THE RETUR	Arizona Form 140PY			Part-Year Resident Personal Income Tax Return 2018								
E R	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEG	INNING M.MID.E	12,0,1	8	AND ENDING	$M_1M_1D_1$	DIY	Υ.Υ.Υ.	66F
픋			First Name and Middle Initial		Last Name			Enter	Your S	Social S	Security Num	nber
2	1							your				
<u>≅</u>	1	Spous	se's First Name and Middle Initi	al (if box 4 or 6 checked)	Last Name			SSN(	Spous s).	se's So	cial Security	No.
Щ		Curre	nt Home Address - number and	street rural route		Apt. No.		Davti	me Phone	(with a	rea code)	
≥	2	Ouric	nt Home Address - namber and	t Home Address - number and street, rural route Apt. No.				Daytime Phone (with area code)				
ΕA	_	City, T	Town or Post Office	State	ZIP Code	<u> </u>	L	ast Names Used	l in Last Four	r Prior Y	ear(s) (if differ	rent)
7	3											97
DO NOT STAPLE ANY ITEMS	US	4	☐ Married filing joint return	4a 🔲 Injured Spouse	Protection of Joint Ov	erpayment		REVENUE USE O	ONLY. DO NO	OT MAR	K IN THIS AR	EA.
5	STATUS	5	Head of household: Enter	name of qualifying child or d	ependent on next line:		l <sup>8</sup>	8R				
Ž												
2	FILING	6 7	<ul><li>✓ Married filing separate ret</li><li>✓ Single</li></ul>	urn: Enter spouse's name a	and Social Security Numb	oer above.						
	-	,	<b>♦</b> Enter the number claims	ed. Do not put a check r	mark.							
	EXEMPTIONS	8	Age 65 or over (you and/o		81P F			PPM		80R RCVD		
	<b>∏</b>	9	Blind (you and/or spouse)		If completing line through 11, also			_				
	X	10	Dependents: Do not inclu	de self or spouse.	lines 49 through	-	L					
	Щ	11	Qualifying parents and gr		a side and Odds and the and A ad	hira Militam	40	□ Dart Vaar	Danidant Ar	-4: NA	:::4	
		12-1	(Box 10): Dependent Informa								ilitary	
			(a)		(b)	(c)		(d)	(e)		(f)	
			FIRST AND LAS (Do not list yourself		SOCIAL SECURITY NO.	RELATIONS	HIP	NO. OF MONTHS LIVED IN YOUR	did not qualify dependent on	/asal	if you did not on this person on y federal return du	our
			(== )====					HOME IN 2018	federal retu	ırn	educational cred	
	Dependents	10a							<u> </u>		<u> </u>	
<u>~</u>	end	<b>10</b> b	(Box 11): Qualifying parents	and grandparents. See it	netructions For more	enace (che	ock)	and comple	oto page 3		Ц	
ᅙ	Dep		(a)		(b)	(c)		(d)	(e)		(f)	
7			FIRST AND LAS (Do not list yourself		SOCIAL SECURITY NO.	RELATIONS	HIP	NO. OF MONTHS LIVED IN YOUR	√ if age 65 or o	ver	√ if died in 2018	
orm		44	,	' /				HOME IN 2018				
F.		11a 11b										00
æ			Dates of Arizona residency: From	$M_1M_1D_1D_1Y_1Y_1Y_1$	Y to $M$ , $M$ , $D$ , $D$ , $Y$	, Y , Y , Y		2018 FEDE	RAL	201	8 ARIZONA	
ţ			List other state(s) of residency:				An	nount from Feder	al Return	Α	mount Only	1
e		l	Wages, salaries, tips, etc				15		00			
ij			Interest				16		00			00
ĕ		l	Dividends  Arizona income tax refunds				17 18		00			00
ĕ	Э	l	Business income (or loss) from				19		00			00
₹	ncor	20	Gains (or losses) from federal				20		00			00
20.0	na lı	21	Rents, royalties, partnerships, esta	tes, trusts, small business co	rporations from federal S	Schedule E	21		00			00
<u>ë</u>	4Z schedules or other documents after Form 140PY. Arizona Income Depend	22			own schedule			00			00	
ed	1	l	Total income: Add lines 15 throu				1		00			00
5 S		l	Other federal adjustments: Inc					00			100	
¥Z,		<ul> <li>25 Federal adjusted gross income: Subtract line 24 from line 23 in the FEDERAL column</li></ul>							,,,,,			00
and/		27										
federal ar	ditions	28	Total depreciation included in A	Arizona gross income					28			00
		l	Net capital loss derived from e	• •								00
eq	Ad	l	Other Additions to Income: See									00
ed	2		<b>Subtotal:</b> Add lines 26, 28, 29 and Total Arizona sourced net capit						31 00			00
Ě	page	33	Total net short-term capital gain						00			
any required	t. on	34 Total net long-term capital gain or (loss): See instructions							00			
	· con	35 Net long-term capital gain from assets acquired <i>after</i> December 31, 2011. See instructions 35 Multiply line 35 by 25% (.25) and enter the result					35		00			
e a	- suc											00
Place	raction											00
	Subt								38			00

