RETURN.			Arizona Form 140PY	Part-Year Resi	ideı	nt Persona	l Incom	e	Tax Retur	'n	_	015	
ШЧ	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEG	INNI	NG (M.M.D.D	12.0.1	5	AND ENDING	[M_M]		2,0,Y,Y).	66F
THE	``		First Name and Middle Initial			Last Name		_		Υοι		I Security Nur	
Ξ Ξ	1								Enter		I.	1	
2		Spous	se's First Name and Middle Initi	ial (if box 4 or 6 checked)		Last Name			your SSN(Spo	ouse's S	Social Security	/ No.
MS	1												
E		Curre	nt Home Address - number and	street, rural route			Apt. No.			me Phor	e (with	area code)	
ANY ITEMS	2					715.0			94			N/ /) /// ////	
	3	ity, I	own or Post Office	State		ZIP Code				in Last F	our Prior	Year(s) (If diffe	erent)
Ъ													
TA	DI L	4 5	Married filing joint return	r nome of qualifying shild or a	lonon	dent en neut liner		_ In	8R	JNLI. DO			LA.
DO NOT STAPLE	FILING STATUS	5 Head of household: Enter name of qualifying child or dependent on next line:											
	N N N	6	6 Married filing separate return: Enter spouse's name and Social Security Number above.										
	Ē	7	 7 Single 										
	SN		✤ Enter the number claime	ed. Do not put a check i	mark								
	Ē	8	Age 65 or over (you and/o		lf	completing line	s 8	81P PM 80R RCVD			ty No. ferent) AREA.		
	MP	9	Blind (you and/or spouse	,		nrough 11, also d							
	EXEMPTIONS	10	Dependents: Do not inclu	•	liı	nes 48 through a	53.	L					
		<u>11</u> 12-1	Qualifying parents and gr Residency Status (check		eside	nt Other than Act	ive Military	13	Part-Year	Resident	Active	Military	
	-		(Box 10): Dependent Informa	-			-						
schedules or other documents after Form 140PY.			(a)			(b)	(C)		(d) NO. OF MONTHS	✓ (e if this		(f) (f) (f)	claim
			FIRST AND LAS (Do not list yourself		SOCI	AL SECURITY NO.	RELATIONS	HIP	LIVED IN YOUR	did not qua	alifv as a	this person on federal return di	your Je to
									HOME IN 2015	federal	return	educational cre	dits
	lents	10а 10ь									」]		
	Dependents	105	(Box 11): Qualifying parents	and grandparents. See i	nstru	ctions For more	space. (che	eck)		ete page	3.		
Σ	Del		(a)			(b)	(C)		(d)	(e)	(f)	
140			FIRST AND LAS (Do not list yourself		SOCI	AL SECURITY NO.	RELATIONS	HIP	NO. OF MONTHS LIVED IN YOUR	✓ age 65 d		✓ if died in 2015	5
Ē		11-							HOME IN 2015	Г	1		
Ę		11a]		
ter			Dates of Arizona residency: From	(M,MID,DIY,Y,Y,`	∐ to	M.MID.DIY	YYY		2015 FEDE	RAL	2	015 ARIZONA	curity No. de) (if different) IIS AREA. fin area did not come did not come did not come did not come fin area did not come did not come </td
af			List other state(s) of residency:					Ar	nount from Feder		_	Amount Only	
nts			Wages, salaries, tips, etc					15		00			
me			Interest					16		00			
noc		17 18	Dividends Arizona income tax refunds					17 18		00			
r d			Alimony received					19		00			
he	ome		Business income (or loss) from					20		00			
rot	l Inc	21	Gains (or losses) from federal	Schedule D				21		00)		00
S 0	Arizona Incom	22	Rents, royalties, partnerships, esta	ites, trusts, small business co	rporat	tions from federal S	chedule E	22		00			
ule	Ari	23	Other income reported on your					23		00			
led		24	Total income: Add lines 15 throu	-				24		00			
sch		25 26	Other federal adjustments: Inc Federal adjusted gross income							00			100
AZ													00
pu		27 Arizona gross income: Subtract line 25 from line 24 in the ARIZONA column									•		
Place any required federal and AZ	ons	29										00	
	Addition	30	Other additions to income: See	e instructions and include you	ur owr	n schedule				30			
	¥		Subtotal: Add lines 27, 29, and										00
ed i	ige 2	32	Total Arizona sourced net capi							00			
uire	on pa	33	Total net short-term capital gai							00			
eq.	ont.	34 35	Total net long-term capital gair Net long-term capital gain from								_		
ιλ	С Г С		from your worksheet, line 14, col. (0			
e a	ctions		Multiply line 35 by 25% (.25) a								-		00
ac	Subtractions	37	Net capital gain derived from in	nvestment in qualified sm	all bu	isiness							00
P	Su	38	Subtract lines 36 and 37 from	line 31. Enter the differer	nce	7.5	(0045)				3		00

