



2014 Arizona ATS Test

Test: 400-00-7513

Form: 140PY

Description: Part Year, H of H, 1 over 65, 1 Blind, in Military, Direct Deposit

Forms used

Form 140PY (resident of AZ, CA, and NC), Schedule A(PY)

Other

AZ Estimated Payment: \$3500

AZ Residency: 3/17/2014-10/10/2014

Taxpayers' Daytime Phone Number: (520) 349-5927

Taxpayers' Home Phone Number: (520) 524-0612

Contributions to the following check-off funds: Total contributions: \$325

Solutions Teams Assigned to Schools: \$10

AZ Wildlife: \$15

Child Abuse Prevention: \$20

Domestic Violence Shelter: \$25

I Didn't Pay Enough: \$30

National Guard Relief: \$35

Neighbors Helping Neighbors: \$40

Special Olympics: \$45

Veterans' Fund: \$50

Political Gift (Amer Elect): \$55

Income Information	Total	Arizona
Wages from two W-2 Forms	36,000	15,000
Interest (including \$1,000 US Savings Bonds)	1,515	1,515
Dividends	655	655
Schedule C (Net Business Income) (CA)	13,250	
Unemployment Compensation from 1099G (NC)	3,560	
Schedule SE (Self Employment Tax Deduction)	936	
IRA Deduction	1,000	1,000
Federal AGI	53,044	

Deductions and Adjustments	Total	Arizona
Sch A(PY) Medical and Dental Paid	2,000	2,000
State/Local Taxes	4,642	4,642
Real Estate Taxes	1,150	1,150
Personal Property Taxes	296	296
Home Mortgage Interest Paid	7,000	7,000

Arizona Form
140PY

Part-Year Resident Personal Income Tax Return

FOR CALENDAR YEAR

201482F ☐ Check box 82F if filing under extension OR FISCAL YEAR BEGINNING MM/DD/2014 AND ENDING MM/DD/20YY **66**

Your First Name and Middle Initial 1 KAYE P		Last Name DUTY		Enter your SSN(s). Your Social Security Number 400 00 7513 Spouse's Social Security No.
Spouse's First Name and Middle Initial (if box 4 or 6 checked) 1		Last Name		
Current Home Address - number and street, rural route 2			Apt. No.	Daytime Phone (with area code) 94
City, Town or Post Office 3		State	ZIP Code	Last Names Used in Prior Year(s)

FILING STATUS	4 <input type="checkbox"/> Married filing joint return	REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88	
	5 <input checked="" type="checkbox"/> Head of household: Enter name of qualifying child or dependent on next line: _____		
	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 1 Age 65 or over (you and/or spouse)		If completing lines 8 through 11, also complete lines 49 through 54.
9 1 Blind (you and/or spouse)			
10 1 Dependents: Do not include self or spouse.			
11 _____ Qualifying parents and grandparents			

12-13 **Residency Status (check one):** **12** ☐ Part-Year Resident Other than Active Military **13** ☒ Part-Year Resident Active Military

Dependent Information (Box 10): Children and other dependents. For more space, (check) <input type="checkbox"/> 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	TRUDY	DUTY	341-23-2132	DAUGHTER	12	<input type="checkbox"/>
10b						<input type="checkbox"/>
Dependent Information (Box 11): Qualifying parents and grandparents. See instructions. For more space, (check) <input type="checkbox"/> 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"/>

