Spouse's First Name and Middle Initial (if box 4 or 6 checked)  Spouse's First Name and Middle Initial (if box 4 or 6 checked)  Courrent Home Address - number and street, rural route  Otty Town or Post Office  City Town or Post Office  State  ZiP Code  Last Name  Last Name  City Town or Post Office  City Town or Post Office  Married filing spirit return  Married filing plint return  Married filing spirit return  Married fi	TURN.			Arizona Form 140A	Resident Personal Income Tax Return (Short Form)  STOP! If your Arizona taxable income is \$50,000 or more, you must use Arizona Form 140.					FOR CALENDAR YEAR 2017			
Turner Home Address - number and street, rural route    Current Home Address - number and street, rural route   Apt. No.   Daytime Phone (with a 34   2   2   2   2   2   2   2   2   2	-		82F	Check box 82F if	filing under extension	<u> </u>							
Turner Home Address - number and street, rural route    Current Home Address - number and street, rural route   Apt. No.   Daytime Phone (with a 34   2   2   2   2   2   2   2   2   2	불.	Your First Name and Middle Initial									ocial Security Number		
VOPT   Was   Single	MS T0	Spouse's First Name and Middle Initial (if box 4 or 6 checked)					Last Name	Shouse's Social Security					
VOPT   Was   Single	VIE		Curre	nt Home Address - numbe	r and street, rural route			Apt. No.	Daytime Phone (with area code)				
Section   Processing   Proces	LE AN	3	City, 7	Town or Post Office	State		ZIP Code				97		
Section   Processing   Proces	OT STAP	STATUS											
Box 10]: Dependent Information: Children and other dependents. For more space, (check)   and complete page 3. (a)   FIRST AND LAST NAME (Do not list yourself or spouse.)   SOCIAL SECURITY NO.   RELATIONSHIP   NO. CO. (NO. TIS)   If this person with the person of the	D0 N(	$\rightarrow$											
Box 10]: Dependent Information: Children and other dependents. For more space, (check)   and complete page 3. (a)   FIRST AND LAST NAME (Do not list yourself or spouse.)   SOCIAL SECURITY NO.   RELATIONSHIP   NO. CO. (NO. TIS)   If this person with the person of the		SN		<b>↓</b> Enter the number c	laimed. Do not put a check	marl	k.						
Box 10]: Dependent Information: Children and other dependents. For more space, (check)   and complete page 3. (a)   FIRST AND LAST NAME (Do not list yourself or spouse.)   SOCIAL SECURITY NO.   RELATIONSHIP   NO. CO. (NO. TIS)   If this person with the person of the			8	Age 65 or over (you	and/or spouse)		If completing li	nes 8		lı .			
Box 10]: Dependent Information: Children and other dependents. For more space, (check)   and complete page 3. (a)   FIRST AND LAST NAME (Do not list yourself or spouse.)   SOCIAL SECURITY NO.   RELATIONSHIP   NO. CO. (NO. TIS)   If this person with the person of the		MP	9	Blind (you and/or sp	ouse)				81 PM		80 RCVD		
Box 10]: Dependent Information: Children and other dependents. For more space, (check)   and complete page 3. (a)   FIRST AND LAST NAME (Do not list yourself or spouse.)   SOCIAL SECURITY NO.   RELATIONSHIP   NO. CO. (NO. TIS)   If this person with the person of the				1 1 '	-								
Page 50 or over: Multiply the number in box 8 by \$2,100		Щ	11_		<del></del>								
FIRST AND LAST NAME (Do not list yourself or spouse.)    10a				(Box 10): Dependent In		er dep					3. (f)		
The part of the pa					D LAST NAME	soc			IP NO. OF MONTHS LIVED IN YOUR	if this perso did not qualify a dependent on y	on s a our federal return due to		
The part of the pa			4.0							federal return	educational credits		
10c   (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.)   SOCIAL SECURITY NO.   RELATIONSHIP   NO. or MONTHS   age 65 or over HOME IN 2017   11a   11b   11c   12   12   13   Age 65 or over: Multiply the number in box 8 by \$2,100   13   14   Blind: Multiply the number in box 9 by \$1,500   14   15   Dependents: Multiply the number in box 9 by \$2,300   15   16   Qualifying parents and grandparents: Multiply the number in box 10 by \$2,300   16   17   Arizona adjusted gross income: Subtract lines 13, 14, 15, and 16 from line 12   17   18   Standard deduction: If you checked filing status box 4 or 5, enter \$10,336. If you checked box 6 or 7, enter \$5,183   18   19   Personal exemptions: See instructions.   19   20   Arizona taxable income: Subtract lines 18 and 19 from line 17. If less than zero, enter "0"   20   21   Amount of tax from Optional Tax Tables   22   Family income tax credit (from the worksheet - see instructions)   22   23   Balance of tax: Subtract line 22 from line 21. If less than zero, enter "0"   23   24   Arizona income tax withheld during 2017   24   25   2017 Arizona extension payment (Form 204)   25   25   2017 Arizona extension payment (Form 204)   25   26   27   Property Tax Credit (from the worksheet - see instructions)   26   27   27   28   Total payments and refundable credits: Add lines 24 through 27 and enter the total   28   29   TAX DUE: If line 28 is greater than line 28, subtract line 28 from line 28, and enter the amount of tax due. Skip line 30   29   29   20   20   20   20   20   2		S									$+$ $\dashv$		
FIRST AND LAST NAME (Do not list yourself or spouse.)    Continue   Continue		lent								片片	<del>                                     </del>		
FIRST AND LAST NAME (Do not list yourself or spouse.)    Continue   Continue		end	IUC	(Box 11): Qualifying par	rents and grandnarents. See	inetri	ections For more	snace (chec	k) 🗆 and compl	ete nade 3			
Has been described by the number in box 9 by \$1,500	Ä.	Dep			(a)		(b)	(c)	(d)	(e)	(f)		
Has been described by the number in box 9 by \$1,500	m 14(					SOC	IAL SECURITY NO.	RELATIONSH	LIVED IN YOUR	▼ if	er died in 2017		
Has been described by the number in box 9 by \$1,500			11a										
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Has been described by the number in box 9 by \$1,500	Ħ												
Has been described by the number in box 9 by \$1,500	ts 6		12 Federal adjusted gross income (from your federal return)										
19 Personal exemptions: See instructions		S											
19 Personal exemptions: See instructions	E I	tion	14										
19 Personal exemptions: See instructions	00	dwe	15										
19 Personal exemptions: See instructions	rd	Ř											
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24 Arizona income tax withheld during 2017	<u> </u>	×											
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24 Arizona income tax withheld during 2017	e H	ce									00		
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24 Arizona income tax withheld during 2017	ch	Ω			•			00					
25 2017 Arizona extension payment (Form 204)		2 ==											
26 Increased Excise Tax Credit (from the worksheet - see instructions)  27 Property Tax Credit from Form 140PTC	d b	Cre		· · · · · · · · · · · · · · · · · · ·									
Property Tax Credit from Form 140PTC	an	able									00		
28 Total payments and refundable credits: Add lines 24 through 27 and enter the total	<u>a</u> <u>a</u>	fund											
TAX DUE: If line 23 is greater than line 28, subtract line 23 from line 23, and enter amount of tax due. Skip line 30	de	Rei	28										
OVERPAYMENT: If line 28 is greater than line 23, subtract line 28 from line 28, and enter the amount of overpayment	P <sub>me</sub>	rpay	29 TAX DUE: If line 23 is greater than line 28, subtract line 28 from line 23, and enter amount of tax due. Skip line 30								00		
Continue PLEASE BE SURE TO SIGN THE RETURN ON THE REVERSE SIDE OF THIS PAGE.	red Tax	Ove											
PLEASE BE SURE TO SIGN THE RETURN ON THE REVERSE SIDE OF THIS PAGE.	equi									Co	ontinued on page 2 🗦		
<b>_</b>	Place any re			Ø ₽	LEASE BE SURE TO SIGN	THE	RETURN ON THI	E REVERSE S	SIDE OF THIS PA		F-0		

