked) Spourable First Name an	뿔		Your F	First Name and Middle Initial			Last Na	ame			Enter	Your So	cial S	Security N	lumber
Second Continued Continu	5		Spous	se's First Name and Middle Initia	al (if box 4 or 6 checked)		Last Na	ame			_	Spouse.	e's So	cial Secu	ırity No
Second Continued Continu	Y ITEN		Curre	nt Home Address - number and	street, rural route				Apt. No.			ne Phone (w	ith ar	rea code)
10	EAN		City, T	own or Post Office	State		ZI	P Code		La	ist Names Used	l in Last Four	Prior Y	ear(s) (if	different
10	OT STAPI	G STATUS	4 5		name of qualifying child or o	depend	lent on ne	ext line:			7	NLY. DO NO	TMAF	RK IN THIS	S AREA
No. Page 56 or over (you and/or spouse)	D0 N	FILIN	6 7		urn: Enter spouse's name	and So	cial Secu	rity Numl	per above.						
12-13 Residency Status (plack one): 12 Part-Year Resident Other than Active Military 13 Part-Year Resident Active Military 16 Part-Year Reside		မျှ			ed. Do not put a check	mark.									
12-13 Residency Status (plack one): 12 Part-Year Resident Other than Active Military 13 Part-Year Resident Active Military 16 Part-Year Reside			8		. ,	If o	comple	ting line	es 8	81F	PM		80R F	RCVD	
12-13 Residency Status (plack one): 12 Part-Year Resident Other than Active Military 13 Part-Year Resident Active Military 16 Part-Year Reside		MP	-					_							
12-13 Residency Status (plack one): 12 Part-Year Resident Other than Active Military 13 Part-Year Resident Active Military 16 Part-Year Reside		뵜			•	lin	nes 49 tl	rough	54.	L					
		Щ				ـــــا ممانعم	nt Other	than Ac	tive Military	13 [☐ Part-Vear I	Rasidant Ac	tive M	lilitary	
100 FIRST AND LAST NAME (Do not list yourself or spouse.) SOCIAL SECURITY NO. RELATIONSHIP NO. OF MONTHS Live Din Your, ledge ender or your ledge and not claim Live Din Your, ledge ender or your ledge and not claim Live Din Your, ledge ender or your ledge and not claim Live Din Your, ledge ender or your ledge and not claim Live Din Your, ledge ender or your ledge			12-1											ilitary	
FIRST AND LAST NAME				(a) FIRST AND LAS	ST NAME		(b)		(c)	HIP 1	(d) NO. OF MONTHS LIVED IN YOUR	(e) if this personal did not qualify dependent on	son as a your	(f) if you did this person federal retu educationa	d not claim on your rn due to al credits
FIRST AND LAST NAME		nts	10a]
FIRST AND LAST NAME		Depende	10 b												
FIRST AND LAST NAME	۲.				and grandparents. See i	nstruc		or more		ck) [(f)	
16	140P			FIRST AND LAS		SOCIA		RITY NO.			NO. OF MONTHS LIVED IN YOUR	✓ if	er	✓	if
16	orn		11a							_					<u> </u>
16	ter F				M.MID.DIY.Y.Y.	Y_ to [M,MI	D,DJY	, Y , Y , Y ,			ll ll			
16	s af										ount from Feder			Amount Or	
17 Dividends 18 Aizona income tax refunds 18 00 00 00 00 00 00 00			15						Г	15					
27 100 28 27 27 28 27 28 28 29 28 29 29 20 28 29 20 29 20 20 20 20 20	me														
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27 100 28 27 27 28 27 28 28 29 28 29 29 20 28 29 20 29 20 20 20 20 20	0							Г	22		00			00	
27 100 28 27 27 28 27 28 28 29 28 29 29 20 28 29 20 29 20 20 20 20 20	ie i	Ariz	23	Other income reported on your	federal return					23		00			00
27 100 28 27 27 28 27 28 28 29 28 29 29 20 28 29 20 29 20 20 20 20 20	edu		24 Total income: Add lines 15 through 23								00			00	
27 100 28 27 27 28 27 28 28 29 28 29 29 20 28 29 20 29 20 20 20 20 20	ch													00	
28 Arizona percentage: Divide line 27 by line 26, and enter the result (not over 100%)	Z														0.0
36 Multiply line 35 by 20% (.20)	d A														
36 Multiply line 35 by 20% (.20)	an	S					roturn								
36 Multiply line 35 by 20% (.20)	La	tion				-			•						
36 Multiply line 35 by 20% (.20)	de	Addi													
36 Multiply line 35 by 20% (.20)	l fe										20, 4114 0011111				100
36 Multiply line 35 by 20% (.20)	ie	ige 2													
36 Multiply line 35 by 20% (.20)	qui	on pa					3	4 Long-	term gain/loss	34		00			
36 Multiply line 35 by 20% (.20)	ē	ont.													
36 Multiply line 35 by 20% (.20)	any	Ö													
39 Subtract line 31 - (lines 36 + 37 + 38) 39	99	tions													
39 Subtract line 31 - (lines 36 + 37 + 38) 39	Jac	otrac													
	4	Suk													
		A	DOR 1	10149 (14)		A				lines	36 + 37 + 38	9 39		Pa	

