RETURN.			Arizona Form 140	Re	sident Pe	rsonal Inc	ome Tax	Return	F	OR CALENDAR YEAR 2020
	82F	Cit	heck box 82F filing under extension	OR FISCAL	YEAR BEGINN	ING IM.MID.E	12.0.2.0	」AND ENDING լ	M.MID	D Y,Y,Y,Y, 66F
	,		First Name and Middle Initial			Last Name				Social Security Number
=	1							Enter		,
잍		Spous	se's First Name and Middle Initi	al (if box 4 or	6 checked)	Last Name		your	Spou	se's Social Security No.
NS	1	•		•	,			SSN(s).	,
	_	Curre	nt Home Address - number and	l street, rural r	oute		Apt. No.	Daytin	ne Phone	(with area code)
<u></u>	2							94		,
DO NOT STAPLE ANY ITEMS	_	City, T	own or Post Office	State	9	ZIP Code	!	Last Names Used	in Last Fou	r Prior Year(s) (if different)
Ψ̈́.	3	-								97
<u>_</u>	S	4	Married filing joint return	4a ☐ Injur	ed Spouse Pro	tection of Joint O	verpayment	REVENUE USE O	NLY. DO NO	OT MARK IN THIS AREA.
	¥	5	Head of household. Enter	_ ,	•			88		
	SST	-			g					
ž	NZ	6	Married filing separate ret	turn. Enter spo	use's name and S	Social Security Num	ber above.			
2	ᇤ	7	Single			•				
				ed. Do not pu	it a check mari	k.				
		8	Age 65 or over (you and/o	or spouse)	f completing lines	3, 9, and 11a, also cor	mplete lines 38,			
	9	9	Blind (you and/or spouse))	39, and 41. For lines	10a and 10b, also co	mplete line 49.	81 PM		80 RCVD
	and 10b	10a	Dependents: Under age of	of 17. 1 0)b Depend	dents: Age 17 and	d over.			
ents after Form 140.		11a	Qualifying parents and gr	andparents						
	ts 1		(Box 10a and 10b): Depend	ent Informatio	n. See instructi	ons. For more s	pace, check	the box 🔲 and c	omplete p	page 4, Part 1.
	den		(a)			(b)	(c)	(d)	(e)	(f)
	ben		FIRST AND LAS (Do not list yourself		SO	CIAL SECURITY NO.	RELATIONSHI	IP NO. OF MONTHS I	included	this person on your
	å		(Do not list yoursell	i or spouse.)				HOME IN 2020	1 (-	2 federal return due to educational credits
	- 1a	10c							(Box 10a) (B	ox 10b)
	and 11a	10d							\exists	
	9, a	10a							THE	
	ώ	100			manda Caalinad					
40	<u>io</u>	(Box 11a): Qualifying parents and grandparents. See instructions. For more space, check the box and completed and completed and completed are the box and completed are the bo							(e)	page 4, Part 2.
<u>-</u>	Exemptions		FIRST AND LAS	ST NAME	so	CIAL SECURITY NO.	RELATIONSHI	P NO. OF MONTHS	IF AGE 6	5 OR
Ĭ	Exe		(Do not list yourself	f or spouse.)				LIVED IN YOUR HOME IN 2020	OVE	R 2020
Ĕ.										
fte		11b							ᅮ片	
locuments after Form 140.		11c				`			40	
ĭ			Federal adjusted gross incor Non-Arizona municipal interest							00
Ĕ	s		·							00
DO NOT STAPLE ANY ITEMS TO	tion		Partnership Income adjustmen Total federal depreciation						I	00
	g		Net capital (loss) derived from							00
	٩		Other Additions to Income: Co	_	-					00
			Subtotal: Add lines 12 through 1						I	00
			Total net capital gain or (loss).						00	
es			Total net short-term capital gair						00	
큔			Total net long-term capital gain						00	
þ			Net long-term capital gain from						00	
SC			Multiply line 22 by 25% (.25) ar							00
AZ			Net capital gain derived from ir							00
p			Net capital gain derived from the						I	00
ਙ	Suc		Recalculated Arizona deprecia	_	_					00
ra	gctic		Partnership Income adjustmen							00
ge	btra		Interest on U.S. obligations suc							00
7	S		Exclusions for federal, Arizona		-					00
ē			Benefits, annuities and pension		-			•		00
ᆵ			U.S. Social Security or Railroa							00
ĕ			Certain wages of American Ind				-			00
2			Pay received for active service							00
Place any required			Net operating loss adjustment.						I	00
aç			Contributions to 529 College S							00
Place any required f		35	Subtract lines 23 through 34 fro			ce				00
		ADOR	10413 (20)			AZ Form 140 (2	U ∠ U)			Page 1 of 5

