RETURN.			Arizona Form 140	Resident Personal Income Tax Return						FOR CALENDAR YEAR 2016			
	82F		heck box 82F filing under extension	OR FISCAL YEAR BEGINNING $[M,M]D,D[2,0,1,6]$ AND ENDING $[M,M]D,D[2,0]$						2.0.Y.	Y 66F		
			First Name and Middle Initial	OKTIOOKE TEXIK BEO		Last Name	12101110		D LITBIITO			I Security	
임표	1								Enter		1		
	_	Spous	se's First Name and Middle Initia	al (if box 4 or 6 checked)	(if box 4 or 6 checked) Last Name				your	Spo	use's S	Social Sec	curity No
AS N	1								SSN(s).	1	1	
	_	Curre	nt Home Address - number and	street, rural route Apt. No. State ZIP Code		•	Apt. No.		Daytime Phone (with area			area coo	le)
DO NOT STAPLE ANY ITEMS	2						94						
¥	$\overline{}$	City, T	Town or Post Office			Las	t Names Used	l in Last Fo	ur Prior	Year(s) (i	f different)		
Щ	3							_					97
ΑÞ	STATUS	4	■ Married filing joint return						ENUE USE C	NLY. DO I	NOT MA	RK IN TH	IS AREA.
S	TAI	5	Head of household: Enter name of qualifying child or dependent on next line:										
<u></u>													
0	FILING	6 Married filing separate return: Enter spouse's name and Social Security Number above.											
Δ	-	7 ☐ Single Ψ Enter the number claimed. Do not put a check mark.											
	EXEMPTIONS			·	HEHA	•							
)L	8 Age 65 or over (you and/or spouse) 9 Blind (you and/or spouse)				If completing lines 8			81 PM			RCVD	
	EMI	10	Dependents: Do not include			through 11, also complete		Г					
	EX	11	Qualifying parents and gra	•		lines 38 through	h 41.						
			(Box 10): Dependent Informa	ation: Children and other	depe	endents. For mo	re space, (ch	neck)	and cor	nplete pa	ige 3.		
			(a) FIRST AND LAS	T NAME	SOC!	(b) AL SECURITY NO.	(c)	IID N	(d) D. OF MONTHS	(e) ✓ :€ 41::-		√ : €	f)
			(Do not list yourself		3001	AL OLOGINITINO.	RELATIONST	L	IVED IN YOUR HOME IN 2016	if this did not qua dependent	lify as a	this perso	id not claim n on your
									TOWE IN 2010	federal r	eturn	education	
	ts	10a										L	
	den	10 _b											<u>-</u>
	Dependents	10c	•	and grandparents. Cas i	notru	otiono Formero	anasa (ahas	LA 🖂	and samula		,	L	
_:	ŏ		(Box 11): Qualifying parents a	and grandparents. See i	i i Sti ti	(b)	(c)		(d)	(e)		(1	f)
7			FIRST AND LAST NAME (Do not list yourself or spouse.)		SOCIAL SECURITY NO. RELATIONSH		IP NO. OF MONTHS				✓	if	
Ξ			(Do not list yoursell	or spouse.)					HOME IN 2016	age 65 o	r over	died ir	1 2016
힏		11a											
schedules or other documents after Form 140		11ь											
aft		1	Federal adjusted gross incon										00
ıts	"	l	13 Non-Arizona municipal interest										00
ne	ions	l			ctions						· 		00
5	Additio	l	•		tions and include your own schedule								00
용	٩	l		•									00
ē			Subtotal: Add lines 12 through 16 Total net capital gain or (loss):							<u>17</u>			100
₹		1								00			
ō		19 Total net short-term capital gain or (loss): See instructions						00					
es		21	Net long-term capital gain from	ecem									
p			amount from your worksheet, line 14	4, col. (c)				21		00			
ş		22	Multiply line 21 by 25% (.25) ar	nd enter the result						22	-		00
Z S(23 Net capital gain derived from investment in qualified small business									00		
l AZ	s	l	·										00
any required federal and	tions	l	' '								00		
	trac	l	Adjustment for I.R.C. §179 expense not allowed								00		
	Subtraction	1		ona state or local government pensions (up to \$2,500 per taxpayer)									
		l		-									00
		l	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)									00	
		1										00	
		32	Pay received for active service as a member of the reserves, national guard or the U.S. armed forces									00	
		33	Net operating loss adjustment:	See instructions before you	ı make	e an entry here				33	<u> </u>		00
e a		1	Contributions to 529 College Sa	=									00
Place		1	Other Subtractions from Income										00
۵.			Subtract lines 22 through 35 from 10413 (16)	om line 17 and enter the		ence AZ Form 140 (20				36	1	P	00 age 1 of 3
			\ /		•		-,						

