



2014 Arizona ATS Test

Test: 400-00-7502

Form: **140A**

Description: OH Taxpayer with one W-2, one child, daycare expenses and EIC eligible

Forms used

Form 140A, W-2 (1)

Other

NA

<u>Income Information</u>	<u>Total</u>	<u>Arizona</u>
Wages from one W-2 Form	20,000	20,000
FAGI	20,000	

Deductions and Adjustments Total Arizona

AZ Withholding 900

Preparer Information

Name = Kathleen Taxpro
Firm = H&R Block
Address = Dublin OH 43017
Phone = 614-659-1505
Self Employed = No
EIN = 43-1632899

Arizona Form

140A

Resident Personal Income Tax Return (Short Form)

FOR CALENDAR YEAR

2014

STOP! If your Arizona taxable income is \$50,000 or more, you must use Arizona Form 140.

82F ☐ Check box 82F if filing under extension

Your First Name and Middle Initial

SINGLE

Last Name

PARENT

Enter
your
SSN(s).

Your Social Security Number

400- 00 7502

Spouse's First Name and Middle Initial (if box 4 or 6 checked)

Last Name

Spouse's Social Security No.

Current Home Address - number and street, rural route

Apt. No.

Daytime Phone (with area code)

111 DESPERATE WAY

94 (602) 123-4567

City, Town or Post Office

State

ZIP Code

Last Names Used in Prior Year(s)

TEMPE

AZ

85285

FILING STATUS
EXEMPTIONS4 ☐ Married filing joint return5 ☒ Head of household: Enter name of qualifying child or dependent on next line:

LIVEWITHPARENT

6 ☐ Married filing separate return: Enter spouse's name and Social Security Number above.7 ☐ Single

↓ Enter the number claimed. Do not put a check mark.

8 ☐ Age 65 or over (you and/or spouse)9 ☐ Blind (you and/or spouse)10 ☐ Dependents: Do not include self or spouse.11 ☐ Qualifying parents and grandparentsIf completing lines 8
through 11, also complete
lines 13 through 16.

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

81 PM

80 RCVD

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

	(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 2014	(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
10a	LIVEWITH PARENT	600-00-1002	SON	12	<input type="checkbox"/>	<input type="checkbox"/>
10b					<input type="checkbox"/>	<input type="checkbox"/>
10c					<input type="checkbox"/>	<input type="checkbox"/>

Dependent Information (Box 11): Qualifying parents and grandparents. See instructions. For more space, (check) ☐ and complete page 3.

	(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 2014	(e) ✓ if age 65 or over	(f) ✓ if died in 2014
11a					<input type="checkbox"/>	<input type="checkbox"/>
11b					<input type="checkbox"/>	<input type="checkbox"/>
11c					<input type="checkbox"/>	<input type="checkbox"/>

12	Federal adjusted gross income (from your federal return)	12	20,000	00
13	Age 65 or over: Multiply the number in box 8 by \$2,100	13		00
14	Blind: Multiply the number in box 9 by \$1,500	14		00
15	Dependents: Multiply the number in box 10 by \$2,300	15	2,300	00
16	Qualifying parents and grandparents: Multiply the number in box 11 by \$10,000	16		00
17	Arizona adjusted gross income: Subtract lines 13, 14, 15, and 16 from line 12	17	17,700	00
18	Standard deduction: If you checked filing status box 4 or 5, enter \$10,010. If you checked box 6 or 7, enter \$5,009.	18	10,010	00
19	Personal exemptions: See instructions.	19	4,200	00
20	Arizona taxable income: Subtract lines 18 and 19 from line 17	20	3,490	00
21	Amount of tax from Optional Tax Tables	21	90	00
22	Family income tax credit (from worksheet - see instructions)	22	80	00
23	Balance of tax: Subtract line 22 from line 21. If less than zero, enter zero	23	10	00
24	Arizona income tax withheld during 2014	24	900	00
25	2014 Arizona extension payment (Form 204)	25		00
26	Increased Excise Tax Credit (Form 140PTC or worksheet - see instructions)	26		00
27	Property Tax Credit from Form 140PTC	27		00
28	Total payments and refundable credits: Add lines 24 through 27 and enter the total	28	900	00
29	TAX DUE: If line 23 is larger than line 28, subtract line 28 from line 23, and enter amount of tax due. Skip line 30	29		00
30	OVERPAYMENT: If line 28 is larger than line 23, subtract line 23 from line 28, and enter the amount of overpayment	30	890	00

Continued on page 2 →



PLEASE BE SURE TO SIGN THE RETURN ON THE REVERSE SIDE OF THIS PAGE.

