FOR CALENDAR YEAR

ETURN.		Arizona Form <b>140X</b> Individual Amended Income Tax Return			Return	FOR CALENDAR YEAR				
E			OR FISCAL YEAR	BEGINNING <u>M.M.D.D.2</u>	0,1,6  AND	ENDING IM	MID DIY Y Y Y.	66		
2	1	Your	First Name and Middle Initial		Last Name			r Social Security Nur	nber	
i≓ '		Spou	use's First Name and Middle Initi	al (if box 4 or 6 checked)	Last Name		your Spouse's Social Security No.			
2	1						SSN(s).			
DO NOT STAPLE ANY ITEMS	2	Curre	ent Home Address - number and	street, rural route		Apt. No.	Daytime Phon	e (with area code)		
ı ۲ ۲		City,	Town or Post Office	State	ZIP Code		Last Names Used in Last Fo	our Prior Year(s) (if diffe	rent)	
AN I	3								97	
PLE		S S	Check a box to indicate both f	NOT MARK IN THIS AF	REA.					
TAF		<li></li>	4 Married filing joint return				88			
ΤS		່ ບ	5 Head of household: Enter	name of qualifying child or depende	nt on next line:					
0 Z		FILING	6 Married filing separate ret	urn: Enter spouse's name and Soc	ial Security Number	above.				
DO			7 Single							
		≿	8 🔲 Resident	တို့ Enter the numb	er claimed. Do r					
		RESIDENCY	9a □ Nonresident 9b □ Co	omposite $\left  \stackrel{\bigcirc}{\vdash} \right $ <b>13</b> Age 65 or o	ver			80 RCVD		
			Nonresident active milita				81 PM	80 1000		
		뿐   1	<ul> <li>Part-year resident</li> <li>Part-year resident active</li> </ul>	military	arents or grandp	arents	-			
			Federal adjusted gross income	e (from vour federal return)					00	
			Nonresidents and part-year resid						00	
		18a /	Arizona income ratio: If you che	cked box 9a, 10, 11 or 12, divid	e line 18 by line 1	7 and enter the	e result (not over 1.000) 18	a		
			Additions to Income. See instruction						00	
			Subtotal: Residents: Add line 17						00	
			Subtractions from Income. See in						00	
		22       Total net capital gain or (loss): See instructions					00			
	<ul> <li>Total net short-term capital gain or (loss). See Instructions</li></ul>						00			
	17		Net long-term capital gain from as				00			
	Form	<b>26</b>	Multiply line 25 by 25% (.25) and	l enter the result					00	
I	Ĕ		Net capital gain derived from inve	•					00	
i	Υ		Reserved Contributions to 529 College Sav						00	
			Arizona adjusted gross incom						00	
	eni		Deductions: Check box and e		00					
	E I	32 I	Personal exemptions: See instruct	tions				00		
	ğ	Arizona taxable income: Subtract lines 31 and 32 from line 30. If less than zero, enter zero							00	
	er			,		00				
:	댕								00	
	2	<ul> <li>37 Family income tax credit (Arizona residents only)</li></ul>							00	
	ŝ								00	
•	틼								00	
•	š								00	
	N	<ul> <li>41 Increased Excise Tax Credit (Arizona residents only)</li> <li>42 Property Tax Credit (Arizona residents only)</li> </ul>							00	
	d A		Property Tax Credit (Arizona resi Other refundable credits: Check			00				
	an		Payment with original return plus			00				
•	ŝa		Total payments and refundable						00	
•	ede		Overpayment from original return						00	
	SI		Balance of credits: Subtract line 4						00	
	i le		OVERPAYMENT: If line 39 is less		00					
	ed								00	
	놀	Direct Deposit of Refund: Check box 50A if your deposit will be ultimately placed in a foreign account; see instructions. 50A							100	
10.0	e al		98 C Checking or ROUTING S S Savings	NUMBER ACCO						
		51	AMOUNT OWED: If line 39 is mo						00	
i			Check box 52 if this amended real		ting loss, and en m 140X (2016)	iter the year th	ne loss was incurred 52	2_0_Y_ Page 1	-6.0	