	Your	Name (as shown on page 1)	our Social Security N	umber	
	36	Other Subtractions from Income. Complete Adjustments to Arizona Gross Income schedule on p	age 5	. 36	00
	37	Subtract line 36 from line 35 and enter the difference	=		00
ω	38	Age 65 or over: Multiply the number in box 8 by \$2,100			00
Exemptions	39	Blind: Multiply the number in box 9 by \$1,500			00
ď	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300		l l	00
Ĕ	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. if lesss than zero, enter "0"		I	00
	43	Deductions: Check box and enter amount. See instructions			00
	44	If you checked box 43S and claim charitable deductions, check 44C Complete page 3. See instru			00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"			00
×	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables			00
Balance of Tax	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31			00
93	48	Subtotal of tax: Add lines 46 and 47 and enter the total			00
lan	49	Dependent Tax Credit. See instructions			00
ä	50				00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61			00
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than I			00
	53	2020 AZ income tax withheld			00
Total Payments and Refundable Credits	54		00 Add 54a and 54b		00
					00
nen Je C	55 56	Increased Excise Tax Credit (from the worksheet - see instructions)		1	00
Pay	56 57	Property Tax Credit from Arizona Form 140PTC			00
otal	57 58	Other refundable credits: Check the box(es) and enter the total amount			00
- "	59	Total payments and refundable credits: Add lines 53 through 58 and enter the total			00
. =		• •			00
re or	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52 and enter amount of tax due. Skip line		1	00
Tax Due or Overpayment	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpayn Amount of line 61 to be applied to 2021 estimated tax			00
Ove Ta	62				00
ဟ	63	Balance of overpayment: Subtract line 62 from line 61 and enter the difference		1	100
Voluntary Gifts	04				
ary					
n		Sustainable State Barks		_	
≥			•		
>		Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	753 Republican		00
Penalty	76	Estimated payment penalty		/6	100
Ъ	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included			00
	<u>78</u>	Add lines 64 through 74 and 76; enter the total			
Refund or Amount Owed	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80		ï ′9 🔚	00
è ò		C Checking or ROUTING NUMBER ACCOUNT NUMBER		•	
efur		98 S Savings			
A Ř	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write yo	our SSN on payment	;	
		and include with your return			00
	-	Under penalties of perjury, I declare that I have read this return and any documents with it, and to	the hest of my kno	wledge a	nd helief they are
		rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all informatio			
ш	_			•	-
	7				
HERE	1	OUR SIGNATURE DATE OCC	CUPATION		
	_				
SIGN	7,				
		SPOUSE'S SIGNATURE DATE SPO	DUSE'S OCCUPATION		
SE		DATE FIRM NAME (PRESSENCE)	SELE EMPLOYED		
M	F	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF	SELF-EMPLUYED)		
PLEASE	-	AID PREPARER'S STREET ADDRESS	PAID PREPAR	DED'C TIM	
	'	VID LIFTUITIO OLUEE I WIDUEGO	FAID PREPAR	VEIL O LIIN	
	-	DAID DDEDADED'S CITY STATE ZID CODE	DAID DDEDAI	DED'C DUON	E NUMBER

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140.