	Your	r Name (as shown on page 1) Your Social Security N		
_		F	40	00
page 1	40	Enter the amount from page 1, line 39		00
n pa	41	Recalculated Arizona depreciation		00
– cont. from	42	2013 Arizona depreciation adjustment		00
nt.	43	Adjustment for I.R.C. §179 expense not allowed		00
Ö	44	Interest on U.S. obligations such as U.S. savings bonds and treasury bills		00
Subtractions	45	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)		00
acti	46	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income		00
ubtr	47	Other subtractions: See instructions on page 12 and include your own schedule		00
Ō	48	Subtract lines 41 through 47 from line 40		00
	49	Age 65 or over: Multiply the number in box 8 by \$2,100	00	
S	50	Blind: Multiply the number in box 9 by \$1,500	00	
Exemptions	51	Dependents: Multiply the number in box 10 by \$2,300	00	
ď	52	Qualifying parents and grandparents: Multiply the number in box 11 by \$10,000 52	00	
Exe	53	Add lines 49 through 52	00	
	54	Multiply line 53 by the Arizona percentage on line 28		00
	55	Arizona adjusted gross income: Subtract line 54 from line 48		00
	56	Deductions: Check box and enter amount. See instructions on page 15561 ☐ ITEMIZED 56S ☐ STAN		00
	57	Personal exemptions: See instructions of page 16		00
ах	58	Arizona taxable income: Subtract lines 56 and 57 from line 55	58	00
of Tax	59	Compute the tax using amount from line 58 and Tax Table X or Y	59	00
Balance	60	Tax from recapture of credits from Arizona Form 301, Part 2, line 38		00
sala	61	Subtotal of tax: Add lines 59 and 60 and enter the total	61	00
	62	Family income tax credit (from your worksheet on page 17 in the instructions)	62	00
	63	Credits from Arizona Form 301, Part 2, line 72	63	00
	64	Balance of tax: Subtract lines 62 and 63 from line 61. If the sum of lines 62 and 63 is more than line 61, enter zero		00
nd ts	65	Arizona income tax withheld during 2014	65	00
Total Payments and Refundable Credits	66	Arizona estimated tax payments for 2014	66	00
men ole C	67	2014 Arizona extension payment (Form 204)	67	00
Pay	68	Increased Excise Tax Credit from worksheet: See instructions on page 19	68	00
otal	69	Other refundable credits: Check the box(es) and enter the total amount	3 □349 69 □	00
	70	Total payments and refundable credits: Add lines 65 through 69 and enter the total	70	00
ont a	71	TAX DUE: If line 64 is larger than line 70, subtract line 70 from line 64, and enter amount of tax due. Skip lines 72, 73 and	74 71	00
Due or payment	72	OVERPAYMENT: If line 70 is larger than line 64, subtract line 64 from line 70, and enter amount of overpayment	72	00
Tax Due or Overpaymen	73	Amount of line 72 to be applied to 2015 estimated tax	73	00
۲ó	74		74	00
fts	75	- 85 Voluntary Gifts to: Solutions Teams Assigned to Schools	00	
Gift		Child Abuse Prevention77 00 Domestic Violence Shelter78 00 Political Gift79	00	
Voluntary		National Guard Relief Fund. 80 00 Neighbors Helping Neighbors81 00 Special Olympics82	00	
n l		Veterans' Donations Fund 83 00 I Didn't Pay Enough Fund84 00 Sustainable State Parks and Road Fund	00	
×	86	Political Party (if amount is entered on line 79 - check only one): 861 Americans Elect 862 Democratic 863 Libertarian	864 Republican 86	65 AZ Green Party
ť	87	Estimated payment penalty and Arizona Long-Term Health Care Savings Account (AZLTHSA) penalty	87	00
Penalty	88	881 Annualized/Other 882 Farmer or Fisherman 883 Form 221 included 884 AZLTHSA Penalty		
ď	89	Add lines 75 through 85 and 87; enter the total	89	00
7	90	REFUND: Subtract line 89 from line 74. If less than zero, enter amount owed on line 91	90	00
Refund or Amount Owed		Direct Deposit of Refund: Check box 90A if your deposit will be ultimately placed in a foreign account; see instructions.	90A 🗌	
unt		ROUTING NUMBER ACCOUNT NUMBER C Checking S Savings	g or	
Amo	91	AMOUNT OWED: Add lines 71 and 89. Make check payable to Arizona Department of Revenue; write your SSN on p	aymont	
1		and include with your return	91	00
KE		I have read this return and any documents with it. Under penalties of perjury, I declare that to the best of my knowledge and be Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	elief, they are true, c	orrect and complete.
ER	→	beclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
I	_	YOUR SIGNATURE DATE OCCUPATION		
SIGN HER	→			
SIC	;	SPOUSE'S SIGNATURE DATE SPOUSE'S OCCU	PATION	
	i	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLO'	/ED)	
EASE	-			
Ē	Ī	PAID PREPARER'S STREET ADDRESS PAID PRE	PARER'S TIN	
PL		DAID DDEDADED'S CITY STATE 7ID CODE DAID DDE	DADED'S DHONE NI IN	IRED

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

Your Name (as shown on page 1)	Your Social Security Number

Dependent Information - Continuation Sheet from Page 1 DependentsInclude with your return *only* if listing additional dependents.

Complete this form *only* if you need additional space from page 1 to list your dependents. not list **all** dependents claimed on page 1 of your income tax return, you may lose the exe

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2014	(e) if this person did not qualify as a dependent on your federal return	(f) if you did not clai this person on your federal return due to educational credits
Qualif	ying parents and grandparents, contin					
	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2014	(e) ✓ if age 65 or over	(f) ✓ if died in 2014

Itemized Deductions

For Part-Year Residents

2014

Your Name as shown on Form 140PY Your S			I Security Number		
Spc	use's Name as shown on Form 140PY (if filing joint)	Spouse's S	oouse's Social Security Number		
Med	ical and Dental Expenses • Taxes • Interest Expense • Gifts to Charity				
1	Medical and dental expenses incurred and paid while an Arizona resident plus the amount of such	expenses from			
	Arizona sources that you incurred and paid during the part of the year while an Arizona nonresider	nt	1 00		
2	Taxes allowable on federal Form 1040, Schedule A, that you incurred and paid while an Arizona re	sident plus the			
	amount of such taxes from Arizona sources that you incurred and paid during the part of the year	while an			
	Arizona nonresident		2 00		
3	Interest expense: See instructions		3 00		
4	Gifts to charity allowable on federal Form 1040, Schedule A, that you incurred and paid while an A				
	the amount of such gifts from Arizona sources that you incurred and paid during the part of the year				
	an Arizona nonresident		4		
Cas	ualty and Theft Losses		_		
5	Casualty loss(es) allowable on federal Form 1040, Schedule A, after applying the 10% federal				
	adjusted gross income limitation and the \$100 per loss floor	0	00		
6	Casualty loss(es) allowable on federal Form 4684 before applying the 10% federal adjusted				
	gross income limitation and the \$100 per loss floor	C	00		
7	Amount of loss on line 6 incurred while you were an Arizona resident plus the amount of loss				
	from Arizona sources on line 6 that you incurred during the part of the year while an				
	Arizona nonresident		00		
8	Divide line 7 by line 6, and enter the percentage		%		
9	Multiply line 5 by the percentage on line 8		9 00		
Job	Expenses and Other Miscellaneous Expenses				
10	Miscellaneous expenses subject to the 2% federal adjusted gross income limitation allowable				
	on federal Form 1040, Schedule A, before applying the limitation	C	00		
11	Amount on line 10 that you incurred and paid while an Arizona resident plus the amount on				
	line 10 from Arizona sources that you incurred and paid during the part of the year while				
	an Arizona nonresident	<u> </u>	00		
12	Divide line 11 by line 10, and enter the percentage	9,	<u>/6</u>		
13	Miscellaneous deductions subject to the 2% federal adjusted gross income limit allowable	_			
	on federal Form 1040, Schedule A, after applying the limitation		00		
14	Multiply line 13 by the percentage on line 12	0	00		
15	Other miscellaneous expenses allowable on federal Form 1040, Schedule A, not subject to				
	the 2% federal adjusted gross income limitation that you incurred and paid while an Arizona				
	resident plus the amount of such expenses from Arizona sources that you incurred and paid		10		
	during the part of the year while an Arizona nonresident		00		
SKI	P LINES 16 THROUGH 20 IF NOT DEDUCTING GAMBLING LOSSES.				
16	Wagering losses included on line 15		00		
17	Total gambling winnings included in your Arizona gross income		00		
18	Arizona lottery subtraction from Form 140PY, page 2, line 45		00		
19	Maximum allowable gambling loss deduction: Subtract line 18 from line 17		00		
20	If line 19 is less than line 16, subtract line 19 from line 16; otherwise enter "zero"		00		
21	If you completed lines 16 through 20, subtract line 20 from line 15. If you skipped				
	lines 16 through 20, enter amount on line 15 here	C	0		
22	Add lines 14 and 21	2	2 00		

