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.

RETURN .	Arizona Form 140A Resident Personal Income Tax Return (Short Form) <i>stop!</i> If your Arizona <i>taxable income</i> is \$50,000 or more, you <i>must</i> use Arizona Form						Form) na Form 140.	FOR CALENDAR YEAR		
RE	82F Check box 82F if filing under extension									
THE		Your First Name and Middle Initial				Last Name Your Socia			ocial Security Number	
MS TO						Last Name		your SSN	(s).	's Social Security No.
DO NOT STAPLE ANY ITEMS	2	Curre	nt Home Address - numbe		Apt. No.	Dayt 94	ime Phone (w	vith area code)		
	3	City, ⊺	ty, Town or Post Office State ZIP Code						d in Last Four P	Prior Year(s) (if different) 97
	FILING STATUS	· 🗖 • ·····							ONLY. DO NOT	MARK IN THIS AREA.
	FILING									
	SN			laimed. Do not put a check	mark			ļ		
	임	8	Age 65 or over (you		Γ	If completing lin	If completing lines 8			
	Ρ	9	Blind (you and/or sp	,		through 11, also		81 PM	l	80 RCVD
	EXEMPTIONS	10		include self or spouse.		lines 13 through	h 16.			
	Щ	11	Qualifying parents a	nd grandparents formation: Children and othe	r dong	andonte Eor mo	ro spaco (ch		mploto pago	2
			FIRSTAN	(a) D LAST NAME Durself or spouse.)		(b) AL SECURITY NO.	(c) RELATIONSH	(d)	(e)	(f) if you did not claim this person on your federal return due to
		10a								<u> </u>
	Dependents	10b								
	ende	10c	(Bey 11): Qualifying par	conto and grandharanta. Cao	inotru	otiono Farman	anaga (ahaal			
Ă.	Dep		(BOX 11). Qualifying par	ents and grandparents. See (a)	Instru	(b)	c)	(d)	(e)	(f)
ents after Form 140A	-			D LAST NAME purself or spouse.)	SOCI	AL SECURITY NO.	RELATIONSH		✓ if age 65 or ove	🖌 if
Fol		11 a								
ter		11b								<u> </u>
af		11c								
nts	12 Federal adjusted gross income (from your federal return)									00
	suc	13 Age 65 or over: Multiply the number in box 8 by \$2,100 13 14 Plind: Multiply the number in box 8 by \$2,100 14								00
CU	nptio	14 Blind: Multiply the number in box 9 by \$1,500 14 15 Dependents: Multiply the number in box 10 by \$2,300								00
schedules or other docum	Exemption	16 Qualifying parents and grandparents: Multiply the number in box 11 by \$10,000								00
hei	-	17		income: Subtract lines 13, 14,		-				00
ot	J	18	Standard deduction: If yo	u checked filing status box 4 or 5,	enter	\$10,613. If you che	cked box 6 or 7	, enter \$5,312	18	00
000	f Tax	19 Personal exemptions: See instructions								00
lles	Balance of	20		Subtract lines 18 and 19 from line				00		
edl	alan	 21 Amount of tax from Optional Tax Tables 22 Family income tax credit (from the worksheet - see instructions) 								00
ç	ä	22	-							00
	±.g	23 24		line 22 from line 21. If less than z eld during 2018						00
ederal and A	Total Payments an Refundable Credit	24 25						00		
	ymer able	26								00
	al Pa fund	27		Form 140PTC			00			
	Re Tot	28								00
d fe	lax Due or Overpay	29	TAX DUE: If line 23 is great	ter than line 28, subtract line 28 f	rom lin	e 23, and enter amo	ount of tax due.	Skip line 30	29	00
<u>rec</u>	Š a	30	OVERPAYMENT: If line 2	8 is greater than line 23, subtract	line 23	from line 28, and e	nter the amount	of overpayment	30	00
Place any required federal and AZ		Co								ontinued on page 2 →

	You	r Name (as shown on page 1) Your Social Secur	ity Number					
		Enter the amount from page 1, line 29 (Tax Due) or 30 (Overpayment)	31 00					
Voluntary Gifts	32	- 42 Voluntary Gifts to: Assigned to Schools	-					
		Child Abuse Prevention	-					
		Neighbors Helping Neighbors 37 00 Special Olympics	1					
		I Didn't Pay Enough Fund 40 00 Sustainable State 00 Spay/Neuter of Animals 42 00	J					
	43	43 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 lines 32 through 42	44 00					
	45	REFUND: If line 31 is an overpayment, subtract line 44 from line 31. If less than zero, enter amount owed on line 46	45 00					
r		Direct Deposit of Refund: Check box 45A if your deposit will be ultimately placed in a foreign account; see instructions. 45A						
õõ								
unt								
Refund or Amount Owed								
4	46	AMOUNT OWED: 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	46 00					
			+0000					
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my kno true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer						
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R.	Y	YOUR SIGNATURE DATE OCCUPATION						
Ϊ	_							
SIGN HER	7	SPOUSE'S SIGNATURE DATE SPOUSE'S OCCUPATION						
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LEASE	F	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)						
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۳								
₽	F	PAID PREPARER'S STREET ADDRESS PAID PREPARER'S	TIN					
	-							
	F	PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARÊR'S I	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.

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.

Г	(a)	(b)	(C)	(d)	(e)	(f)
	FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2018	if this person did not qualify as a dependent on your federal return	✓ if you did not claim this person on your federal return due to educational credits
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Qualifying parents and grandparents, continued from page 1.

	daamynig parente and grandparente, continued nem page n								
	(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 2018	(e) ✓ if age 65 or over	(f) ✓ if died in 2018			
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11 f									
11g									
11 h									
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