14 Dates of Arizona residency: From <u>03/17/2014</u> to <u>10/10/2014</u> List other state(s) of residency: <u>NC</u> <u>CA</u>		2014 FEDERAL Amount from Federal Return		2014 ARIZONA Amount Only	
15 Wages, salaries, tips, etc.	15	36,000	00	15,000	00
16 Interest.....	16	1,515	00	1,515	00
17 Dividends.....	17	655	00	655	00
18 Arizona income tax refunds.....	18		00		00
19 Alimony received.....	19		00		00
20 Business income (or loss) from federal Schedule C.....	20	13,250	00		00
21 Gains (or losses) from federal Schedule D.....	21		00		00
22 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E....	22		00		00
23 Other income reported on your federal return.....	23	3,560	00		00
24 Total income: Add lines 15 through 23.....	24	54,980	00	17,170	00
25 Other federal adjustments: Include your own schedule.....	25	1,936	00	1,000	00
26 Federal adjusted gross income: Subtract line 25 from line 24 in the FEDERAL column.....	26	53,044	00		
27 Arizona income: Subtract line 25 from line 24 in the ARIZONA column.....	27			16,170	00
28 Arizona percentage: Divide line 27 by line 26, and enter the result (not over 100%).....	28			30.5	%
29 Total depreciation included in Arizona gross income.....	29				00
30 Other additions to income: See instructions and include your own schedule.....	30				00
31 Subtotal: Add lines 27, 29, and 30.....	31			16,170	00
32 Total Arizona sourced net capital gain or (loss).....	32		00		
33 Total net short-term capital gain or (loss) included on line 21, ARIZONA column.....	33		00		
34 Total net long-term capital gain or (loss): Enter the amount from your worksheet, line 14, col. (c).....	34		00		
35 Net long-term capital gain from assets acquired after December 31, 2011. Enter the amount from your worksheet, line 14, col. (e).....	35		00		
36 Multiply line 35 by 20% (.20) and enter the result.....	36				00
37 Net capital gain derived from Investment in Qualified Small Business.....	37				00
38 Contributions to 529 College Savings Plans.....	38				00
39 Subtract lines 36 and 37 from line 31. Enter the difference.....	39			16,170	00