	Your I	Name (as shown on page 1) Your Social Secur	ity Numbe	er				
İ	37	Enter the amount from page 1, line 36	37	00				
	38	Age 65 or over: Multiply the number in box 8 by \$2,100		00				
Suc	39	Blind: Multiply the number in box 9 by \$1,500		00				
Exemptions	40	Dependents: Multiply the number in box 10 by \$2,300		00				
e m	41	Qualifying parents and grandparents: Multiply box 11 by \$10,000		00				
ш	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37 and enter the difference		00				
	43	Deductions: Check box and enter amount. See instructions		00				
	44	Personal exemptions: See instructions		00				
×	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter zero		00				
of Tax	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables		00				
o e	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 40		00				
Balance	48	Subtotal of tax: Add lines 46 and 47 and enter the total		00				
Ba	49	Family income tax credit (from the worksheet - see instructions)		00				
	50	Credits from Arizona Form 301, Part 2, line 76		00				
	51	Balance of tax: Subtract lines 49 and 50 from line 48. If the sum of lines 49 and 50 is more than line 48, enter zero		00				
	52	2016 AZ income tax withheld		00				
nd its	53	2016 AZ estimated tax payments53a 00 Claim of Right 53b 00 Add 53a and						
red	54	2016 AZ extension payment (Form 204)		00				
Total Payments and Refundable Credits	55	Increased Excise Tax Credit (from the worksheet - see instructions)		00				
Pay	56	Property Tax Credit from Form 140PTC		00				
Fotal Refu	57	Other refundable credits: Check the box(es) and enter the total amount		00				
	58	Total payments and refundable credits: Add lines 52 through 57 and enter the total		00				
=	59	TAX DUE: If line 51 is larger than line 58, subtract line 58 from line 51 and enter amount of tax due. Skip lines 60, 61 and 62.		00				
Tax Due or Overpayment	60	OVERPAYMENT: If line 58 is larger than line 51, subtract line 51 from line 58 and enter amount of overpayment		00				
x Du	61	Amount of line 60 to be applied to 2017 estimated tax		00				
o ⊒a	62	Balance of overpayment: Subtract line 61 from line 60 and enter the difference	62	00				
s		Solutions Teams	00	100				
Voluntary Gifts	00	-72 Voluntary Gifts to: Assigned to Schools	00					
ar		Neighbors Helping Neighbors 68 00 Special Olympics	00					
r t		I Didn't Pay Enough Fund	100					
⋝	73	Political Party (if amount is entered on line 67 - check only one): 731 Democratic 732 Green Party 733 Libertarian	73 4 □Rei	nuhlican				
ج.	74	Estimated payment penalty and Arizona Long-Term Health Care Savings Account (AZLTHSA) penalty		00				
Penalty		751 Annualized/Other 752 Farmer or Fisherman 753 Form 221 included 754 AZLTHSA Penalty		100				
a		Add lines 63 through 72 and 74; enter the total	76	00				
		REFUND: Subtract line 76 from line 62. If less than zero, enter amount owed on line 78		00				
or		Direct Deposit of Refund: Check box 77A if your deposit will be ultimately placed in a foreign account; see instructions. 77.						
Refund or Amount Owec		C Checking or ROUTING NUMBER ACCOUNT NUMBER	\neg					
Refu		98 S Savings						
₹	78	AMOUNT OWED: Add lines 59 and 76. Make check payable to Arizona Department of Revenue; write your SSN on payor		00				
		and include with your return						
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my		. ,				
	t	rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which pre	parer na	s any knowledge.				
	→							
뿌	7	YOUR SIGNATURE DATE OCCUPATION						
SIGN HERE	_							
<u>ତ</u>	→							
	3	SPOUSE'S SIGNATURE DATE SPOUSE'S OCCUPAT	ION	_				
PLEASE	_							
X	F	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)	_				
4	_	NUR DEFELORING STREET ADDRESS		TIM.				
Δ.	F	PAID PREPARER'S STREET ADDRESS PAID PR	PAID PREPARER'S TIN					
	-	PAID PREPARER'S CITY STATE ZIP CODE PAID PR)	PHONE NUMBER				

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140.

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.

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

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.

11i 11j

	(a)		(b) (c)		(d)	(e)	(f)	
	FIRST AND	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR	if this person	if you did not claim this person on your federal return due to		
	(Do not list yourself or spouse.)				HOME IN 2016	did not qualify as a dependent on your federal return	federal return due to	
						federal return	educational credits	
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	0 116 1							
ſ		andparents, continued from			/ n		1 (0	
	EIDST AND	(a)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS	(e)	(f)	
	FIRST AND LAST NAME (Do not list yourself or spouse.)		SOCIAL SECURIT I NO.	KLLAHONSHIF	LIVED IN YOUR	√ if age 65 or over	✓ if died in 2016	
	(Do not list yoursell or spouse.)				HOME IN 2016	age 65 of over	died in 2016	
11c						П	П	
11a								
11e								
11e							H	
1						- 		
11g								