



2014 Arizona ATS Test

Test: 400-00-7515
Form: 140NR

Description: Nonresident Military, MFJ, 1 Dependent, Direct Deposit Refund, Extension

Forms used

Form 140NR (resident of UT)

Other

Payments made w/ Extension = \$100

Direct Deposit: Routing No: 021234567 Checking Acct #: 123123123

Partial Refund to Next Year's Estimated Payment: \$250

Voluntary Contributions to the following check-off funds:

AZ Wildlife \$5 I Didn't Pay Enough: \$20
Americans Elect \$45

Total Contributions: \$70

<u>Income Information</u>	<u>Total</u>	<u>Arizona</u>
Wages from two W-2 Forms	50,000	40,000
Pension (from 1099R) \$15,000 total \$12,000 taxable	12,000	- -
Social Security \$2,200 total \$1,870 taxable	1,870	
Federal AGI	63,870	

Deductions and Adjustments

Both spouses over age 65

Preparer Information

Firm = Taxes R Us

Address = 986 E South W, Salt Lake City, UT 84601

Phone = 800-555-1212

Self Employed = No

SSN = 111-11-1111

DO NOT STAPLE ANY ITEMS TO THE RETURN.

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

Arizona Form
140NR

Nonresident Personal Income Tax Return

FOR CALENDAR YEAR

2014

82F <input checked="" type="checkbox"/> Check box 82F if filing under extension		OR FISCAL YEAR BEGINNING <u>MM/DD/2014</u> AND ENDING <u>MM/DD/20YY</u> 66																																																																																					
1 Your First Name and Middle Initial GEORGE I		Last Name JOSEPH																																																																																					
1 Spouse's First Name and Middle Initial (if box 4 or 6 checked) ISABEL H		Last Name JOSEPH																																																																																					
2 Current Home Address - number and street, rural route 3414 E SEAGULL W		Apt. No.	Daytime Phone (with area code) 94																																																																																				
3 City, Town or Post Office SALT LAKE CITY		State UT	ZIP Code 84101																																																																																				
Last Names Used in Prior Year(s)																																																																																							
4 <input checked="" type="checkbox"/> Married filing joint return		REVENUE USE ONLY. DO NOT MARK IN THIS AREA.																																																																																					
5 <input type="checkbox"/> Head of household: Enter name of qualifying child or dependent on next line:		88																																																																																					
6 <input type="checkbox"/> Married filing separate return: Enter spouse's name and Social Security Number above.																																																																																							
7 <input type="checkbox"/> Single																																																																																							
↓ Enter the number claimed. Do not put a check mark.																																																																																							
8 <u>2</u> Age 65 or over (you and/or spouse)		81 PM																																																																																					
9 <input type="checkbox"/> Blind (you and/or spouse)		80 RCVD																																																																																					
10 <u>1</u> Dependents: Do not include self or spouse.		If completing lines 8 through 10, also complete lines 47 through 51.																																																																																					
11-13 Residency Status (check one): 11 <input type="checkbox"/> Nonresident 12 <input checked="" type="checkbox"/> Nonresident Active Military 13 <input type="checkbox"/> Composite Return																																																																																							
Dependent Information (Box 10): Children and other dependents. For more space, (check) <input type="checkbox"/> and complete page 3.																																																																																							
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14 Check box 14 if married and you are the spouse of an active duty military member who qualifies for relief under the Military Spouses Residency Relief Act 14 <input type="checkbox"/>																																																																																							
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Your Name (as shown on page 1)		Your Social Security Number						
GEORGE I JOSEPH		400-00-7515						
Subtractions – cont. from page 1	42	Enter the amount from page 1, line 41	42	40,000	00			
	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills.....	43		00			
	44	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)	44		00			
	45	Agricultural crops contributed to Arizona charitable organizations.....	45		00			
	46	Other subtractions: See instructions.....	46		00			
Exemptions	47	Age 65 or over: Multiply the number in box 8 by \$2,100.....	47	4,200	00			
	48	Blind: Multiply the number in box 9 by \$1,500	48		00			
	49	Dependents: Multiply the number in box 10 by \$2,300	49	2,300	00			
	50	Add lines 47, 48, and 49 and enter the total.....	50	6,500	00			
	51	Multiply line 50 by the Arizona percentage on line 27	51	6500	00			
Balance of Tax	52	Arizona adjusted gross income: Subtract lines 43 through 46 and 51 from line 42.....	52	33500	00			
	53	Deductions: Check box and enter amount. See instructions.....53I <input type="checkbox"/> ITEMIZED 53S <input checked="" type="checkbox"/> STANDARD	53	10,010	00			
	54	Personal exemptions: See instructions.....	54	1006	00			
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52.....	55	22481	00			
	56	Compute the tax using amount from line 55 and Tax Table X or Y.....	56	619	00			
	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 38	57		00			
	58	Subtotal of tax: Add lines 56 and 57 and enter the total	58	619	00			
	59	Credits from Arizona Form 301, Part 2, line 72	59		00			
	60	Balance of tax: Subtract line 59 from line 58. If line 59 is more than line 58, enter zero.....	60	619	00			
	Total Payments and Refundable Credits	61	Arizona income tax withheld during 2014.....	61	2,500	00		
62		Arizona estimated tax payments for 2014.....	62		00			
63		2014 Arizona extension payment (Form 204).....	63	100	00			
64		Other refundable credits: Check the box(es) and enter the total amount.....641 <input type="checkbox"/> 308-I 642 <input type="checkbox"/> 342 643 <input type="checkbox"/> 349	64		00			
65		Total payments and refundable credits: Add lines 61 through 64 and enter the total	65	2,600	00			
Tax Due or Overpayment	66	TAX DUE: If line 60 is larger than line 65, subtract line 65 from line 60, and enter amount of tax due. Skip lines 67, 68 and 69.....	66		00			
	67	OVERPAYMENT: If line 65 is larger than line 60, subtract line 60 from line 65, and enter amount of overpayment	67	1981	00			
	68	Amount of line 67 to be applied to 2015 estimated tax.....	68	250	00			
	69	Balance of overpayment: Subtract line 68 from line 67.....	69	1,731	00			
Voluntary Gifts	70 - 80 Voluntary Gifts to:		Solutions Teams Assigned to Schools.....70		00			
	Child Abuse Prevention72	00	Domestic Violence Shelter73	00	Arizona Wildlife.....71	5	00	
	National Guard Relief Fund.....75	00	Neighbors Helping Neighbors.....76	00	Political Gift.....74	45	00	
	Veterans' Donations Fund ...78	00	I Didn't Pay Enough Fund.....79	20	00	Special Olympics.....77		00
	81 Voluntary Political gift (check only one): 811 <input checked="" type="checkbox"/> Americans Elect 812 <input type="checkbox"/> Democratic 813 <input type="checkbox"/> Green 814 <input type="checkbox"/> Libertarian 815 <input type="checkbox"/> Republican		Sustainable State Parks and Road Fund.....80			00		
	82 Estimated payment penalty and Arizona Long-Term Health Care Saving Account (AZLTHSA) penalty		82	225	00			
	83 831 <input type="checkbox"/> Annualized/Other 832 <input type="checkbox"/> Farmer or Fisherman 833 <input type="checkbox"/> Form 221 included 834 <input checked="" type="checkbox"/> AZLTHSA Penalty		84 Add lines 70 through 80 and 83; enter the total.....		84	295	00	
	85 REFUND: Subtract line 84 from line 69. If less than zero, enter amount owed on line 86		85	1211	00			
	Direct Deposit of Refund: Check box 85A if your deposit will be ultimately placed in a foreign account; see instructions. 85A <input type="checkbox"/>		ROUTING NUMBER		ACCOUNT NUMBER		C <input checked="" type="checkbox"/> Checking or S <input type="checkbox"/> Savings	
	98 0 2 1 2 3 4 5 6 7 1 2 3 1 2 3							
Refund or Amount Owed	86 AMOUNT OWED: Add lines 66 and 84. Make check payable to Arizona Department of Revenue; write your SSN on payment, and include with your return.....		86		00			