Your Name (as shown on page 1)		KAYE P DUTY		Your Social Security Number		400-00-7513			
Subtractions - cont. from page 1	40	Enter the amount from page 1, line 39	40	16,170	00				
	41	Recalculated Arizona depreciation	41		00				
	42	2013 Arizona depreciation adjustment	42		00				
	43	Adjustment for I.R.C. §179 expense not allowed	43		00				
	44	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	44	1,000	00				
	45	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)	45		00				
	46	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income	46		00				
	47	Other subtraction: See instructions	47		00				
Exemptions	48	Subtract lines 41 through 47 from line 40	48	15,170	00				
	49	Age 65 or over: Multiply the number in box 8 by \$2,100	49	2,100	00				
	50	Blind: Multiply the number in box 9 by \$1,500	50	1,500	00				
	51	Dependents: Multiply the number in box 10 by \$2,300	51	2,300	00				
	52	Qualifying parents and grandparents: Multiply the number in box 11 by \$10,000	52		00				
	53	Add lines 49 through 52	53	5,900	00				
Balance of Tax	54	Multiply line 53 by the Arizona percentage on line 28	54	5900	00				
	55	Arizona adjusted gross income: Subtract line 54 from line 48	55	9270	00				
	56	Deductions: Check box and enter amount. See instructions 56I <input checked="" type="checkbox"/> ITEMIZED 56S <input type="checkbox"/> STANDARD	56	14,108	00				
	57	Personal exemptions: See instructions	57	4,200	00				
	58	Arizona taxable income: Subtract lines 56 and 57 from line 55	58	0	00				
	59	Compute the tax using amount from line 58 and Tax Table X or Y	59		00				
	60	Tax from recapture of credits from Arizona Form 301, Part 2, line 38	60		00				
	61	Subtotal of tax: Add lines 59 and 60 and enter the total	61		00				
Total Payments and Refundable Credits	62	Family income tax credit (from your worksheet in the instructions)	62		00				
	63	Credits from Arizona Form 301, Part 2, line 72	63		00				
	64	Balance of tax: Subtract lines 62 and 63 from line 61. If the sum of lines 62 and 63 is more than line 61, enter zero	64		00				
	65	Arizona income tax withheld during 2014	65	162	00				
	66	Arizona estimated tax payments for 2014	66	3,500	00				
	67	2014 Arizona extension payment (Form 204)	67		00				
	68	Increased Excise Tax Credit from worksheet: See instructions	68		00				
	69	Other refundable credits: Check the box(es) and enter the total amount. 691 <input type="checkbox"/> 308-I 692 <input type="checkbox"/> 342 693 <input type="checkbox"/> 349	69		00				
Tax Due or Overpayment	70	Total payments and refundable credits: Add lines 65 through 69 and enter the total	70	3,662	00				
	71	TAX DUE: If line 64 is larger than line 70, subtract line 70 from line 64, and enter amount of tax due. Skip lines 72, 73 and 74	71		00				
	72	OVERPAYMENT: If line 70 is larger than line 64, subtract line 64 from line 70, and enter amount of overpayment	72	3,662	00				
	73	Amount of line 72 to be applied to 2015 estimated tax	73		00				
Voluntary Gifts	74	Balance of overpayment: Subtract line 73 from line 72	74	3,662	00				
	75 - 85 Voluntary Gifts to:								
	Solutions Teams Assigned to Schools 75		10	00	Arizona Wildlife 76	15	00		
	Child Abuse Prevention 77	20	00	Domestic Violence Shelter 78	25	00	Political Gift 79	55	00
	National Guard Relief Fund 80	35	00	Neighbors Helping Neighbors 81	40	00	Special Olympics 82	45	00
	Veterans' Donations Fund 83	50	00	I Didn't Pay Enough Fund 84	30	00	Sustainable State Parks and Road Fund 85		00
	86 Voluntary Political Gift (check only one): 861 <input checked="" type="checkbox"/> Americans Elect 862 <input type="checkbox"/> Democratic 863 <input type="checkbox"/> Green 864 <input type="checkbox"/> Libertarian 865 <input type="checkbox"/> Republican								
	Penalty	87	Estimated payment penalty and Arizona Long-Term Health Care Savings Account (AZLTHSA) penalty	87		00			
88		881 <input type="checkbox"/> Annualized/Other 882 <input type="checkbox"/> Farmer or Fisherman 883 <input type="checkbox"/> Form 221 included 884 <input type="checkbox"/> AZLTHSA Penalty							
89		Add lines 75 through 85 and 87; enter the total	89	325	00				
Refund or Amount Owed	90	REFUND: Subtract line 89 from line 74. If less than zero, enter amount owed on line 91	90	3,337	00				
	Direct Deposit of Refund: Check box 90A if your deposit will be ultimately placed in a foreign account; see instructions. 90A <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								
PLEASE SIGN HERE	91 AMOUNT OWED: Add lines 71 and 89. Make check payable to Arizona Department of Revenue; write your SSN on payment, and include with your return		91		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		DATE	EXECUTIVE CHEF						
SPOUSE'S SIGNATURE		DATE	SPOUSE'S OCCUPATION						
PAID PREPARER'S SIGNATURE		DATE	DOUGS INCOME TAX SERVICE						
PAID PREPARER'S STREET ADDRESS		FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)							
PAID PREPARER'S CITY		STATE	ZIP CODE	PAID PREPARER'S TIN					
				(520) 524-0612					
				PAID PREPARER'S PHONE NUMBER					

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

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
11c					<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Include with your return.

