

DO NOT STAPLE ANY ITEMS TO THE RETURN.

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 Last Name Enter your SSN(s) Your Social Security Number

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)

City, Town or Post Office State ZIP Code Last Names Used in Last Four Prior Year(s) (if different)

FILING STATUS: 4 Married filing joint return, 5 Head of household, 6 Married filing separate return, 7 Single. EXEMPTIONS: 8 Age 65 or over, 9 Blind, 10 Dependents, 11 Qualifying parents and grandparents.

Table for Dependents (Box 10) with columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2018, (e) if this person did not qualify as a dependent, (f) if you did not claim this person.

Table for Qualifying parents and grandparents (Box 11) with columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2018, (e) if age 65 or over, (f) if died in 2018.

Summary table for Exemptions and Balance of Tax. Lines 12-30 including Federal adjusted gross income, Arizona adjusted gross income, standard deduction, personal exemptions, and tax due/overpayment.

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

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
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	<b>31</b> Enter the amount from page 1, line 29 (Tax Due) or 30 (Overpayment) .....	<b>31</b>	00																														
Voluntary Gifts	<b>32 - 42 Voluntary Gifts to:</b>																																
	Solutions Teams Assigned to Schools.....	<b>32</b>	00	Arizona Wildlife.....	<b>33</b>	00																											
	Child Abuse Prevention .....	<b>34</b>	00	Domestic Violence Shelter	<b>35</b>	00																											
	Neighbors Helping Neighbors..	<b>37</b>	00	Special Olympics.....	<b>38</b>	00																											
	I Didn't Pay Enough Fund.....	<b>40</b>	00	Sustainable State Parks and Road Fund.....	<b>41</b>	00																											
	Political Party (if amount is entered on line 36 - check only one box):																																
431 <input type="checkbox"/> Democratic		432 <input type="checkbox"/> Green Party		433 <input type="checkbox"/> Libertarian		434 <input type="checkbox"/> Republican																											
<b>44</b> Total voluntary gifts: Add lines 32 through 42.....						<b>44</b>	00																										
Refund or Amount Owed	<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 .....			<b>45</b>		00																											
	<b>Direct Deposit of Refund: Check box 45A</b> if your deposit will be ultimately placed in a <b>foreign account</b> ; see instructions. <b>45A</b> <input type="checkbox"/>																																
	<input checked="" type="checkbox"/> <b>98</b>	<input type="checkbox"/> C Checking or	<input type="checkbox"/> S Savings	ROUTING NUMBER	ACCOUNT NUMBER																												
<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr> </table>															<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr> </table>																		
<b>46 AMOUNT OWED:</b> If line 31 is a tax due, add lines 31 and 44. Make check payable to Arizona Department of Revenue; write your SSN on payment, and include with your return.....							<b>46</b>	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.

PLEASE SIGN HERE			
	YOUR SIGNATURE	DATE	OCCUPATION
	SPOUSE'S SIGNATURE	DATE	SPOUSE'S OCCUPATION
	PAID PREPARER'S SIGNATURE	DATE	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)
	PAID PREPARER'S STREET ADDRESS	PAID PREPARER'S TIN	
	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 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 <small>(Do not list yourself or spouse.)</small>	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2018	(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 <small>(Do not list yourself or spouse.)</small>	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2018	(e) ✓ if age 65 or over	(f) ✓ if died in 2018
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"/>