AZ Form 140A (2017) ADOR 10414 (17) Page 1 of 3

	Your Name (as shown on page 1)							Your Social Security Number				
		Enter the amount from page	e 1, line 29 (Tax Due	e) or 30 (Ove	erpayment)					31	00	
	32	- 42 Voluntary Gifts to:	Assigne	ed to Schools			izona Wildlife		00			
£ L		Child Abuse Prevention 34		ic Violence Shelf		<u>00</u> Po	olitical Gift	36	00			
ق		Neighbors Helping Neighbors 37	00 Special	Olympics	38	<u>00</u> ve	eterans' Donations	Fund <b>39</b>	00			
ary		I Didn't Pay Enough Fund 40	00 Sustaina Parks a	able State nd Road Fund	41	00 s	pay/Neuter of Ani	mals <b>42</b>	00			
Voluntary Gifts	Political Party (if amount is entered on line 36 - check only one box): 431 Democratic 432 Green Party 433 Libertarian 434 Republican											
	44	Total voluntary gifts: Add line									00	
	45	<b>45 REFUND:</b> If line 31 is an overpayment, subtract line 44 from line 31. If less than zero, enter amount owed on line 46									00	
ved.		Direct Deposit of Refund: Check box 45A if your deposit will be ultimately placed in a foreign account; see instructions. 45A										
Amount Owed		C☐ Checking or S☐ Savings	OUTING NUMBER		ACCOUNT NU	MBER						
Amc	46	AMOUNT OWED: If line 31 write your SSN on payment, and								16	00	
	Under penalties of perjury, I declare that I have read this return and any documents with it, and 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.											
Щ	→_											
HER	<b>^</b>	OUR SIGNATURE			DAT		OCCL	IPATION				
SIGN HERE	S	SPOUSE'S SIGNATURE				=						
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PLEASE	_	PAID PREPARER'S SIGNATURE PAID PREPARER'S STREET ADDRES	SS	DATE	FIRM			ELF-EMPLOYED		ı		
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- 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

## **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.

Childr		dents, continued from page	1.				
	FIRST AND	(a) LAST NAME urself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2017	(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
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Qualif		andparents, continued from	page 1.				
	FIRST AND	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)		(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2017	(e) ✓ if age 65 or over	(f) ✓ if died in 2017
1d							
1e							
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1k							