Your Name as shown on Form 140PY KAYE P DUTY	Your Social Security Number 400 00 7513
Spouse's Name as shown on Form 140PY (if filing joint)	Spouse's Social Security Number

Medical and Dental Expenses • Taxes • Interest Expense • Gifts to Charity

1 Medical and dental expenses incurred and paid while an Arizona resident plus the amount of such expenses from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident.....	1	2,000	00
2 Taxes allowable on federal Form 1040, Schedule A, that you incurred and paid while an Arizona resident plus the amount of such taxes from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident.....	2	5,108	00
3 Interest expense: See instructions	3	7,000	00
4 Gifts to charity allowable on federal Form 1040, Schedule A, that you incurred and paid while an Arizona resident plus the amount of such gifts from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident.....	4		00

Casualty and Theft Losses

5 Casualty loss(es) allowable on federal Form 1040, Schedule A, after applying the 10% federal adjusted gross income limitation and the \$100 per loss floor.....	5		00
6 Casualty loss(es) allowable on federal Form 4684 before applying the 10% federal adjusted gross income limitation and the \$100 per loss floor	6		00
7 Amount of loss on line 6 incurred while you were an Arizona resident plus the amount of loss from Arizona sources on line 6 that you incurred during the part of the year while an Arizona nonresident.....	7		00
8 Divide line 7 by line 6, and enter the percentage	8		%
9 Multiply line 5 by the percentage on line 8	9		00

Job Expenses and Other Miscellaneous Expenses

10 Miscellaneous expenses subject to the 2% federal adjusted gross income limitation allowable on federal Form 1040, Schedule A, before applying the limitation	10		00
11 Amount on line 10 that you incurred and paid while an Arizona resident plus the amount on line 10 from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident.....	11		00
12 Divide line 11 by line 10, and enter the percentage.....	12		%
13 Miscellaneous deductions subject to the 2% federal adjusted gross income limit allowable on federal Form 1040, Schedule A, after applying the limitation	13		00
14 Multiply line 13 by the percentage on line 12	14		00
15 Other miscellaneous expenses allowable on federal Form 1040, Schedule A, not subject to the 2% federal adjusted gross income limitation that you incurred and paid while an Arizona resident plus the amount of such expenses from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	15		00
SKIP LINES 16 THROUGH 20 IF NOT DEDUCTING GAMBLING LOSSES.			
16 Wagering losses included on line 15	16		00
17 Total gambling winnings included in your Arizona gross income.....	17		00
18 Arizona lottery subtraction from Form 140PY, page 2, line 45	18		00
19 Maximum allowable gambling loss deduction: Subtract line 18 from line 17.....	19		00
20 If line 19 is less than line 16, subtract line 19 from line 16; otherwise enter "zero".	20		00
21 If you completed lines 16 through 20, subtract line 20 from line 15. If you skipped lines 16 through 20, enter amount on line 15 here	21		00
22 Add lines 14 and 21	22		00

Continued on page 2 ➔

Your Name (as shown on page 1) KAYE P DUTY	Your Social Security Number 400-00-7513
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Total Itemized Deductions

23 Tentative Arizona itemized deduction: Add lines 1, 2, 3, 4, 9, and 22, and enter the total on line 23.

Complete lines 24 through 28 below if your federal adjusted gross income is:

- more than \$305,050 (married taxpayers filing a joint return or surviving spouse), or
- \$279,650 (head of household), or
- \$254,200 (unmarried individual who is not a surviving spouse or head of household), or
- \$152,525 (married filing a separate return)

Otherwise, enter the amount on line 23 on Form 140PY, page 2, line 56 **23**

24 Enter on line 24 the amount by which you have to reduce your federal itemized deductions because your federal adjusted gross income was over this threshold if your federal adjusted gross income is:

- more than \$305,050 (married taxpayers filing a joint return or surviving spouse), or
- \$279,650 (head of household), or
- \$254,200 (unmarried individual who is not a surviving spouse or head of household) or
- \$152,525 (married filing a separate return) **24**

25 Enter your total federal itemized deductions allowable on federal Form 1040, Schedule A, prior to the federal adjusted gross income limitation **25**

