	Your First Name and Middle Initial		Last Name		Your S	Social Security Nun	
1					Enter your		
; 1]	Spouse's First Name and Middle Initial (if box	is checked)	Last Name		SSN(s).	se's Social Security	
<u> </u>	Current Home Address - number and street, ru	ral route	1	Apt. No.		(with area code)	
<u> </u>	City, Town or Post Office	State	ZIP Code	Last Na	94 Imes Used in Last Fou	r Prior Year(s) (if diffe	
3	only, rown or root office	State	2 0000				
2	82F Check box 82F if filing under extension You must use Arizona Form 140 if: • Your Arizona taxable income on line 8 is \$50,000 or more. • You are claiming estimated payments.				UE USE ONLY. DO N	OT MARK IN THIS AI	
	You are taking a subtraction for:						
	active duty military pay			81 PM		80 RCVD	
	– wages earned on Indian re	servation(s)					
	FILING STATUS: Check one box.						
	4 ☐ Married filing joint return 4a ☐ Injured Spouse Protection of Joint Overpayment 5 ☐ Single						
	6 Federal adjusted gross income from	your federal retu	rn		6		
	7 Standard deduction: If you checked filing status box 4, enter \$24,800; if you						
	checked filing status box 5, enter \$12,400						
	8 Arizona taxable income: Subtract line 7 from line 6. If less than zero, enter "0"				8_		
	9 Amount of tax from Optional Tax Tables				9		
	10 Family income tax credit (from worksheet see page 5 of the instructions)						
	11 Balance of tax: Subtract line 10 from	om line 9. If line 1	0 is more than lin	ne 9, enter "0"	11		
	12 Arizona income tax withheld during	2020			12		
	13 2020 Arizona extension payment (F	orm 204)			13		
	14 Increased Excise Tax Credit (from worksheet see page 6 of the instructions)				14		
	15 Total payments/credits: Add lines 12 through 14						
	16 TAX DUE / AMOUNT OWED: If line 11 is more than line 15, subtract line 15 from line 11. Skip line 17.						
	Make check payable to Arizona Department of Revenue; include SSN on payment						
	17 OVERPAYMENT / REFUND: If line						
	Direct Deposit of Refund: Check box 17A i		* .	oreign account; see ins	structions. 17AL		
	C Checking or ROUTING NUMBER S Savings		CCOUNT NUMBER				
_	<u> </u>						
¥ #	Under penalties of perjury, I declare that I I true, correct and complete. Declaration of YOUR SIGNATURE				f which preparer ha		
PLEASE SIGN HERE	→						
	SPOUSE'S SIGNATURE		DATE	SPOUSE'S C	OCCUPATION		
PLEASE	PAID PREPARER'S SIGNATURE DATE		FIRM'S NAME (FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)			
_	PAID PREPARER'S STREET ADDRESS			PAID PI		REPARER'S TIN	
	DAID DDEDADEDIO OITA				PAID PREPARER'S PHONE NUMBER		
	PAID PREPARER'S CITY	STATE	ZIP C	CODE	PAID PREPARER'S	PHONE NUMBER	