RN.		Arizona Form 140X Individual Amended Income Tax Return					FOR CALENDAR YEAR		
E.		OR FISCAL YEAR BEGINNING $[M,M]D,D]2,0,1,4$ AND ENDING $[M,M]D,D]Y,Y,Y$					66		
	Y(our First Name and Middle Initial		Last Name			Social Security Number		
IY ITEMS TO		pouse's First Name and Middle Initia	al (if box 4 or 6 checked)	Last Name		your SSN(s).	use's Social Security No.		
	C	urrent Home Address - number and	street, rural route		Apt. No.	Daytime Phone	e (with area code)		
		ity, Town or Post Office	State	ZIP Code			n Last Four Prior Year(s) (if different)		
	3								
	CY FILING STATUS	Check a box to indicate both filing and residency status: REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 4 Married filing joint return Married filing joint return 5 Head of household: Enter name of qualifying child or dependent on next line: 88 6 Married filing separate return: Enter spouse's name and Social Security Number above. 8 7 Single Enter the number claimed. Do not check ↓ 9 Nonresident 13 10 Nonresident active military 14 11 Part-year resident active military 15 12 Part-year resident active military 16 12 Part-year resident active military 16							
	EN	9 Nonresident 10 Nonresident active milita		ver		31 PM	80 RCVD		
	RESIDENCY	10 ☐ Nonresident active milita 11 ☐ Part-year resident			·····	511			
	쀁	12 Part-year resident active	military 16 Qualifying r	arents or grando	arents				
	17		(from your federal return)			17	, 00		
	18								
	_	18a Arizona Residency: If you					100		
	19			00					
	20	 19 Additions to income 20 Subtotal: Residents: Add line 17 and line 19. Nonresidents and part-year residents: Add lines 18 and 19 							
	21								
	22	2 2013 Arizona depreciation adjust	ment				00		
	23 ز								
ć	<u>≩ </u> 24	1 Net capital gain or (loss)			24 A	00			
÷	ן ב	5 Net long-term capital gain subtrac	ction from assets acquired after	er December 31, 2	2011		00		
5	<u></u> = 26	6 Contributions to 529 College Sav	ings Plans						
		7 Arizona adjusted gross income					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
DO NOT STAPLE ANY ITEMS TO TH DO NOT STAPLE ANY ITEMS TO TH	<u>1</u> 28								
		Personal exemptions							
	2 30) Arizona taxable income: Subtra							
6	ຍ 31 ⊒ 31								
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2									
ļ	2 34	,	• •						
4									
3	5 37	7 Payments (withholding, estimated							
	38	, , , , , , , , , , , , , , , , , , , ,	, ,						
			• ·						
4	₽ = 40		3 ,						
č	2 41								
		2 Total payments and refundable	credits: Add lines 37 through 4	1			. 00		
2	2 43	1,5	-						
-	דם ⊒ 44								
2	2 45								
7									
4	5 47					_	00		
	eduire	Direct Deposit of Refund: Check b ROUTING NUMBER 98	Direct Deposit of Refund: Check box 47A if your deposit will be ultimately placed in a foreign account; see instructions. 47A ROUTING NUMBER ACCOUNT NUMBER C Checking or 98 S S Savings						
	<u>_</u> 48	AMOUNT OWED: If line 36 is mor	e than line 44, subtract line 44 from	m line 36, and enter	the amount owed	l.			
2	all	Make check payable to Arizona D	Department of Revenue; write	your SSN on pay	ment, and inclu	de with your return 48	00		
		9 Check box 49 if this amended ret	turn is the result of a net opera	ating loss, and en	ter the year the	loss was incurred 4	<u>,2,0,Y,Y</u>		

