

DO NOT STAPLE ANY ITEMS TO THE RETURN.

OR FISCAL YEAR BEGINNING MM/DD/2016 AND ENDING MM/DD/YYYY 66

Personal information section including name, address, and social security numbers.

Filing status and residency section with checkboxes for marital status and residency types.

Main tax calculation section with lines 17 through 52, including income, deductions, and credits.

Place any required federal and AZ schedules or other documents after Form 140X.

Your Name (as shown on page 1)	Your Social Security Number
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You must complete Part 1, *Dependent Exemptions*, for each person included in the number entered on page 1, in box(es) 15 or 16. If you do not complete Part 1, the exemption(s) may be denied. Do not count or list yourself or your spouse as dependents.

PART 1: Dependent Exemptions

(Box 15): Dependent Information: Children and other dependents. For more space, (check) and complete page 3.

	(a) FIRST AND LAST NAME <small>(Do not list yourself or spouse.)</small>	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2016	(e) ✓ if this person did not qualify as a dependent on your federal return	(f) ✓ if you did not claim this person on your federal return due to educational credits
15a					<input type="checkbox"/>	<input type="checkbox"/>
15b					<input type="checkbox"/>	<input type="checkbox"/>
15c					<input type="checkbox"/>	<input type="checkbox"/>

(Box 16): Qualifying parents and grandparents. See instructions. For more space, (check) and complete page 3.

	(a) FIRST AND LAST NAME <small>(Do not list yourself or spouse.)</small>	(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
16a					<input type="checkbox"/>	<input type="checkbox"/>
16b					<input type="checkbox"/>	<input type="checkbox"/>

INCOME, DEDUCTIONS, CREDITS: In column (a), list the items you are changing. In column (b), enter the amount claimed on your original return or most recent amended return. In column (c), enter the amount of the change. In column (d), enter the corrected amount for the item you are changing.

PART 2 (A)

	(a) INCOME, DEDUCTIONS, AND CREDITS YOU ARE CHANGING	(b) ORIGINAL AMOUNT REPORTED	(c) AMOUNT TO ADD OR SUBTRACT	(d) CORRECTED AMOUNT
53a		\$	\$	\$
53b		\$	\$	\$
53c		\$	\$	\$

NET CAPITAL GAIN OR (LOSS): If you are changing any amount on lines 54a through 54e, complete columns (b), (c), and (d).

PART 2 (B)

	(a) ITEM	(b) ORIGINAL AMOUNT REPORTED	(c) AMOUNT TO ADD OR SUBTRACT	(d) CORRECTED AMOUNT
54a	Total net capital gain or (loss) reported on Form 140, line 18; Form 140NR, line 32; Form 140PY, line 32	\$	\$	\$
54b	Total net short-term capital gain or (loss) reported on Form 140, line 19; Form 140NR, line 33; Form 140PY, line 33	\$	\$	\$
54c	Total net long-term capital gain or (loss) reported on Form 140, line 20; Form 140NR, line 34; Form 140PY, line 34	\$	\$	\$
54d	Net long-term capital gains from assets acquired after December 31, 2011 reported on Form 140, line 21; Form 140NR, line 35; Form 140PY, line 35...	\$	\$	\$
54e	Amount of allowable subtraction reported on Form 140, line 22; Form 140NR, line 36; Form 140PY, line 36	\$	\$	\$

PART 3

55 REASON FOR THE CHANGE: Give the reason for each change listed in Part 2:

PART 4

If your address is the same on this amended return as it was on your original return, write "same" on the line below.

56a Name	56b Number and Street, R.R.	Apt. No.
56c City, Town or Post Office	State	ZIP Code

PLEASE SIGN HERE

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.

➔ YOUR SIGNATURE _____ DATE _____ OCCUPATION _____

➔ SPOUSE'S SIGNATURE _____ DATE _____ SPOUSE'S OCCUPATION _____

PAID PREPARER'S SIGNATURE _____ DATE _____ FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) _____

PAID PREPARER'S STREET ADDRESS _____ PAID PREPARER'S TIN _____

PAID PREPARER'S CITY _____ STATE _____ ZIP CODE _____ PAID PREPARER'S 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 140X. Make check payable to Arizona Department of Revenue; write your SSN on payment.

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 2, Part 1, Dependents

Complete this form *only* if you need additional space from page 2, Part 1 to list dependents or qualifying parents or grandparents.

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 HOME IN 2016	(e) ✓ if this person did not qualify as a dependent on your federal return	(f) ✓ if you did not claim this person on your federal return due to educational credits
15d					<input type="checkbox"/>	<input type="checkbox"/>
15e					<input type="checkbox"/>	<input type="checkbox"/>
15f					<input type="checkbox"/>	<input type="checkbox"/>
15g					<input type="checkbox"/>	<input type="checkbox"/>
15h					<input type="checkbox"/>	<input type="checkbox"/>
15i					<input type="checkbox"/>	<input type="checkbox"/>
15j					<input type="checkbox"/>	<input type="checkbox"/>
15k					<input type="checkbox"/>	<input type="checkbox"/>
15l					<input type="checkbox"/>	<input type="checkbox"/>
15m					<input type="checkbox"/>	<input type="checkbox"/>
15n					<input type="checkbox"/>	<input type="checkbox"/>
15o					<input type="checkbox"/>	<input type="checkbox"/>
15p					<input type="checkbox"/>	<input type="checkbox"/>
15q					<input type="checkbox"/>	<input type="checkbox"/>
15r					<input type="checkbox"/>	<input type="checkbox"/>
15s					<input type="checkbox"/>	<input type="checkbox"/>
15t					<input type="checkbox"/>	<input type="checkbox"/>
15u					<input type="checkbox"/>	<input type="checkbox"/>

Qualifying parents and grandparents, 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 HOME IN 2016	(e) ✓ if age 65 or over	(f) ✓ if died in 2016
16c					<input type="checkbox"/>	<input type="checkbox"/>
16d					<input type="checkbox"/>	<input type="checkbox"/>
16e					<input type="checkbox"/>	<input type="checkbox"/>
16f					<input type="checkbox"/>	<input type="checkbox"/>
16g					<input type="checkbox"/>	<input type="checkbox"/>
16h					<input type="checkbox"/>	<input type="checkbox"/>
16i					<input type="checkbox"/>	<input type="checkbox"/>
16j					<input type="checkbox"/>	<input type="checkbox"/>