

Arizona



consider it done

2014 Arizona ATS Test

Test: 400-00-7503

Form: 140A

Description: Single, Retired with Retirement Income, Interest & a Balance Due

Forms used

Form 140A, 1099-R (1)

Other

<u>Income Information</u>	<u>Total</u>	<u>Arizona</u>
Retirement from 1099-R Form	16,000	16,000
Taxable Interest	11,100	11,100
Federal AGI	27,100	

<u>Deductions and Adjustments</u>	<u>Total</u>	<u>Arizona</u>
AZ Standard Deduction	5,009	

Preparer Information

Name = Kathleen Taxpro

Firm = H&R Block

Address = 599 Thunderbird Blvd, Dublin OH 43017

Phone = 614-659-1505

EIN = 43-1632899

82F ☐ Check box 82F if filing under extension

Your First Name and Middle Initial **1** RETIRED Last Name **INTEREST-EARNER** Enter your SSN(s). Your Social Security Number **400 00 7503**

Spouse's First Name and Middle Initial (if box 4 or 6 checked) **1** Last Name Spouse's Social Security No.

Current Home Address - number and street, rural route **2** 222 MONEY STREET Apt. No. Daytime Phone (with area code) **94**

City, Town or Post Office **3** PHOENIX State **AZ** ZIP Code **85018** Last Names Used in Prior Year(s)

- 4** ☐ Married filing joint return
5 ☐ Head of household: Enter name of qualifying child or dependent on next line:
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** **1** 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 grandparents

If 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					<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	27,100 00
13	Age 65 or over: Multiply the number in box 8 by \$2,100	13	2,100 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	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	25,000 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	5,009 00
19	Personal exemptions: See instructions.....	19	2,100 00
20	Arizona taxable income: Subtract lines 18 and 19 from line 17	20	17,891 00
21	Amount of tax from Optional Tax Tables	21	486 00
22	Family income tax credit (from worksheet - see instructions)	22	00
23	Balance of tax: Subtract line 22 from line 21. If less than zero, enter zero	23	486 00
24	Arizona income tax withheld during 2014.....	24	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	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	486 00
30	OVERPAYMENT: If line 28 is larger than line 23, subtract line 23 from line 28, and enter the amount of overpayment.....	30	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)		Your Social Security Number	
RETIRED INTEREST-EARNER		400-00-7503	

31 Enter the amount from page 1, line 29 or 30	31 486 00
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32 - 42 Voluntary Gifts to: Child Abuse Prevention 34 National Guard Relief Fund. 37 Veterans' Donations Fund ... 40	Solutions Teams Assigned to Schools..... 32 Domestic Violence Shelter 35 Neighbors Helping Neighbors. 38 I Didn't Pay Enough Fund..... 41	Arizona Wildlife..... 33 Political Gift..... 36 Special Olympics 39 Sustainable State Parks and Road Fund..... 42
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43 Voluntary Political Gift (check only one): 431 <input type="checkbox"/> Americans Elect 432 <input type="checkbox"/> Democratic 433 <input type="checkbox"/> Green 434 <input type="checkbox"/> Libertarian 435 <input type="checkbox"/> Republican	
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44 Total voluntary gifts: Add lines 32 through 42	44 00
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45 REFUND: Subtract line 44 from line 31. If less than zero, enter amount owed on line 46 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: <input type="text" value="98"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ACCOUNT NUMBER: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> C <input type="checkbox"/> Checking or S <input type="checkbox"/> Savings	45 486 00
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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
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PLEASE SIGN HERE

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 _____

599 THUNDERBIRD BLVD

DUBLIN OH 43017

DATE _____

DATE _____

DATE _____

PAID PREPARER'S STREET ADDRESS _____

PAID PREPARER'S CITY _____

OCCUPATION **RETIRED**

SPOUSE'S OCCUPATION _____

FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) **H&R BLOCK**

PAID PREPARER'S TIN **P77777777**

PAID PREPARER'S PHONE NUMBER **(614) 659-1505**

- 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"/>

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code DAGWOOD & BLONDIE'S SANDWICH JOINT 123 BLUEBIRD CIRCLE BETHLEHEM PA 40007		1 Gross distribution \$		OMB No. 1545-0119 2014		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$		Form 1099-R		
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		Copy 1 For State, City, or Local Tax Department
PAYER'S federal identification number 61-6737342	RECIPIENT'S identification number 400-00-7503	3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$		
RECIPIENT'S name RETIRED INTEREST-EARNER Street address (including apt. no.) 222 MONEY STREET City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ 85018		5 Employee contributions / Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %			
		9a Your percentage of total distribution %		9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 State tax withheld \$		13 State/Payer's state no. AZ/61-6737342		14 State distribution \$ 16,000.00
Account number (see instructions)		15 Local tax withheld \$		16 Name of locality		17 Local distribution \$

Form **1099-R**

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service