Your Name (as shown on page 1)		Your Social Security Number		
Tota	I Itemized Deductions			
23	Tentative Arizona itemized deduction: Add lines 1, 2, 3, 4, 9, and 22, and enter the total on lin	e 23.		
	Complete lines 24 through 28 below if your federal adjusted gross income is:			
	 more than \$305,050 (married taxpayers filing a joint return or surviving spouse), or 			
	\$279,650 (head of household), or			
	 \$254,200 (unmarried individual who is not a surviving spouse or head of household), or 			
	\$152,525 (married filing a separate return)			
	Otherwise, enter the amount on line 23 on Form 140PY, page 2, line 56	. 23 _	00	
24	Enter on line 24 the amount by which you have to reduce your federal itemized deductions			
	because your federal adjusted gross income was over this threshold if your federal adjusted			
	gross income is:			
	 more than \$305,050 (married taxpayers filing a joint return or surviving spouse), or 			
	• \$279,650 (head of household), or			
	• \$254,200 (unmarried individual who is not a surviving spouse or head of household) or			
	\$152,525 (married filing a separate return)	24	00	
25	Enter your total federal itemized deductions allowable on federal Form 1040, Schedule A,			
	prior to the federal adjusted gross income limitation	25	00	

00

00



Itemized Deductions

For Part-Year Residents Who Also Had Arizona Source Income During the Period of the Year While a Nonresident 2014

	Your Name as shown on Form 140PY Your S		Your Socia	our Social Security Number		
Spou	se's Name as shown on Form 140PY (if filing joint)		Spouse's S	Social Security	Number	
Part	Itemized Deductions for the Period of the Year While an Arizona Re Source Itemized Deductions for the Period While a Nonresident	esiden	t Plus Arizor	na		
Medic	al and Dental Expenses • Taxes • Interest Expense • Gifts to Charity					
1 !	Medical and dental expenses incurred and paid while an Arizona resident plus the amount of su	ıch expe	nses from			
,	Arizona sources that you incurred and paid during the part of the year while an Arizona nonresi	dent		1	00	
2	Taxes allowable on federal Form 1040, Schedule A, that you incurred and paid while an Arizona	a residen	t plus the			
á	amount of such taxes from Arizona sources that you incurred and paid during the part of the ye	ar while a	an			
,	Arizona nonresident			2	00	
	nterest expense: See instructions			3	00	
4 (Gifts to charity allowable on federal Form 1040, Schedule A, that you incurred and paid while a	n Arizona	a resident plus			
1	the amount of such gifts from Arizona sources that you incurred and paid during the part of the	year whi	le			
á	an Arizona nonresident			4	00	
Casu	alter and That's I access					
	alty and Theft Losses		Т			
	Casualty loss(es) allowable on federal Form 1040, Schedule A, after applying the 10% federal	_		20		
	adjusted gross income limitation and the \$100 per loss floor	3		00		
	Casualty loss(es) allowable on federal Form 4684 before applying the 10% federal adjusted gross income limitation and the \$100 per loss floor	6		00		
	Amount of loss on line 6 incurred while you were an Arizona resident plus the amount of loss	•)		
	from Arizona sources on line 6 that you incurred during the part of the year while an					
	Arizona nonresident	7		00		
	Divide line 7 by line 6, and enter the percentage			%		
	Multiply line 5 by the percentage on line 8			9	00	
					,	
Job E	xpenses and Other Miscellaneous Expenses			_		
	Miscellaneous expenses subject to the 2% federal adjusted gross income limitation allowable					
(on federal Form 1040, Schedule A, before applying the limitation	10	C	00		
11 /	Amount on line 10 that you incurred and paid while an Arizona resident plus the amount on					
I	ine 10 from Arizona sources that you incurred and paid during the part of the year while					
	an Arizona nonresident		*	00		
	Divide line 11 by line 10, and enter the percentage	12	C	<u>%</u>		
	Miscellaneous deductions subject to the 2% federal adjusted gross income limit allowable					
	on federal Form 1040, Schedule A, after applying the limitation			00		
	Multiply line 13 by the percentage on line 12	14	C	00		
	Other miscellaneous expenses allowable on federal Form 1040, Schedule A, not subject to					
	the 2% federal adjusted gross income limitation that you incurred and paid while an Arizona					
	resident plus the amount of such expenses from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	15		20		
(during the part of the year while an Arizona horresident	15		00		
Skin	lines 16 through 20 if not deducting gambling losses.					
	Wagering losses included on line 15	16	,	00		
	Total gambling winnings included in your Arizona gross income			00		
	Arizona lottery subtraction from Form 140PY, page 2, line 45		i	00		
	Maximum allowable gambling loss deduction: Subtract line 18 from line 17			00		
	If line 19 is less than line 16, subtract line 19 from line 16; otherwise enter "zero"			00		
	If you completed lines 16 through 20, subtract line 20 from line 15. If you skipped					
21	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	1		1		
	ines 16 through 20, enter amount on line 15 here	21	C	00		