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

Ye	ou	must complete Part 1, Deper	ndent Exemptions, for <u>each</u> pe	erson included	n th	e number entere	d on page 1, i	in box(es)	15 oi	r 16. If you do no	
complete Part 1, the exemption(s) may be denied. Do not count or list yourself or your spouse as dependents.											
	_	(Box 15): Dependent Information	ation: Children and other depe	endents. For me	ore s	space, (check) 🗌	and comple	ete page 3	3.	1	
15		(a) FIRST AND LAST NAME (Do not list yourself or spouse.)		(b) SOCIAL SECUF NO.	SOCIAL SECURITY		(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2016	(e) ✓ if this p did not quali dependent of	fy as a on your	(f) if you did not claim this person on your federal return due to	
	- 5a _							federal re	lum	educational credits	
1	5b_							⊢⊢⊢			
15	5c_										
	_	(Box 16): Qualifying parents and grandparents. See instructions. For more space, (check) 🗌 and complete page 3.									
;		(a FIRST AND I	(b) SOCIAL SECUF		(C) RELATIONSHIP	(d) (e) NO. OF MONTHS			(f)		
-		(Do not list your		NO.			LIVED IN YOUR HOME IN 2016	✓ if age 65 or		√ if died in 2016	
16	ba_										
16	<b>3</b> b										
IN		DME, DEDUCTIONS, CREDIT	S: In column (a), list the items	you are changir	g. li	n column (b), ente	er the amount	claimed or	n your	original return or	
m	osi		lumn (c), enter the amount of t (a) AND CREDITS YOU ARE CHANG			nn (d), enter the co (b) DRIGINAL AMOUNT	Corrected amou	)		(d) RECTED AMOUNT	
_					<u> </u>	REPORTED	ADD OR SU	ADD OR SUBTRACT			
53	Ba .				\$		\$		\$		
53	3b				\$		\$		\$		
	3c				\$		\$		\$		
		CAPITAL GAIN OR (LOSS):	If you are changing any amou	int on lines 54a		uah 54e. complete		(c), and (			
			(a)			(b)	(C)			(d)	
	1			0	RIGINAL AMOUNT REPORTED				RECTED AMOUNT		
54		Total net capital gain or (los		•			<b>•</b>				
ī -	_		R, line 32; Form 140PY, line 3	2	\$		\$		3	\$	
54	54b Total net short-term capital gain or (loss) reported on				\$						
2	_	Form 140, line 19; Form 140NR, line 33; Form 140PY, line 33					\$				
54	1c	Total net long-term capital g									
		Form 140, line 20; Form 140NR, line 34; Form 140PY, line 34				\$ \$					
54	1d	Net long-term capital gains from assets acquired after December 31									
	_	reported on Form 140, line 21;	; Form 140NR, line 35; Form 1	40PY, line 35	\$		\$		\$		
54	1e	Amount of allowable subtrac	ction reported on Form 140, lin	ne 22;							
		Form 140NR, line 36; Form 14	10PY, line 36		\$		\$		\$		
5	5	REASON FOR THE CHANGE	: Give the reason for each ch	ange listed in Pa	art 2	<u>.</u>					
If	vo	ir address is the same on this	amended return as it was on y	Your original rot	ırn ۱	write "same" on th	e line helow				
		Name		Number and Si						Apt. No.	
5	<b>6</b> с	City, Town or Post Office				St	ate			ZIP Code	
ire	-		eclare that I have read this retu Declaration of preparer (other t								
N HE		YOUR SIGNATURE	DATE	DATE OCCUPATION							
E SIG	7	SPOUSE'S SIGNATURE	DATE	DATE SPOUSE'S			'S OCCUPATION				
PLEASE SIGN HER		PAID PREPARER'S SIGNATURE	FIRM'S	RM'S NAME (PREPARER'S IF SELF-EMPLOYED)							
РЦ		PAID PREPARER'S STREET ADDRES				PAID PREF	PARER'S TIN				
		PAID PREPARER'S CITY STATE ZIP CODE						PAID PREPARER'S PHONE NUMBER			
lf vo	u a		urn, mail to Arizona Department of		520 <sup>-</sup>	16, Phoenix, AZ 850					
Inclu	ıde	the payment with Form 140X. Ma	ke check payable to Arizona Department x. or owe tax but are not sending a	rtment of Revenue	; writ	te your SSN on pay	ment.	V E0120 Dk		47 05070 0400	

## 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) v if you did not claim this person on your federal return due to educational credits			
15d									
15e									
15f									
15g									
15h									
15i									
15j									
15k									
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<b>15</b> m									
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15u									

## 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								
16d								
16e								
16f								
16g								
<b>16</b> h								
<b>16</b> i								
16j								