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

		Complete Part 1 <i>only</i> if you are making a change to the number of dependents or qualifying parents or grandparents you are claiming on line 15 or line 16. Even if not making a change, enter the total number you are claiming on page 1, line 15 and line 16. Do not list yourself or your spouse as dependents on line 15.										
		(Box 15): Dependent Information: Children and other dependents. For more space, (check) and complete page 3.										
Dependent Exemptions		(a)	(b)		(c)	neck	(d)	(e)	(f)	(g)		
		FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SÉCUF NO.	RITY		LIVED		✓ if this person did not qualify as a dependent on your	if you did not claim this person on your federal return due to	A= Add		
μEX	15a						-	federal return	educational credits	D= Delete		
nden	15a 15b											
sper	15c											
ă		(Box 16): Qualifying parents and grandparents. See ins	structions. Fo	r mo	re space, (che	ck)] and co	mplete page 3.				
PART 1:		(a)	(b)		(C)		(d)	(e)	(f)	(g)		
PAF		FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SÉCUF NO.	Π Υ	RELATIONSHIP	LIVED	E IN 2014	✓ if age 65 or over	✓ if died in 2014	A= Add D= Delete		
	16 a											
	<u>16</u> b											
		OME, DEDUCTIONS, CREDITS: In column (a), list the ite trecent amended return. In column (c), enter the amount										
2 (A)		(a) ITEMS YOU ARE CHANGING		(b) ORIGINAL AMOUNT			(c) AMOUNT TO		(d) CORRECTED AMOUNT			
PART				-	REPORTED		1	OR SUBTRACT				
2	50a			\$			\$		\$			
	50b			\$ \$			\$ \$		\$ \$			
	<u>50c</u>	IG-TERM CAPITAL GAIN: If you are changing the am	acupt of the a	Ψ	abla aubtractiv	on fro	·Ψ	o for only mat 1	Ψ			
		uded in your federal adjusted gross income from ass			December 3			ete columns (b)	, (c), and (d).	ii gains		
		(a) ITEM		C	(b) (c) ORIGINAL AMOUNT AMOUNT TO REPORTED ADD OR SUBTRACT		MOÙŃT TO	(d) CORRECTED AMOUNT				
_	51 a	Total net short-term capital gain or (loss) reported on										
2 (B		Form 140, line 19; Form 140NR, line 32; Form 140PY, lin	ne 33	\$ \$		\$ \$		\$				
PART	51b	Total net long-term capital gain or (loss) reported on										
₽		Form 140, line 20; Form 140NR, line 33; Form 140PY, lin						\$				
	51c	c Net long-term capital gains from assets acquired after										
		December 31, 2011 reported on Form 140, line 21;			¢							
	- 4	Form 140NR, line 34; Form 140PY, line 35		\$			\$		\$			
	51 d	Amount of allowable subtraction reported on Form 14		<u>م</u>			^		•			
		Form 140NR, line 35; Form 140PY, line 36					\$		\$			
PART 3		REASON FOR THE CHANGE: Give the reason for each	-				- 4k - 1 ¹ 11	h a la cu				
	_	our address is the same on this amended return as it was Name	53b Number a			ne o	i the line	below.	Apt. No.			
RT 4												
PART	53	City, Town or Post Office	I				State		ZIP Code	!		
[I have read this return and any documents with it. Under true, correct and complete. Declaration of preparer (oth										
	PLEASE SIGN HERE			yer)			nation o			uye.		
	뿌ᆞ	YOUR SIGNATURE		DATE		— <u> </u>	CUPATION	N				
	z											
	0	SPOUSE'S SIGNATURE		DATE		- <u>s</u>	POLISE'S O	CCUPATION				
	ш				DATE SPOUSE'S OCCUPATION							
	SI	PAID PREPARER'S SIGNATURE DATE	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)									
	Ē							/				
	Ч	PAID PREPARER'S STREET ADDRESS						PAID PREPARER'S	ΓIN			
		PAID PREPARER'S CITY STATE	ZIP CODE					PAID PREPARER'S I	PHONE NUMBER			
		are sending a payment with this return, mail to Arizona Departm	ent of Revenue,	POI	Box 52016, Phoe	enix, A						
		de the payment with Form 140X.	ding a naverant	ma!	to Arizona Dara	ortmo-	t of Dove		9 Dhooniy AZ 050	170 0400		
	н уб	are expecting a refund or owe no tax, or owe tax but are not sen	iung a payment	, mai	по Апдона Depa	aruner	i ul Revel	IUC, FU DUX 5213	0, FIUEIIIX, AZ, 850	112-2138.		

Dependent Information - Continuation Sheet

from Page 2 Dependents Include with your return *only* if listing additional dependents.

Complete this form only if you need additional space from page 2, Part 1 to list changes to your dependents.

Children and other dependents, continued from page 2, Part 1.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(C) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR	(e) ✓ if this person did not qualify as a dependent on your federal return	(f) f you did not claim this person on your federal return due to educational credits	(g) A= Add
	(HOME IN 2014	dependent on your federal return	federal return due to educational credits	D= Delete
15d							
15e							
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Qualifying parents and grandparents, continued from page 2, Part 1.

	3 3 1 1 1 1 1 1 1 1 1 1	1.5.					
	(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 age 65 or over	(f) ✓ if died in 2014	(g) A= Add D= Delete
16c							
16 d							
16e							
16f							
16g							
16 h							
16 i							
16j							