Your	Name (as snown on page 1)	Y	our Social Security Number	
Sub	total Itemized Deductions		 	
	Tentative Arizona itemized deduction: Add lines 1, 2, 3, 4, 9, and 22, and enter the total on lin	ne 23		
	Complete lines 24 through 28 below if your federal adjusted gross income is:			
	 more than \$305,050 (married taxpayers filing a joint return or surviving spouse), or 			
	• \$279,650 (head of household), or			
	• \$254,200 (unmarried individual who is not a surviving spouse or head of household), or			
	• \$152,525 (married filing a separate return)			
	Otherwise, skip lines 24 through 28	. 23	00	
24	Enter on line 24 the amount by which you have to reduce your federal itemized deductions			
	because your federal adjusted gross income was over this threshold if your federal adjusted			
	gross income is:			
	 more than \$305,050 (married taxpayers filing a joint return or surviving spouse), or 			
	 \$279,650 (head of household), or 			
	 \$254,200 (unmarried individual who is not a surviving spouse or head of household) or 			
	\$152,525 (married filing a separate return)	. 24	00	
25	Enter your total federal itemized deductions allowable on federal Form 1040, Schedule A,			
	prior to the federal adjusted gross income limitation		00	
26	Divide line 23 by line 25, and enter the percentage			
27	Multiply line 24 by the percentage on line 26, and enter the result			
28	Subtract line 27 from line 23. Enter the result here	•••••	28	00
Par	Portion of Itemized Deductions Allowable for the Part of the Year	Wh	ile a Nonresident	
	ustment to Medical and Dental Expenses			
29	Medical and dental expenses	. 29	00	
30	Amount of distributions used to pay qualified medical expenses from your			
	Arizona Long-Term Health Care Savings Account (AZLTHSA) included on line 29	. 30	00	
31	Medical expenses allowed to be taken as a federal itemized deduction	. 31		
32	Add lines 30 and 31, and enter the total			
33	If line 29 is the same as or more than line 32, subtract line 32 from line 29. Otherwise, go to li			00
34	If line 32 is more than line 29, subtract line 29 from line 32		34	00
Adjı	stment to Interest Deduction			
35	If you received a federal credit for interest paid on mortgage credit certificates (from federal Fe	orm	8396), enter the	
	amount of mortgage interest you paid for 2014 that is equal to the amount of your 2014 federa	al cre	edit 35	00
Adjı	ustment to Gambling Losses			
36	Wagering losses allowed as a federal itemized deduction	. 36	00	
37	Total gambling winnings included in your federal adjusted gross income	. 37	00	
38	Arizona lottery subtraction from Form 140PY, page 2, line 45	. 38	00	
39	Maximum allowable gambling loss deduction: Subtract line 38 from line 37	. 39	00	
40	If line 39 is less than line 36, subtract line 39 from line 36; otherwise enter "zero"		40	00
Adjı	ustment to Charitable Contributions			
41	Amount of charitable contributions for which you are taking a credit under Arizona law		41	00
Adjı	usted Itemized Deductions			
42	Add the amounts on lines 33 and 35	. 42	00	
43	Add lines 34, 40 and 41	. 43	00	
44	Total itemized deductions allowed to be taken on federal return	. 44	00	
45	Enter the amount from line 42 above	. 45	00	
46	Add the amount on lines 44 and 45	. 46	00	
47	Enter the amount from line 43 above		00	
48	Subtract line 47 from line 46	. 48	00	
49	If you skipped lines 24 through 28, enter the amount on line 23 here. If you completed lines			
	24 through 28, enter the amount from line 28 here.		00	
50	Subtract line 49 from line 48		00	
51	Arizona percentage from line 4 of the worksheet on page 3 of Schedule A(PYN) instructions		00	
52 53	Multiply the percentage on line 51 by the amount on line 50			00
-	To and our Enter the total horo and our rount 1701 1, page 2, line our			100

Include with your return.

For the calendar year 2014 or fiscal year beginning

and ending

Your Name as shown on Form 140, 140PY, 140NR or 140X	Your Social Security Number
Spouse's Name as shown on Form 140, 140PY, 140NR or 140X (if a joint return)	Spouse's Social Security Number

Nonrefundable Individual Tax Credits Available

Enter total available tax credits.

			(a) Current Year Credit	(b) Available Carryover	(c) Total Available Credit (a) + (b)
1 Enterprise Zone Credit	Form 304 ▶	1			00
2 Environmental Technology Facility Credit	Form 305 ▶	2			00
3 Military Reuse Zone Credit	Form 306 ▶	3			00
4 Recycling Equipment Credit	Form 307 ▶	4			00
5 Credit for Increased Research Activities – Individuals	Form 308-I ▶	5			00
6 Credit for Taxes Paid to Another State or Country	Form 309 ▶	6			00
7 Credit for Solar Energy Devices	Form 310 ▶	7			00
8 Agricultural Water Conservation System Credit		8			00
9 Pollution Control Credit		9			00
10 Credit for Solar Hot Water Heater Plumbing Stub Outs and					
Electric Vehicle Recharge Outlets	Form 319 ▶	10			00
11 Credit for Employment of TANF Recipients		11			00
12 Credit for Contributions to Qualifying Charitable Organizations		12			00
13 Credit for Contributions Made or Fees Paid to Public Schools		13			00
14 Credit for Contributions to Private School Tuition Organizations	Form 323 ▶	14			00
15 Agricultural Pollution Control Equipment Credit		15			00
16 Credit for Donation of School Site	Form 331 ▶	16			00
17 Credits for Healthy Forest Enterprises	Form 332 ▶	17			00
18 Credit for Employing National Guard Members		18			00
19 Motion Picture Credits	Form 334 ▶	19			00
20 Credit for Solar Energy Devices – Commercial and					
Industrial Applications	Form 336 ▶	20			00
21 Credit for Investment in Qualified Small Businesses	Form 338 ▶	21			00
22 Credit for Water Conservation Systems	Form 339 ▶	22			00
23 Credit for Donations to the Military Family Relief Fund	Form 340 ▶	23			00
24 Renewable Energy Production Tax Credit		24			00
25 Solar Liquid Fuel Credit	Form 344 ▶	25			00
26 Credit for New Employment	Form 345 ▶	26			00
27 Additional Credit for Increased Research Activities for					
Basic Research Payments	Form 346 ▶	27			00
28 Credit for Qualified Health Insurance Plans	Form 347 ▶	28			00
29 Credit for Contributions to Certified School Tuition Organization					
(for contributions that exceed the allowable credit on Arizona Form 323)	Form 348 ▶	29			00
30 Credit for Renewable Energy Investment and Production for					
Self-Consumption by Manufacturers	Form 351 ▶	30			00
31 Total available nonrefundable tax credits: Add lines 1 through	30			31	00

Continued on page 2 →



You must include Form 301 and the corresponding credit forms on which you IMPORTANT computed your credit(s) with your individual income tax return.