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

DATE

FARMER

OCCUPATION

SPOUSE'S SIGNATURE

DATE

PILOT

SPOUSE'S OCCUPATION

PAID PREPARER'S SIGNATURE

DATE

TAXES R US

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

PAID PREPARER'S STREET ADDRESS

PAID PREPARER'S TIN

SALT LAKE CITY

UT

84601

(801) 555-1234

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 140NR.

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
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"/>
10v					<input type="checkbox"/>	<input type="checkbox"/>

DRAFT

DRAFT #9, June-11-14

22222		a Employee's social security number 400-00-7515		OMB No. 1545-0008	
b Employer identification number (EIN) 11-1222333			1 Wages, tips, other compensation 40,000.00		2 Federal income tax withheld
c Employer's name, address, and ZIP code LIFELIKE TOYS 1671 ENID PLACE MURPHEESBORO KS 67111			3 Social security wages 40,000.00		4 Social security tax withheld 2,480.00
			5 Medicare wages and tips 40,000.00		6 Medicare tax withheld 580.00
			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. GEORGE I JOSEPH 3414 E SEAGULL W SALT LAKE CITY UT 84101			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	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
AZ	11-1222333	40,000.00	2,500.00		

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

2014

Department of the Treasury—Internal Revenue Service

22222		a Employee's social security number 400-00-7567		OMB No. 1545-0008	
b Employer identification number (EIN) 11-1222387			1 Wages, tips, other compensation 10,000.00		2 Federal income tax withheld 1,250.00
c Employer's name, address, and ZIP code			3 Social security wages 10,000.00		4 Social security tax withheld 620.00
			5 Medicare wages and tips 10,000.00		6 Medicare tax withheld 145.00
			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. ISABELL H JOSEPH 3414 E SEAGULL W SALT LAKE CITY UT 84101			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	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
UT	11-1222333	10,000.00	1,000.00		
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

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code RETIREMENT FUNDS USA 542 51ST AVE LANCASTER WA 96501		1 Gross distribution \$ 15,000.00		OMB No. 1545-0119 2014 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 12,000.00			
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>	
PAYER'S federal identification number 11-1222334	RECIPIENT'S identification number 400-00-7567	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$		Copy 1 For State, City, or Local Tax Department
RECIPIENT'S name ISABEL H JOSEPH Street address (including apt. no.) 3414 E SEAGULL W City or town, state or province, country, and ZIP or foreign postal code SALT LAKE CITY UT 84101		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. UT/1489484		14 State distribution \$ 12,000.00
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