URN.		140PY Part-Year Resident Personal Income					e 7	Гах Retur		_	016		
RET	82F		Check box 82F filing under extension	OR FISCAL YEAR BEGINNING [M,M D,D 2,0,1,6] AND END					AND FNDING	iM.MiD	.Di2	2.0.7.71	66F
		Your F	First Name and Middle Initial	01(1100)(2.12)(1102)	, , , , , , , , , , , , , , , , , , ,	Last Name			, and Enterine			I Security Nur	ᆖ
TO THE	1								Enter		,		
일'	 ;	Spous	se's First Name and Middle Initia	al (if box 4 or 6 checked)	f box 4 or 6 checked) Last Name				your Spouse's Social Security No.				
EMS	1	•		Lact Hame			SSN(s).						
<u>e</u> '		Curre	nt Home Address - number and	street, rural route			Apt. No.		Dayti	me Phone	(with	area code)	
_	2								94				
AN A	(City, T	own or Post Office	State		ZIP Code		L	ast Names Used	d in Last Fou	r Prior	Year(s) (if diffe	rent)
	3												97
DO NOT STAPLE	TATUS	4	☐ Married filing joint return	,					REVENUE USE O	ONLY. DO N	OT MA	ARK IN THIS AF	REA.
S	Ι¥Ι	5	Head of household: Enter	name of qualifying child or o	depen	dent on next line:		8	8R				
OT	G S												
Z		6	Married filing separate ret	urn: Enter spouse's name	and So	ocial Security Numb	er above.						
<u> </u>	프	7	— • • •										
	EXEMPTIONS		♦ Enter the number claime		mark				Прм			RCVD	
	ΙĔΙ	8	Age 65 or over (you and/o	' '	If	completing line	s 8	8	_{1P} PM		80R	NO V D	
	ΙÄ	9	Blind (you and/or spouse)		th	rough 11, also	complete						
		10 11	Dependents: Do not inclu Qualifying parents and gra	•	lii	nes 48 through	53.	L					
	Н	12-1			eside	nt Other than Act	ive Military	13	☐ Part-Year	Resident A	ctive	Military	
			(Box 10): Dependent Informa									······	
			(a)			(b)	(c)		(d)	✓ (e) if this pe		✓ if you did not	alaim
			FIRST AND LAS (Do not list yourself		SOCI	AL SECURITY NO.	RELATIONS	HIP	NO. OF MONTHS LIVED IN YOUR	did not qualify dependent or	y as a	if you did not this person on federal return di	our
			(,	, ,					HOME IN 2016	federal ret		educational cre	dits
	nts	10a								ᆜ			
	Dependents	1 0 b								<u> Ц</u>		Ш	
إ:)eb((Box 11): Qualifying parents	and grandparents. See i	nstru	(b)	space, (che	CK)	and comple	ete page 3.		(f)	
9			FIRST AND LAS		AME SOCIAL SECURITY I				NO. OF MONTHS	✓ if		✓ if	
17			(Do not list yourself	or spouse.)					LIVED IN YOUR HOME IN 2016	age 65 or o	over	died in 2016	1
i.		11a											
ĭ		11ь		MMDDVVV		MMDDV	\/ \/ \/			<u> </u>		<u> </u>	
after Form 140PY.			Dates of Arizona residency: From [An	2016 FEDEI nount from Fede	ll.	2	016 ARIZONA Amount Only	`
nts a			List other state(s) of residency: Wages, salaries, tips, etc					15		00		,	00
			Interest					16		00			00
docume		17	Dividends					17		00			00
20	Arizona Income		Arizona income tax refunds					18		00			00
			Alimony received					19		00			00
in the		20	Business income (or loss) from	n federal Schedule C				20		00			00
0		21	Gains (or losses) from federal	Schedule D				21		00			00
S 0			Rents, royalties, partnerships, esta-					ı		00			00
<u>=</u>			Other income reported on your					ı		00			00
schedules or other			Total income: Add lines 15 through					l		00			00
5			Other federal adjustments: Inc							00			00
		26 Federal adjusted gross income: Subtract line 25 from line 24 in the FEDERAL of								00			
Place any required federal and AZ					ZONA column							00	
	Ø	28 Arizona income ratio: Divide line 27 by line 26, and enter the result (not over 1.000) 29 Total depreciation included in Arizona gross income 30 Other Additions to Income: See instructions and include your own schedule											00
	itior												00
	Additions		Subtotal: Add lines 27, 29, and 3										00
	7		Total Arizona sourced net capit							00			
	page		Total net short-term capital gair							00			
	o		Total net long-term capital gain							00			
	cont.		Net long-term capital gain from]			
	I SI		from your worksheet, line 14, col. (d	d)(b				35		00			
	ction	36	Multiply line 35 by 25% (.25) ar	nd enter the result						36			00
	Subtractio		Net capital gain derived from in										00
	တ	38	Subtract lines 36 and 37 from I	ine 31. Enter the differer	ıce					38			00