Part 2 Application of Tax Credits and Recapture

Enter tax, recapture tax, and tax credits used this taxable year.

32 Tax from Form 140, line 46; or Form 140PY, line 59; or Form 140NR, line 56; or Form 140X, line	31	2 00
33 Tax from recapture of Environmental Technology Facility Credit from		
Form 305, Part 5, line 23	3 00	
34 Tax from recapture of Credits for Healthy Forest Enterprises from		
Form 332, Part 11, line 53, and Part 12, line 59	4 00	
35 Tax from recapture of Credit for Renewable Energy Industry from		
Form 342, Part 5, line 17	5 00	
36 Tax from recapture of Credit for Qualified Facilities from Form 349, Part 5, line 17 3	6 00	
37 Tax from recapture of Credit for Renewable Energy Investment and Production for		
Self-Consumption by Manufacturers from Form 351, Part 5, line 25c	7 00	
38 Recapture Total: Add lines 33, 34, 35, 36, and 37. Enter here and on Form 140, line 47; or		
Form 140PY, line 60; or Form 140NR, line 57; or Form 140X, line 32	38	00
39 Subtotal: Add lines 32 and 38	39	00
40 Family Income Tax Credit from Form 140, line 49; or Form 140PY, line 62; or Form 140X, line 34	ł 40	00
41 Subtract line 40 from line 39. Enter the difference. If less than zero, enter "zero"	41	00

Nonrefundable Tax Credits Used This Taxable Year

Enter amount of credits actually used from Part 1.			
42 Enterprise Zone Credit	Form 304 ▶	42	00
43 Environmental Technology Facility Credit (not to exce		43	00
44 Military Reuse Zone Credit		44	00
45 Recycling Equipment Credit (not to exceed the lesse			
line 39 or \$5,000)		45	00
46 Credit for Increased Research Activities – Individuals		46	00
47 Credit for Taxes Paid to Another State or Country	Form 309 ▶	47	00
48 Credit for Solar Energy Devices		48	00
49 Agricultural Water Conservation System Credit		49	00
50 Pollution Control Credit	Form 315 ▶	50	00
51 Credit for Solar Hot Water Heater Plumbing Stub Out			
Electric Vehicle Recharge Outlets	Form 319 ►	51	00
52 Credit for Employment of TANF Recipients	Form 320 ▶	52	00
53 Credit for Contributions to Qualifying Charitable Orga	nizationsForm 321 ▶	53	00
54 Credit for Contributions Made or Fees Paid to Public	Schools Form 322 ▶	54	00
55 Credit for Contributions to Private School Tuition Org	anizationsForm 323 ▶	55	00
56 Agricultural Pollution Control Equipment Credit	Form 325 ▶	56	00
57 Credit for Donation of School Site	Form 331 ▶	57	00
58 Credits for Healthy Forest Enterprises	Form 332 ▶	58	00
59 Credit for Employing National Guard Members	Form 333 ▶	59	00
60 Motion Picture Credits	Form 334 ▶	60	00
61 Credit for Solar Energy Devices – Commercial and Ir	dustrial Applications Form 336 ▶	61	00
62 Credit for Investment in Qualified Small Businesses	Form 338 ▶	62	00
63 Credit for Water Conservation Systems	Form 339 ▶	63	00
64 Credit for Donations to the Military Family Relief Fund	d: Enter the smaller of		
Form 301, Part 1, line 23 or Part 2, line 39	Form 340 ▶	64	00
65 Renewable Energy Production Tax Credit	Form 343 ▶	65	00
66 Solar Liquid Fuel Credit	Form 344 ▶	66	00
67 Credit for New Employment	Form 345 ▶	67	00
68 Additional Credit for Increased Research Activities fo	r		
Basic Research Payments	Form 346 ▶	68	00
69 Credit for Qualified Health Insurance Plans	Form 347 ▶	69	00
70 Credit for Contributions to Certified School Tuition Or	-		
(for contributions that exceed the maximum allowable cr	edit on Arizona Form 323) Form 348 ▶	70	00
71 Credit for Renewable Energy Investment and Produc	tion for		
Self-Consumption by Manufacturers		71	00
72 Total Tax Credits Used: Add lines 42 through 71. To	tal cannot be more than line 41.		

Credit for Taxes Paid to Another State or Country

2014

Include with your return. A separate form must be filed for each state or country for which a credit is claimed.

ı	For the calendar year 2014	or fiscal year begin	ning	an	d ending		
Your Na	me as shown on Form 140, 140NF	R, 140PY or 140X			Your Soc	ial Security Nun	nber
Spouse	's Name as shown on Form 140, 14	40NR, 140PY or 140X (if joint return)		Spouse's	Social Security	Number
Part 1	Computation of Income Other State: If claiming a credit to See last page of the instruct	for taxes paid to another	state, enter the tv	vo-letter abbreviatio	n for that state.		2014
	Other Country: If claiming a cre						
		(a)		(b)		(c)	
1	Description of income item(s). List each income item separately.						
	L	(a)	<u> </u>	(b)			(c)
2	Amount of income from item listed on line 1 reportable to both Arizona the other state or country	and	00	\$	00	\$	00
3	Portion of income on line 2 include in Arizona adjusted gross income Portion of income on line 2 include	3 \$	00	\$	00	\$	00
5	and the other state or country.	4 \$	00	\$	00	\$	00
	Enter the smaller of the amount entered on line 3 or line 4	5 \$	00	\$	00	\$	00
6	Total income subject to tax in both	h Arizona and the other	state or country.	Add line 5, columns	(a), (b), and (c)	6 \$	00
Part 2	Computation of Other S	State or Country T	ax Credit				
7	(Read specific line instructions fo Arizona tax liability less any credi Amount from Part 1, line 6	ts (except other state ta	x credit)				00
8 9	Entire income upon which Arizona						00
10	Divide the amount on line 8 by the	•					
11	Multiply the amount on line 7 by t	he decimal on line 10	-			11	00
12	Income tax paid to: Name of other	•					00
13	Amount from Part 1, line 6						00
14	Entire income upon which other s	•	•				00
15 16	Divide the amount on line 13 by t Multiply the amount on line 12 by	,	•	,			00
17	Allowable credit for taxes paid to					10	
	line 11 or line 16. See instruction					17	00

Your Name (as shown on page 1)	Your Social Security Number

Schedule of Income Allocation

Complete this schedule only if you are an Arizona resident who is also considered to be a resident of another state under the laws of that other state (dual resident); otherwise skip this schedule. See pages 2 and 8 of the instructions.