Your Name (as shown on page 1) <div style="text-align: center; font-weight: bold;">SINGLE PARENT</div>		Your Social Security Number 400-00-7502																																																	
31 Enter the amount from page 1, line 29 or 30.....		31 890 00																																																	
Voluntary Gifts	32 - 42 Voluntary Gifts to:																																																		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Solutions Teams Assigned to Schools.....</td> <td style="width: 10%;">32</td> <td style="width: 10%;">3</td> <td style="width: 10%;">00</td> <td style="width: 40%;">Arizona Wildlife.....</td> <td style="width: 10%;">33</td> <td style="width: 10%;">2</td> <td style="width: 10%;">00</td> </tr> <tr> <td>Child Abuse Prevention</td> <td>34</td> <td>4</td> <td>00</td> <td>Domestic Violence Shelter</td> <td>35</td> <td>5</td> <td>00</td> </tr> <tr> <td>National Guard Relief Fund.....</td> <td>37</td> <td>6</td> <td>00</td> <td>Neighbors Helping Neighbors.....</td> <td>38</td> <td>7</td> <td>00</td> </tr> <tr> <td>Veterans' Donations Fund ...</td> <td>40</td> <td>9</td> <td>00</td> <td>I Didn't Pay Enough Fund.....</td> <td>41</td> <td></td> <td>00</td> </tr> <tr> <td colspan="4"></td> <td>Special Olympics</td> <td>39</td> <td>8</td> <td>00</td> </tr> <tr> <td colspan="4"></td> <td>Sustainable State Parks and Road Fund.....</td> <td>42</td> <td>10</td> <td>00</td> </tr> </table>			Solutions Teams Assigned to Schools.....	32	3	00	Arizona Wildlife.....	33	2	00	Child Abuse Prevention	34	4	00	Domestic Violence Shelter	35	5	00	National Guard Relief Fund.....	37	6	00	Neighbors Helping Neighbors.....	38	7	00	Veterans' Donations Fund ...	40	9	00	I Didn't Pay Enough Fund.....	41		00					Special Olympics	39	8	00					Sustainable State Parks and Road Fund.....	42	10	00
	Solutions Teams Assigned to Schools.....	32	3	00	Arizona Wildlife.....	33	2	00																																											
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				Sustainable State Parks and Road Fund.....	42	10	00																																												
43 Voluntary Political Gift (check only one):																																																			
431 <input type="checkbox"/> Americans Elect 432 <input checked="" type="checkbox"/> Democratic 433 <input type="checkbox"/> Green 434 <input type="checkbox"/> Libertarian 435 <input type="checkbox"/> Republican																																																			
44 Total voluntary gifts: Add lines 32 through 42																																																			
		44 104 00																																																	
Refund or Amount Owed	45 REFUND: Subtract line 44 from line 31. If less than zero, enter amount owed on line 46																																																		
	45 786 00																																																		
	Direct Deposit of Refund: Check box 45A if your deposit will be ultimately placed in a foreign account; see instructions. 45A <input type="checkbox"/> ROUTING NUMBER: 98 0 2 1 2 3 4 5 6 7 ACCOUNT NUMBER: 1 2 3 1 2 3 1 2 3 C <input checked="" type="checkbox"/> Checking or S <input type="checkbox"/> Savings																																																		
	46 AMOUNT OWED: Add lines 30 and 44. Make check payable to Arizona Department of Revenue; write your SSN on payment, and include with your return																																																		
		46 00																																																	

I have read this return and any documents with it. Under penalties of perjury, I declare that 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 _____

→ SPOUSE'S SIGNATURE _____

PAID PREPARER'S SIGNATURE _____

PAID PREPARER'S STREET ADDRESS _____

PAID PREPARER'S CITY _____

DATE _____

DATE _____

DATE _____

STATE OH

CLERK _____

SPOUSE'S OCCUPATION _____

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

P55555555

PAID PREPARER'S TIN _____

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 your payment with your return.
- 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
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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.

	(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 2014	(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
10d					<input type="checkbox"/>	<input type="checkbox"/>
10e					<input type="checkbox"/>	<input type="checkbox"/>
10f					<input type="checkbox"/>	<input type="checkbox"/>
10g					<input type="checkbox"/>	<input type="checkbox"/>
10h					<input type="checkbox"/>	<input type="checkbox"/>
10i					<input type="checkbox"/>	<input type="checkbox"/>
10j					<input type="checkbox"/>	<input type="checkbox"/>
10k					<input type="checkbox"/>	<input type="checkbox"/>
10l					<input type="checkbox"/>	<input type="checkbox"/>
10m					<input type="checkbox"/>	<input type="checkbox"/>
10n					<input type="checkbox"/>	<input type="checkbox"/>
10o					<input type="checkbox"/>	<input type="checkbox"/>
10p					<input type="checkbox"/>	<input type="checkbox"/>
10q					<input type="checkbox"/>	<input type="checkbox"/>
10r					<input type="checkbox"/>	<input type="checkbox"/>
10s					<input type="checkbox"/>	<input type="checkbox"/>
10t					<input type="checkbox"/>	<input type="checkbox"/>
10u					<input type="checkbox"/>	<input type="checkbox"/>

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) NO. OF MONTHS LIVED IN YOUR HOME IN 2014	(e) ✓ if age 65 or over	(f) ✓ if died in 2014
11d					<input type="checkbox"/>	<input type="checkbox"/>
11e					<input type="checkbox"/>	<input type="checkbox"/>
11f					<input type="checkbox"/>	<input type="checkbox"/>
11g					<input type="checkbox"/>	<input type="checkbox"/>
11h					<input type="checkbox"/>	<input type="checkbox"/>
11i					<input type="checkbox"/>	<input type="checkbox"/>
11j					<input type="checkbox"/>	<input type="checkbox"/>
11k					<input type="checkbox"/>	<input type="checkbox"/>

22222		a Employee's social security number 400-00-7502		OMB No. 1545-0008		
b Employer identification number (EIN) 64-1234567				1 Wages, tips, other compensation 20,000.00		2 Federal income tax withheld 1,000.00
c Employer's name, address, and ZIP code UNCAN WINABUNDLE RIVERBOAT 12 QUEEN OF DIAMONDS BLVD TEMPE AZ 85280				3 Social security wages 20,000.00		4 Social security tax withheld 1,240.00
				5 Medicare wages and tips 20,000.00		6 Medicare tax withheld 290.00
				7 Social security tips		8 Allocated tips
d Control number				9		10 Dependent care benefits
e Employee's first name and initial Last name Suff. SINGLE PARENT 111 DESPERATE WAY TEMPE AZ 85280				11 Nonqualified plans		12a
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b
				14 Other		12c
						12d
f Employee's address and ZIP code						
15 State AZ	Employer's state ID number 64-1234567	16 State wages, tips, etc. 20,000.00	17 State income tax 900.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2014

Department of the Treasury—Internal Revenue Service