26 Divide line 23 by line 25, and enter the percentage **26**

27 Multiply line 24 by the percentage on line 26, and enter the result **27**

28 Subtract line 27 from line 23. Enter the result here and on Form 140PY, page 2, line 56..... **28**

14,108	00
	00
	00
	%
	00
14,108	00

DRAFT

22222		a Employee's social security number 400-00-7513		OMB No. 1545-0008	
b Employer identification number (EIN) 56-1234567			1 Wages, tips, other compensation 21,000.00		2 Federal income tax withheld 800.00
c Employer's name, address, and ZIP code UNITED STATES ARMY 1905 BOOTSHINE DR ALEXANDRIA VA 16847			3 Social security wages 21,000.00		4 Social security tax withheld 1,302.00
			5 Medicare wages and tips 21,000.00		6 Medicare tax withheld 305.00
			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. KAYE P DUTY 1320 WINDY DRAW CIRCLE ELOY AZ 85231			11 Nonqualified plans		12a C o o l l e
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o l l e
			14 Other		12c C o o l l e
					12d C o o l l e
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
NC	56-1234567	21,000.00	980.00		

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 400-00-7513		OMB No. 1545-0008		
b Employer identification number (EIN) 56-1124567			1 Wages, tips, other compensation 15,000.00		2 Federal income tax withheld 950.00	
c Employer's name, address, and ZIP code ELOY FAMILY RESTAURANT 106 W ELOY AVE ELOY AZ 85231			3 Social security wages 15,000.00		4 Social security tax withheld 930.00	
			5 Medicare wages and tips 15,000.00		6 Medicare tax withheld 218.00	
			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.			11 Nonqualified plans		12a C o o l l e	
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o l l e	
			14 Other		12c C o o l l e	
					12d C o o l l e	
f Employee's address and ZIP code						
15 State AZ	Employer's state ID number 56-1124567	16 State wages, tips, etc. 15,000.00	17 State income tax 162.00	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

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. STATE OF NORTH CAROLINE 1000 RALEIGH RD RALEIGH NC 27634		1 Unemployment compensation \$ 3,560.00		OMB No. 1545-0120 2014 Form 1099-G	Certain Government Payments Copy 1 For State Tax Department
		2 State or local income tax refunds, credits, or offsets \$			
PAYER'S federal identification number 41-1111141	RECIPIENT'S identification number 400-00-7513	3 Box 2 amount is for tax year		4 Federal income tax withheld \$	
RECIPIENT'S name KAYE P DUTY Street address (including apt. no.) 1330 N WINDY DRAW CIRCLE City or town, state or province, country, and ZIP or foreign postal code ELOY AZ 85231		5 RTAA payments \$		6 Taxable grants \$	
		7 Agriculture payments \$		8 Check if box 2 is trade or business income <input type="checkbox"/>	
		9 Market gain \$			
Account number (see instructions)		10a State	10b State identification no.	11 State income tax withheld \$	
				\$	

Form **1099-G**

www.irs.gov/form1099g

Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. TEST NAME TEST ADDRESS ELOY AZ 85231		Payer's RTN (optional)		OMB No. 1545-0112		
		1 Interest income \$ 515		2014 Form 1099-INT		
PAYER'S federal identification number 400007513		RECIPIENT'S identification number 400007513		2 Early withdrawal penalty \$		
				3 Interest on U.S. Savings Bonds and Treas. obligations \$ 1000		
RECIPIENT'S name KAYE P DUTY Street address (including apt. no.) 1330 N WINDY DRAW CIRCLE City or town, state or province, country, and ZIP or foreign postal code ELOY AZ 85231		4 Federal income tax withheld \$		5 Investment expenses \$		
		6 Foreign tax paid \$		7 Foreign country or U.S. possession		
		8 Tax-exempt interest \$		9 Specified private activity bond interest \$		
		10 Market discount \$		11 Bond premium \$		
		12 Tax-exempt bond CUSIP no.		13 State	14 State identification no.	15 State tax withheld \$
		Account number (see instructions)				

Form **1099-INT**

www.irs.gov/form1099int

Department of the Treasury - Internal Revenue Service

Copy 1

For State Tax Department