		(a)		(b)		(c)		(d)	
		Amount reported on your 2014 federal return		Amount entered in column (a) reported on your 2014 Form 140		Amount entered in column (a) reporte on your 2014 retur filed to your statutor state of residence	n	Amount entered in column (c) that would be sourced to your statute state of residence as income of a nonreside of that state	ory
1	Wages, salaries, tips, etc	\$	00	\$	00	\$	00	\$	00
2	Interest	\$	00	\$	00	\$	00	\$	00
3	Dividends	\$	00	\$	00	\$	00	\$	00
4	Business income or (loss) from federal Schedule C	\$	00	\$	00	\$	00	\$	00
5	Gains or (losses) from federal Schedule D	\$	00	\$	00	\$	00	\$	00
6	Rents, royalties, partnerships,			-					
	estates, trusts, small business corporations from federal Schedule E	\$	00	\$	00	\$	00	\$	00
7	Other income reported on your federal return	¢.	00	¢.	00	•	00	•	00
	your rederal return	Φ	00	Φ	00	Φ	00	1	00
8	Total Income: Add lines 1 through 7.	\$	00	\$	00	\$	00	\$	00
9	Other federal adjustments: List on line	es 9a through 9c:							
9a		\$	00	\$	00	\$	00	\$	00
9b		\$	00	\$	00	\$	00	\$	00
9с		\$	00	\$	00	\$	00	\$	00
9d	Total adjustments: Add lines 9a through 9c for each column	\$	00	\$	00	\$	00	\$	00
	Adjusted Gross Income: Subtract line 9d from line 8 for each column	\$	00	\$	00	\$	00	\$	00

Credit for Solar Energy Devices

2014

F	or the calendar year	r 2014 or fiscal year begi	nning	and endir	ng	
Your Na	me as shown on Form 14	0, 140PY or 140X			Your Social Security Nur	mber
Spouse'	s Name as shown on Fori	m 140, 140PY or 140X (if a joir	nt return)		Spouse's Social Security	/ Number
Part 1	Current Year's C	redit				
1 2 3 4 5 6 7 8 9	cannot exceed \$1,000 Address of residence of Number and street: City: Cost of the solar energy Multiply the amount on Enter the smaller of line Enter the amount of crinstalled at the residen Add line 4 and line 5 Enter the smaller of line Subtract line 5 from line Current Year's Credit:	ye credit for all solar energy D. where you installed the solar gy device installed during the Inline 2 by 25% (.25)	energy device for which year State: ZIP Courrent taxable year at the (1995 through 2013) for or	ou are claiming the code:e residence listed of their solar energy of their solar	on line 1 2	00 00 00 00 00 00 00
Part 2	(a) Taxable Year from which you are carrying the credit	Prior Taxable Years (b) Original Credit Amount (See note below line 15)	(c) Amount Previously Used	(d) Available C Subtract colum	arryover: nn (c)	
10	2009	00	(00	00	
11	2010	00	(00	00	
12	2011	00		00	00	
13	2012	00		00	00	
14	2013	00		00	00	
15	NOTE: For amounts credit amount. This	ARRYOVER: Add lines 10 entered in column (b), do amount cannot exceed \$1, a home, see Note on page	not enter the cost of the	e device, <i>enter ti</i> an additional cre	_	
Part 3	Total Available C				ı	
16		Enter the amount from Par Arizona Form 301, line 7, co			16	00
17	-	ver from Part 2, line 15, colu Arizona Form 301, line 7, co			17	00
18	Total Available Credit:	Add line 16 and line 17 Arizona Form 301, line 7, co			18	00

Credit for Contributions to Qualifying Charitable Organizations

2014

Include with your return.

For the calendar year 2014 or fiscal year beginning

and ending

Your Name as shown on Form 140, 140NR, 140PY or 140X	Your Social Security Number
Spouse's Name as shown on Form 140, 140NR, 140PY or 140X (if joint return)	Spouse's Social Security Number

Part 1 Current Year's Credit

SECTION A – Contributions to Qualifying Charitable Organizations

Complete **Section A** if you made cash contributions to a qualifying charitable organization other than a qualifying foster care charitable organization. Do not include donations to a qualifying foster care charitable organization in Section A. NOTE: If you made cash contributions to more than three qualifying charities, include a separate schedule.

	(a) Name of Qualifying Charity to which you made cash contributions	(b) Location of Qualifying Charity (City, State)		(c) Cash Amount
1a				00
1b				00
1c				00
1d	Total Cash Contributions: Add the amounts in column (c) of lines 1s	a, 1b, and 1c. Also, add any amount		
	included on a separate schedule	1d	00	
2	Single Taxpayers or heads of household, enter \$200. Married taxpa	2	00	
3	Total Cash Contributions: Add the amounts in column (c) of lines 1a, 1b, and 1c. Also, add any amount included on a separate schedule			00

- If you did not make any cash contributions to a qualifying foster care organization, and your filing status is:
 - Single, head of household, or married filing joint, do the following:
 - □ Enter the total amount from line 3 in Part 3, line 15.
 - □ Skip Section B, and go to Part 2.
 - Married filing separate (see instructions)
 - $\ \square$ In most cases, enter one-half (1/2) of the amount from line 3 in Part 3, line 15.
 - □ Skip Section B, and go to Part 2.
- If you made any cash contributions to a qualifying foster care charitable organization, do the following:
 - □ Enter amount from line 3 in Section B, line 5.
 - □ Complete Section B.

SECTION B – Contributions to Qualifying Foster Care Charitable Organizations

Complete **Section B** to claim a credit for cash contributions made to a qualifying foster care charitable organization that provides foster care services to foster children in Arizona.

NOTE: If you made cash contributions to more than three qualifying foster care charities, include a separate schedule.