1	Your	Name (as shown on page 1) Your Social Security	Your Social Security Number				
-	39	Enter the amount from page 1, line 38	39	00			
page	40	Recalculated Arizona depreciation		00			
	41	Contributions to 529 College Savings Plans		00			
cont. from	42	Adjustment for I.R.C. §179 expense not allowed		00			
con	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills		00			
- 1	44	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)		00			
Subtractions	45	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income		00			
otrac	46	Other Subtractions from Income: See instructions and include your own schedule		00			
Suk	47	Subtract lines 40 through 46 from line 39	47	00			
	48	Age 65 or over: Multiply the number in box 8 by \$2,100	00				
	49	Blind: Multiply the number in box 9 by \$1,500	00				
Exemptions	50	Dependents: Multiply the number in box 10 by \$2,300	00				
mpt	51	Qualifying parents and grandparents: Multiply the number in box 11 by \$10,000	00				
Exe	52	Add lines 48 through 51	00				
	53	Multiply line 52 by the Arizona income ratio on line 28	53	00			
_	54	Arizona adjusted gross income: Subtract line 53 from line 47	i	00			
	55	Deductions: Check box and enter amount. See instructions		00			
	56	Personal exemptions: See instructions		00			
of Tax	57	Arizona taxable income: Subtract lines 55 and 56 from line 54. If less than zero, enter zero		00			
	58	Compute the tax using amount from line 57 and Tax Table X or Y		00			
Balance	59	Tax from recapture of credits from Arizona Form 301, Part 2, line 40		00			
Bala	60	Subtotal of tax: Add lines 58 and 59 and enter the total		00			
	61	Family income tax credit (from the worksheet - see instructions)		00			
	62	Credits from Arizona Form 301, Part 2, line 76		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, enter zero		00			
and	64 65	2016 AZ income tax withheld		00			
yments and able Credits	66	2016 AZ extension payment (Form 204)		00			
Paym ndable	67	Increased Excise Tax Credit (from the worksheet - see instructions)		00			
Total P Refun	68	Other refundable credits: Check the box(es) and enter the total amount		00			
کو	69	Total payments and refundable credits: Add lines 64 through 68 and enter the total		00			
or	70	TAX DUE: If line 63 is larger than line 69, subtract line 69 from line 63, and enter amount of tax due. Skip lines 71, 72 and 73		00			
Due c	71	OVERPAYMENT: If line 69 is larger than line 63, subtract line 63 from line 69, and enter amount of overpayment	71	00			
Tax E Overp	72	Amount of line 71 to be applied to 2017 estimated tax	72	00			
Ó	73	Balance of overpayment: Subtract line 72 from line 71		00			
fts	74		00				
Voluntary Gifts			00				
ntar		Neighbors Helping Neighbors79 00 Special Olympics	00				
nlo/		I Didn't Pay Enough Fund82 00 Sustainable State Parks and Road Fund83 00	_				
-	84	Political Party (if amount is entered on line 78 - check only one): 841 Democratic 842 Green Party 843 Libertarian 844					
Penalty	85	Estimated payment penalty and Arizona Long-Term Health Care Savings Account (AZLTHSA) penalty	85	00			
Per	86 87	861 Annualized/Other 862 Farmer or Fisherman 863 Form 221 included 864 AZLTHSA Penalty Add lines 74 through 83 and 85; enter the total	07	00			
-	88	REFUND: Subtract line 87 from line 73. If less than zero, enter amount owed on line 89		00			
or wed	00	Direct Deposit of Refund: Check box 88A if your deposit will be ultimately placed in a foreign account; see instructions. 88A		100			
u d		C Checking or ROUTING NUMBER ACCOUNT NUMBER	_				
Refund or Amount Owed		98 S Savings					
	89	AMOUNT OWED: Add lines 70 and 87. Make check payable to Arizona Department of Revenue; write your SSN on payment	nt. 89	00			
HERE	-	Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any known	knowledge wledge	e and belief, they are			
岜	→	and the second complete. Declaration of property (canon than tarpayor) to become in all minor property made any	ougo.				
エフ	_	YOUR SIGNATURE DATE OCCUPATION					
SIGN	→	SPOUSE'S SIGNATURE DATE SPOUSE'S OCCUPATION	N				
SE	Ī	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)					
PLEASE	i	PAID PREPARER'S STREET ADDRESS PAID PREPARER	R'S TIN				
P		DAID DEDADED'S CITY STATE 7/D CODE DAID DEDADED	NO DIJONE	NUMBER			

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

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.

DOR 10149 (16)

AZ Form 140PY (2016)

Page 2 of 1

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)	(D)	(C)	(u)	(e)	(1)
	FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2016	if this person did not qualify as a dependent on your federal return	if you did not claim this person on your federal return due to educational credits
10c						
1 0 d						
10e						
10f						
1 0 g						
1 0 h						
10i						
10i						
10k						
10ı						
10m						
10n						
10 _o						
10p						
10q						
10r						
10s						
10t						
	Qualifying parents and grandparents, continued from	·				
	(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 2016	(e) ✓ if age 65 or over	(f) ✓ if died in 2016
11c						
11d						
11e						
11f						
11g						
44.						$\overline{}$