ż

Ī	Your	Name (as shown on page 1) Your Social Security Nu	ımber	
	40	Enter the amount from page 1, line 39	40	00
E	41	Recalculated Arizona depreciation		00
cont. from	42	Contributions to 529 College Savings Plans		00
8 -	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills		00
ons -	44	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)		00
actic	45	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income		00
Subtractions pag	46	Other Subtractions from Income: See instructions and include your own schedule		00
ดิ	47	Subtract lines 41 through 46 from line 40		00
	48	Age 65 or over: Multiply the number in box 8 by \$2,100	00	12.2
	49	Blind: Multiply the number in box 9 by \$1,500	00	
ons	50	Dependents: Multiply the number in box 10 by \$2,300	00	
Exemptions	51	Qualifying parents and grandparents: Multiply the number in box 11 by \$10,000	00	
xer	52	Add lines 48 through 51	00	
	53	Multiply line 52 by the Arizona income ratio on line 27	53	00
	54	Arizona adjusted gross income: Subtract line 53 from line 47	54	00
	55	Deductions: Check box and enter amount. See instructions	55	00
	56	Personal exemptions: See instructions		00
ax	57	Arizona taxable income: Subtract lines 55 and 56 from line 54. If less than zero, enter "0"	57	00
Balance of Tax	58	Compute the tax using amount from line 57 and Tax Table X or Y	58	00
JCe	59	Tax from recapture of credits from Arizona Form 301, Part 2, line 36	59	00
alaı	60	Subtotal of tax: Add lines 58 and 59 and enter the total	60	00
	61	Family income tax credit (from the worksheet - see instructions)	61	00
	62	Nonrefundable credits from Arizona Form 301, Part 2, line 69	62	00
	63	Balance of tax: Subtract lines 61 and 62 from line 60. If the sum of lines 61 and 62 is more than line 60, enter "0"		00
its	64	2018 AZ income tax withheld		00
Total Payments and Refundable Credits	65	2018 AZ estimated tax payments. 65a 00 Claim of Right 65b 00 Add 65a and 65b.		00
	66	2018 AZ extension payment (Form 204)		00
	67	Increased Excise Tax Credit (from the worksheet - see instructions)		00
Ref	68	Other refundable credits: Check the box(es) and enter the total amount		00
Į.	69	Total payments and refundable credits: Add lines 64 through 68 and enter the total		00
Tax Due or Overpayment	70 71	OVERPAYMENT: If line 69 is larger than line 63, subtract line 63 from line 69, and enter amount of overpayment		00
x Du	72	Amount of line 71 to be applied to 2019 estimated tax		00
Ove 1		Balance of overpayment: Subtract line 72 from line 71		00
Ø		- 84 Voluntary Gifts to: Solutions Teams Assigned to Schools 74 00 Arizona Wildlife 75 00		100
Voluntary Gift		Child Abuse Prevention		
tary		Neighbors Helping Neighbors <b>79</b> 00 Special Olympics <b>80</b> 00 Veterans' Donations Fund <b>81</b>	1	
<u> </u>		I Didn't Pay Enough Fund82 00 Sustainable State Parks and Road Fund83 00 Spay/Neuter of Animals 84 00	]	
۶	85	Political Party (if amount is entered on line 78 - check only one): 851 Democratic 852 Green Party 853 Libertarian 854	Republican	
Ę	86	Estimated payment penalty	86	00
Penalty	87	871 ☐ Annualized/Other 872 ☐ Farmer or Fisherman 873 ☐ Form 221 included		
Δ.	88	Add lines 74 through 84 and 86; enter the total		00
þ	89	REFUND: Subtract line 88 from line 73. If less than zero, enter amount owed on line 90	89	00
ğğ		Direct Deposit of Refund: Check box 89A if your deposit will be ultimately placed in a foreign account; see instructions. 89A ACCOUNT NUMBER  ACCOUNT NUMBER		
Refund or Amount Owed		98 S Savings		
A E	00		00	00
Ш	90	AMOUNT OWED: Add lines 70 and 88. Make check payable to Arizona Department of Revenue; write your SSN on payment.  Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my kn.	·	
2	1	true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowle	dge.	ici, tricy die
HER	→	YOUR SIGNATURE DATE OCCUPATION		
Z	<b>→</b>	DATE OCCUPATION		
SIGN		SPOUSE'S SIGNATURE DATE SPOUSE'S OCCUPATION		
Щ	i	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)		
EASE		<u> </u>		
LE	ı	PAID PREPARER'S STREET ADDRESS PAID PREPARER'S	TIN	
PL		DUD DEFINISHING OFFICE	DUONE NUMBER	]

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016.

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.

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AZ Form 140PY (2018)

Page 2 of 1

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.

		(a)	(b)	(c) RELATIONSHIP	(d) NO. OF MONTHS	(e)	(f)
		D LAST NAME ourself or spouse.)	SOCIAL SECURITY NO.		LIVED IN YOUR HOME IN 2018	if this person did not qualify as a dependent on your federal return	a I this person on your
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Qualif	ying parents and gr	randparents, continue	d 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 2018	(e) ✓ if age 65 or over	(f) ✓ if died in 2018
c							
t t							
,							

11g **11**h 11i 11j