Place any required federal and AZ schedules or other documents after Form 140.
82F $\square_{\text {if }}^{\text {Check box }}$ biling under extension
OR FISCAL YEAR BEGINNING

Spouse's First Name and Middle Initial (if box 4 or 6 checked)
Current Home Address - number and street, rural route
Your Social Security Number
$\frac{1}{1} \frac{1}{\text { Spouse's Social Security No. }}$
Daytime Phone (with area code) 94

(Box 10): Dependent Information: Children and other dependents. For more space, (check) $\square$ and complete page 3.

|  | (a) <br> FIRST AND LAST NAME (Do not list yourself or spouse.) | (b) SOCIAL SECURITY NO. | (c) RELATIONSHIP | (d) <br> NO. OF MONTHS LIVED IN YOUR HOME IN 2016 | (e) <br> $\sqrt{ }$ if this person did not qualify as a dependent on you federal return | (f) <br> $\checkmark$ if you did not claim this person on your ederal return due to educational credits |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 10a |  |  |  |  | $\square$ | $\square$ |
| 10b |  |  |  |  | $\square$ | $\square$ |
| 10c |  |  |  |  | $\square$ | $\square$ |


| (a) <br> FIRST AND LAST NAME (Do not list yourself or spouse.) | SOCIAL SECURITY NO. | $\begin{gathered} \text { (c) } \\ \text { RELATIONSHIP } \end{gathered}$ | (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2016 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | $\square$ | $\square$ |
|  |  |  |  | $\square$ | $\square$ |

Federal adjusted gross income (from your federal return)
12
17 Subtotal: Add lines 12 through 16 and enter the total
18 Total net capital gain or (loss): See instructions
19 Total net short-term capital gain or (loss): See instructions
20 Total net long-term capital gain or (loss): Enter the amount from your worksheet, line 14, col. (a)
21 Net long-term capital gain from assets acquired after December 31, 2011. Enter the amount from your worksheet, line 14, col. (c)
Multiply line 21 by $25 \%$ (.25) and enter the result
22
23 Net capital gain derived from investment in qualified small business......................................................................
24 Recalculated Arizona depreciation .......................................................................................................................
25 Partnership Income adjustment: See instructions ....................................................................................................
26 Adjustment for I.R.C. §179 expense not allowed ....................................................................................................
27 Interest on U.S. obligations such as U.S. savings bonds and treasury bills.
27
28 Exclusion for federal, Arizona state or local government pensions (up to $\$ 2,500$ per taxpayer).
29 Arizona state lottery winnings included as income on your federal return (up to $\$ 5,000$ only)
30 U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (taxable amount)
31 Certain wages of American Indians
.31
32 Pay received for active service as a member of the reserves, national guard or the U.S. armed forces...................
33 Net operating loss adjustment: See instructions before you make an entry here.............................................................
34 Contributions to 529 College Savings Plans .........................................................................................................
35 Other Subtractions from Income: See instructions and include your own schedule ......................................................... 35
36 Subtract lines 22 through 35 from line 17 and enter the difference......................................................................... 36 . 00