[Your	Name (as shown on page 1)	ber		
_					
Subtractions – cont. from page	39	Enter the amount from page 1, line 38		00	
	40	Recalculated Arizona depreciation		00	
	41	Contributions to 529 College Savings Plans			00
	42	Adjustment for I.R.C. §179 expense not allowed			00
	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills			00
	44	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)			00
ract	45	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income			00
Subt	46	Other subtractions: See instructions and include your own schedule Subtract lines 40 through 46 from line 39		40	00
	47 48	Age 65 or over: Multiply the number in box 8 by \$2,100		00	100
	40 49	Age 05 01 0Ver. Multiply the number in box 8 by \$2,100		00	
suo	4 5	Dependents: Multiply the number in box 10 by \$2,300		00	
Iptic	51	Qualifying parents and grandparents: Multiply the number in box 11 by \$10,000		00	
Exemptions	52	Add lines 48 through 51		00	
ш	53	Multiply line 52 by the Arizona income ratio on line 28			00
	54	Arizona adjusted gross income: Subtract line 53 from line 47			00
ľ	55	Deductions: Check box and enter amount. See instructions			00
	56	Personal exemptions: See instructions			00
XE	57	Arizona taxable income: Subtract lines 55 and 56 from line 54		57	00
of Tax	58	Compute the tax using amount from line 57 and Tax Table X or Y		58	00
Ce	59	Tax from recapture of credits from Arizona Form 301, Part 2, line 40		59	00
Balance	60	Subtotal of tax: Add lines 58 and 59 and enter the total		60	00
ä	61	Family income tax credit (from the worksheet - see instructions)		61	00
	62	Credits from Arizona Form 301, Part 2, line 76		62	00
	63	Balance of tax: Subtract lines 61 and 62 from line 60. If the sum of lines 61 and 62 is more than line 60, e			00
its d	64	Arizona income tax withheld during 2015			00
I Payments and Indable Credits	65				00
ble (66	2015 Arizona extension payment (Form 204)		00	
unda	67	Increased Excise Tax Credit (from the worksheet - see instructions)		00	
Refu	68	Other refundable credits: Check the box(es) and enter the total amount		00	
	69			00	
Due or payment	70				00
c Duc	71				00
Overp		Amount of line 71 to be applied to 2016 estimated tax			00
ŀ		Balance of overpayment: Subtract line 72 from line 71 - 83 Voluntary Gifts to: Solutions Teams Assigned to Schools		/3	100
Voluntary Gifts	74	- 83 Voluntary Gifts to: Solutions Teams Assigned to Schools74 00 Arizona Wildlife Child Abuse Prevention			
ary		Neighbors Helping Neighbors			
unt		I Didn't Pay Enough Fund			
Š	84	Political Party (if amount is entered on line 78 - check only one): 841 Americans Elect 842 AZ Green Party		Libertarian 84	
2	85	Estimated payment penalty and Arizona Long-Term Health Care Savings Account (AZLTHSA) p			00
Penalty	86	861 Annualized/Other 862 Farmer or Fisherman 863 Form 221 included 864 AZLTHSA Penalty	•		
Å	87	Add lines 74 through 83 and 85; enter the total		87	00
σ	88	REFUND: Subtract line 87 from line 73. If less than zero, enter amount owed on line 89		88	00
o ve		Direct Deposit of Refund: Check box 88A if your deposit will be ultimately placed in a foreign account; se	e instructions. 88A		
ant					
Refund or Amount Owed	~~				00
	89	AMOUNT OWED: Add lines 70 and 87. Make check payable to Arizona Department of Revenue; write			· · · · ·
SIGN HERE	t	Under penalties of perjury, I declare that I have read this return and any documents with it, and to true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which p	eparer has any knowled	wiedge and be ige.	eller, they are
뿌	→				
z	-	YOUR SIGNATURE DATE O	CCUPATION		
5		SPOUSE'S SIGNATURE DATE SI	POUSE'S OCCUPATION		
	i	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S I			
ASI			\mathcal{L}		
PLEASE	i	PAID PREPARER'S STREET ADDRESS	PAID PREPARER'S T	ÎN	
Ч	i	PAID PREPARER'S CITY STATE ZIP CODE	() PAID PREPARÉR'S F	HONE NUMBER	
	lf yo	u are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ,	85072-2016.		
	If yo	u 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 52	138. Phoenix. A	Z, 85072-2138

Dependent Information - Continuation Sheet

from Page 1 Dependents

Include with your return **only** if listing additional dependents.

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

Children and other dependents, continued from page 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 HOME IN 2015	(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
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Qualifying parents and grandparents, continued from page 1.

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	(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 2015	(e) ✓ if age 65 or over	(f) ✓ if died in 2015
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