	(a)	(b)		(c)	
	Name of Qualifying Foster Care Charity to which you made cash contributions	Location of Qualifying Charity (City, State)		Cash Amount	
4a				00	
4b				00	
4c				00	
4d	Total Cash Contributions: Add the amounts in column (c) of lines 48	a, 4b, and 4c. Also, add any amount			
	included on a separate schedule		4d	00	
5	Enter the amount from Section A, line 3		5	00	
6	Add line 4d and line 5, enter the total		6	00	
7	Single taxpayers or heads of household, enter \$400. Married taxpa	ayers filing joint, enter \$800	7	00	
8	Enter the smaller of line 6 or line 7. In most cases, if you are marrie	ed filing a separate return,			
	enter one-half (1/2) of the smaller of line 6 or line 7. See instructions	ns	8	00	

Your Name (as shown on page 1)	Your Social Security Number

Part 2 Available Credit Carryover

	Available orealt our your								
	(a)	(b)		(c)		(d)			
	Taxable Year	Original Credit Amount		Amount Previously Used		Available Carryover:			
	from which you are					Subtract column (c)			
	carrying the credit					from column (b).			
9	2009		00		00		00		
10	2010		00		00		00		
11	2011		00		00		00		
	0040				00				
12	2012		00		00		00		
13	2013		00		00		00		
.5	2010		00						
14	TOTAL AVAILABLE C	ARRYOVER: Add lines	9 th	nrough 13, column (d)			00		

Part 3 Total Available Credit

15	Current year's credit: Enter the amount from Part 1, Section A, line 3 or Section B, line 8	15	00
	Enter this amount on Arizona Forms 301, Part 1, line 12, column (a).		
16	Available credit carryover from Part 2, line 14, column (d)	16	00
	Enter this amount on Arizona Form 301, Part 1, line 12, column (b).		
17	Total Available Credit: Add line 15 and line 16	17	00
	Enter this amount on Arizona Form 301, Part 1, line 12, column (c).		

Credit for Contributions Made or Fees Paid to Public Schools

2014

Include with your return.

- Do not use this form for contributions to <u>private</u> school tuition organizations.
- See Form 323 for contributions to <u>private</u> school tuition organizations.

For the calendar year 2014 or fiscal year beginning

and ending

Your Name as shown on Form 140, 140NR, 140PY or 140X	Your Social Security Number
Spouse's Name as shown on Form 140, 140NR, 140PY or 140X (if joint return)	Spouse's Social Security Number

Part 1 Current Year's Credit

Note: If you made cash contributions or paid fees to more than three public schools, include a separate schedule.

	(a)	(b)	(c)	(d)	
	Name of Public School	School District Name	Location of Public School	Contribution	
	to which you made contributions or paid fees:	and Number	(City, State)	Made or Fees Pa	aid
1					00
2					00
3					00
4	Total cash contributions made or fees paid to	public schools in Arizona during	2014: Add the amounts		
	in column (d) of lines 1, 2, and 3. Also add ar	e schedule 4		00	
5	Single taxpayers or heads of household, enter	joint enter \$400 5		00	
6	Current year's credit: Enter the smaller of line	e 4 or line 5. In most cases, if yo	ou are married filing a		
	separate return, enter one-half of the smaller	of line 4 or line 5. See instructio	ns 6		00

Part 2 Available Credit Carryover

	(a)	(b)	(c)	(d)
	Taxable Year	Original Credit Amount	Amount Previously Used	Available Carryover:
	from which you are carrying the credit			Subtract column (c) from column (b).
7	2009	00	0	0 00
8	2010	00	0	0 00
9	2011	00	0	0 00
10	2012	00	0	0 00
11	2013	00	0	0 00
12	TOTAL AVAILABLE CA	ARRYOVER: Add lines 7 t	hrough 11, column (d)	. 00

Part 3 Total Available Credit

13	Current year's credit: Enter the amount from Part 1, line 6	00
	Enter this amount on Arizona Form 301, Part 1, line 13, column (a).	
14	Available credit carryover from Part 2, line 12, column (d)	00
	Enter this amount on Arizona Form 301, Part 1, line 13, column (b).	
15	Total Available Credit: Add line 13 and line 14	00
	Enter this amount on Arizona Form 301, Part 1, line 13 column (c).	

Credit for Contributions to Private School Tuition Organizations

2014

00

Include with your return.

- Do not use this form for contributions or fees paid to a <u>public</u> school.
- See Form 322 for contributions or fees paid to <u>public</u> schools.

ur Name as sh	calendar y own on Form	and e	and ending . Your Social Security Number				
ouse's Name a	s shown on	Form 140, 140NR, 140PY or 1		Spouse's Social Se	ecurity Number		
rt 1 Curr	ent Year's	s Credit – Qualifying Co	ontributions				
Name of pr	rivate schoo	ol tuition organization:					
Address:							
71001000.							
Amount of	contribution	ns made in 2014 to the priva	ate school tuition organiz	ation			
			•		00		
		ns made from January 1, 20					
		organization named on line					
	•	return			00		
Total amou	int of contri	butions made to the private	school tuition organization	on named on line	1 1c∟		
Name of pr	rivate schoo	ol tuition organization: L					
Address:		1			1		
/ taal ooo.							
Amount of	contribution	ns made in 2014 to the priva	ate school tuition organiz	ation			
		is made in 2014 to the privi			00		
		ns made from January 1, 20					
private sch	ool tuition o	organization named on line	2 for which you are claim	ning			
	•	return			00		
		butions made to the private	_				
NOTE: If y	ou made c	ontributions to more than tw	o school tuition organizati	ions, include a sep	parate schedule.		
Total contri	butions ma	de to school tuition organiz	ations to be claimed as a	credit in 2014: A	dd		
		amounts from additional sch					
	-	eads of household, enter \$5					
-		Enter the smaller of line 3 of		-			
		n, enter one-half of the sma					
See Arizo	oe able to cl I na Form 3 4	aim an additional credit for co	ontributions made to school	ol tuition organizati	ons.		
		dit Carryover (b)	(c)	(d)			
(a Taxabl		Original Credit Amount	Amount Previously Used	Available Ca	arryover:		
from whic							
carrying t	the credit			Subtract colum from column (b			
20	09	00	(00	00		
20		00		00	00		
20	11	00		00	00		
20		00		00	00		
20		00		00	00		
TOTAL AVA	AILABLE C	ARRYOVER: Add lines 6 th	nrough 10, column (d)		00		
rt 3 Total	l Available	e Credit					
		Enter the amount from Par	t 1. line 5		12		
-		Arizona Form 301, Part 1, li					
		over from Part 2, line 11, col			13		

Enter this amount on Arizona Form 301, Part 1, line 14 column (b).