| Your Name (as shown on page 1) |  |  |  |  |  | Your Social Security Number |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
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|  |  |  |  |  |  |  | 00 <br> 00 <br> 00 <br> 00 <br> 00 <br> 00 <br> 00 <br> 00 <br> 00 <br> 00 |
|  |  |  |  |  |  |  | 00 00 00 00 00 00 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 $62 \ldots \ldots . .59$ <br> 60 OVERPAYMENT: If line 58 is larger than line 51, subtract line 51 from line 58 and enter amount of overpayment........................ 60 <br> 61 Amount of line 60 to be applied to 2017 estimated tax.............................................................................................. 61 <br> 62 Balance of overpayment: Subtract line 61 from line 60 and enter the difference ................................................................... 62 |  |  |  |  |  | 0 |
|  | 63-72 Voluntary Gifts to: Solutions Teams Assigned to Schools. $\qquad$ 63 <br> Child Abuse Prevention $\qquad$ 65 Domestic Violence Shelter <br> Neighbors Helping Neighbors.. 68 <br> Special Olympics.. $\qquad$ 69 <br> I Didn't Pay Enough Fund. 71 Sustainable State Parks $\qquad$ $\square$ and Road Fund.. $\qquad$ 72 <br> 73 Political Party (if amount is entered on line 67 - check only one): 731 $\square$ |  |  | 00 Arizona Widllife............... 64 00  <br>  00 Political Gift................. 67 00 <br>  00 Veterans' Donations Fund 70 00 <br>  00   <br> cratic 732 $\square$ Green Party 733 $\square$ Libertarian 734 $\square$ Republican |  |  |  |
|  | 74 Estimated payment penalty and Arizona Long-Term Health Care Savings Account (AZLTHSA) penalty $\qquad$ 74 <br> $75 \quad 751 \square$ Annualized/Other $752 \square$ Farmer or Fisherman $753 \square$ Form 221 included $754 \square$ AZLTHSA Penalty <br> 76 Add lines 63 through 72 and 74 ; enter the total. |  |  |  |  |  | 00 00 |
|  | 77 REFUND: Subtract line 76 from line 62. If less than zero, enter amount owed on line 78 $\qquad$ Direct Deposit of Refund: Check box 77A if your deposit will be ultimately placed in a foreign account; see instructions. 77A $\square$ <br> 98 C $\square$ Checking or <br> ACCOUNT NUMBER <br> 78 AMOUNT OWED: Add lines 59 and 76. Make check payable to Arizona Department of Revenue; write your SSN on payment, and include with your return. $\qquad$ 78 |  |  |  |  |  | 00 |
| Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. <br> YOUR SIGNATURE <br> SPOUSE'S SIGNATURE <br> DATE <br> DATE <br> OCCUPATION <br> SPOUSE'S OCCUPATION <br> FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) <br> PAID PREPARER'S STREET ADDRESS $\qquad$ <br> PAID PREPARER'S TIN $\qquad$ |  |  |  |  |  |  |  |

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 <br> 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) <br> FIRST AND LAST NAME (Do not list yourself or spouse.) | (b) <br> SOCIAL SECURITY NO | (c) RELATIONSHIP | (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2016 |  | $\begin{array}{\|c\|} \hline \text { (f) } \\ \checkmark \text { if you did not claim } \\ \text { this person on your } \\ \text { federal return due to } \\ \text { educational credits } \end{array}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 10d |  |  |  |  | $\square$ | $\square$ |
| 10e |  |  |  |  | $\square$ | $\square$ |
| 10f |  |  |  |  | $\square$ | $\square$ |
| 10g |  |  |  |  | $\square$ | $\square$ |
| 10h |  |  |  |  | $\square$ | $\square$ |
| 10i |  |  |  |  | $\square$ | $\square$ |
| 10j |  |  |  |  | $\square$ | $\square$ |
| 10k |  |  |  |  | $\square$ | $\square$ |
| 101 |  |  |  |  |  | $\square$ |
| 10m |  |  |  |  | $\square$ | $\square$ |
| 10n |  |  |  |  | $\square$ | $\square$ |
| 10。 |  |  |  |  | $\square$ | $\square$ |
| 10p |  |  |  |  | $\square$ | $\square$ |
| 10q |  |  |  |  | $\square$ | $\square$ |
| 10r |  |  |  |  | $\square$ | $\square$ |
| 10s |  |  |  |  | $\square$ | $\square$ |
| 10t |  |  |  |  | $\square$ | $\square$ |
|  |  |  |  |  | $\square$ | $\square$ |

Qualifying parents and grandparents, continued from page 1.

|  | (a) FIRST AND LAST NAME (Do not list yourself or spouse.) | (b) SOCIAL SECURITY NO. | (c) RELATIONSHIP | (d) <br> NO. OF MONTHS <br> LIVED IN YOUR <br> HOME IN 2016 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 11. |  |  |  |  | $\square$ | $\square$ |
| 11d |  |  |  |  | $\square$ | $\square$ |
| 11e |  |  |  |  | $\square$ | $\square$ |
| 11f |  |  |  |  | $\square$ | $\square$ |
| 11g |  |  |  |  | $\square$ | $\square$ |
| 11h |  |  |  |  | $\square$ | $\square$ |
| 11i |  |  |  |  | $\square$ | $\square$ |
| 11 ${ }^{\text {j }}$ |  |  |  |  | $\square$ | $\square$ |