ADOR 10644 (14)

14 Total Available Credit: Add lines 12 and 13. Enter the total here and on Arizona Form 301, Part 1, line 14, col. (c). 14

Credit for Donations to the Military Family Relief Fund

2014

For the calendar year 2014 or fiscal year beginning	and ending
Your Name as shown on Form 140, 140NR, 140PY or 140X	Your Social Security Number
Spouse's Name as shown on Form 140, 140NR, 140PY or 140X (if a joint	return) Spouse's Social Security Number
Did you receive a receipt from the Arizona Department of that indicates that your contribution qualifies for this cred If you answered "No," STOP! You do not qualify for this of	it? 1 🔲 🔲
Total qualified donations made to the Military Family Reli	ef Fund during 2014 2 00
3 Single taxpayers or heads of household, enter \$200 here taxpayers enter \$400 here	
4 Current year's credit before tax: Enter the smaller of line In most cases, if you are married filing a separate return, one-half (½) of the smaller of line 2 or line 3. See instructional section of the smaller of line 2 or line 3. See instructional section in the smaller of line 2 or line 3. See instructional section in the smaller of line 2 or line 3. See instructional section in the smaller of line 2 or line 3. See instruction in the smaller of line 2 or line 3. See instruction in the smaller of line 2 or line 3. See instruction in the smaller of line 2 or line 3. See instruction in the smaller of line 2 or line 3. See instruction in the smaller of line 2 or line 3.	enter ctions for line 4.

Credit for Contributions to Certified School Tuition Organization - Individuals

2014

Include with your return.					
For contributions that	exceed the maximum allowable cre	dit on Arizona Fo	rm 323		
For the calendar year 2014 or fisc	cal year beginning	and ending			
Your Name as shown on Form 140, 140NR, 140P	Y or 140X	Your Socia	I Security Nu	mber	
Spouse's Name as shown on Form 140, 140NR,	140PY or 140X (if joint return)	Spouse's	Social Securi	y Numbe	er
Before you can claim this credit, you must of School Tuition Organizations. If you made con					
on Form 348 for some or all of those contributi	ons that exceed the maximum allowable credi	t on Form 323.			
If you have a carryover amount(s) from a callowable credit on Form 323 to only claim a callowable credit on Form 3					
Part 1 Eligibility					
	on your 2014 Form 323 for contributions to	-	_	YES	NO
 If you answered, "No", skip line 1b and 	go to line 1c		1а	Ш	Ш
 If you answered, "Yes", complete line 1 	-				
	f the allowable credit claimed on Form 323?		1b		
	omplete this form. You cannot claim this creor orm to claim an allowable credit for the amo		at		
exceed the amount of the allowable c					
	Form 348 from prior tax year?		1c	Ш	Ш
• If you answered, "No", to lines 1a, 1b, a					
• If you answered, "Yes", skip Part 2 and	complete Part 3 and Part 4.				
Part 2 Current Year's Credit					
You must include the school tuition organizati If you made contributions to more than three 2 Name of school tuition organization:		rate schedule.	year's credi	t on For	m 323.
Address of school tuition organization:			١		
	L		J		
			_		
	, 2014 through December 31, 2014 2a	00)		
2b Contributions made from January 1.	- ·				
· · · · · · · · · · · · · · · · · · ·	14 return 2b				
2c Total contributions made to organiza	ation named on line 2: Add lines 2a and 2b;	enter the total	. 2C		00
3 Name of school tuition organization:			1		
Address of school tuition organization:	L		Т		
	L		Т		
3a Contributions made from January 1.	, 2014 through December 31, 2014 3a	00			
3b Contributions made from January 1.	~				
you are claiming a credit on your 20	14 return 3b	00)		
3c Total contributions made to organiza	ation named on line 3: Add lines 3a and 3b;	enter the total	. 3c		00
4 Name of school tuition organization:			J		
Address of school tuition organization:			J		
5	L		I		
			_		
4a Contributions made from January 1,	, 2014 through December 31, 2014 4a	00)		
4b Contributions made from January 1	- ·				
	14 return				1
4c Total contributions made to organiza	ation named on line 4: Add lines 4a and 4b;	enter the total	. 4c		00

Your	Name (as shown on page	1)		Yo	our S	Social Security Number		
	(Continued)			anata ashadula Estart	41 4	latal	_	00
6	Allowable credit claime	ed on Form 323 for the c	urre	ent year: Enter the amo	unt	totalfrom Form 323, Part 1, line 5	6	 00
						g joint, enter \$1050	- 1	00
						e 8. In most cases, if you 7 or line 8. See instructions.	9	00
Part		•		. (,,_, ee eee.				
rail	(a) Taxable Year from which you are carrying the credit	(b) Original Credit Amount		(c) Amount Previously Used	d	(d) Available Carryover: Subtract column (c) from column (b).		
10	2012		00		00	00		
11	2013		00		00	00		
12								
13								
14								
15	TOTAL AVAILABLE CA	ARRYOVER: Add lines 1	0 tl	hrough 11 in column (d).		00		
	4 Total Available							
	•	Enter the amount from F Arizona Form 301, Part 1					16	 00
17	Available credit carryo	over from Part 3, line 15,	col	umn (d)			17	00
18	Total Available Credit:	Arizona Form 301, Part 1 Add line 16 and line 17 Arizona Form 301, Part 1					18	00

2014 Arizona Tax Tables X and Y For Form 140PY

Table X - Use Table X if your filing status is Single or Married Filing Separate										
	(a)	(b)		(c)		(d)		(e)		(f)
from For	le income rm 140PY, t, line 58 is:	Enter the amount from Form 140PY, page 2, line 58		Multiply the amount entered in		Enter the result		Subtract		Your tax. Round the difference and enter this amount
Over	But Not over			column (b) by						on Form 140PY, page 2, line 59
\$0	\$10,000		X	.0259	=		_	0.00	=	
\$10,000	\$25,000		X	.0288	=		_	\$ 29.00	=	
\$25,000	\$50,000		X	.0336	=		_	\$ 149.00	=	
\$50,000	\$150,000		X	.0424	=		-	\$ 589.00	=	
\$150,000	and over		X	.0454	=		-	\$ 1,039.00	=	

Table Y - Use Table Y if your filing status is Married Filing Joint or Head of Household										
((a)	(b)		(c)		(d)		(e)		(f)
from For page 2	le income rm 140PY, , line 58 is:	Enter the amount from Form 140PY, page 2, line 58		Multiply the amount entered in		Enter the result		Subtract		Your tax. Round the difference and enter this amount
Over	But Not over			column (b) by						on Form 140PY, page 2, line 59
\$0	\$20,000		X	.0259	=		-	0.00	=	
\$20,000	\$50,000		X	.0288	=		_	\$ 58.00	=	
\$50,000	\$100,000		X	.0336	=		_	\$ 298.00	=	
\$100,000	\$300,000		X	.0424	=		-	\$ 1,178.00	=	
\$300,000	and over		X	.0454	=		_	\$ 2,078.00	=	