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

2020 Form 140 - Standard Deduction Increase for Charitable Contributions

You must complete this worksheet if you are taking an increased standard deduction for charitable contributions. Include the completed worksheet with your tax return, when filed. If you do not include the completed worksheet, your standard deduction will not be increased.

Taxpayers electing to take the Standard Deduction on their Arizona tax return may *increase* the standard deduction amount by 25% (.25) of the total amount of the taxpayer's charitable deductions that would have been allowed if the taxpayer elected to claim itemized deductions on the Arizona tax return.

Charitable contributions (lines 1C, 2C, and 3C) are those gifts allowed on federal 1040 Schedule A (Gifts to Charity) that you would have claimed had you elected to take itemized deductions on your federal return.

NOTE 1: If you did not itemize deductions on your federal return and reported the allowable deduction (not to exceed \$300) for qualifying charitable contributions on your federal return, you *must* reduce the total 2020 contributions by the amount for which you took the allowable deduction on your federal return. Enter the amount of your federal deduction on line 5C.

NOTE 2: You *must* reduce your contribution amount by the total 2020 contributions for which you are claiming an Arizona tax credit on Form 321 (line 20) and/or Form 352 (line 20) for the current tax year (2020) or claimed on your return for the prior tax year (2019). The prior tax year amounts can be found on line 10 of your 2019 Forms 321 and 352. Enter this amount on line 6C.

NOTE 3: If you itemized deductions on your federal return (1040 Schedule A) and were required to adjust the amount of your allowable contributions on your federal 1040 Schedule A for the amount claimed as a tax credit on your Arizona income tax return, include the amount of the federal contribution adjustment to line 1C and enter the amount of the Arizona tax credit on line 6C.

Complete the worksheet to determine your allowable increased standard deductioin for charitable contributions.

1C	2020 Gifts by cash or check	1C	00
2C	2020 Other than by cash or check	2C	00
3C	Carryover from prior year	3C	00
4C	Add lines 1C through 3C and enter the total	4C	00
5C	If you did not itemize deductions on your federal return (1040 Schedule A) and took a deduction for charitable contributions on your federal return, enter the amount of charitable contribution deduction reported on your federal return. (See Note 1)	5C	00
6C	Total charitable contributions made in 2020 for which you are claiming a credit under Arizona law for the current (2020) or prior (2019) tax year	6C	00
7C	Subtract lines 5C and 6C from line 4C and enter the difference. If less than zero, enter "0"	7C	00
8C	Multiply line 7C by 25% (.25) and enter the result	8C	00

- Enter the amount shown on line 8C on page 2, line 44.
- Be sure to check box 43S for Standard Deduction on line 43.
- Check box 44C for charitable deductions on line 44. If you do not check this box, you may be denied the increased standard deduction.

Your Name (as shown on page 1)	Your Social Security Number

2020 Form 140 Dependent and Other Exemption Information

Include page 4 with your return if:

- You are listing additional dependents (for box 10a and 10b) from page 1.
- You are listing additional qualifying parents and grandparents (for box 11a) from page 1.
 - You are claiming Other Exemptions on page 2, line 40.

Part 1: Dependents (Box 10a and 10b) continued from page 1

Information used to compute your allowable **Dependent Tax Credit** on page 2, line 49.

NOTE: If you have more than three qualifying dependents, you *must* complete Part 1 *and* the worksheet in the instructions, to compute your Dependent Tax Credit on line 49.

	compute your Dep	endent fax Credit on iir	16 43.					
	FIRST AND	(a) D LAST NAME ourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2020	√ Dependinclud	dent Age	(f) ✓ IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL RETURN DUE TO
						1 (Box 10a)	2 (Box 10b)	EDUCATIONAL CREDITS
10f								
10g								
10h								
10i								
10j								
10k								
10ı								
10m								
10n								
10 _o								
10 _p								

Part 2: Qualifying parents and grandparents (Box 11a) continued from page 1

Additional qualifying parents and grandparents information used to compute your allowable exemption on page 2, line 41.

	Additional qualityii	ig parents and grandpa	irents information used	i to compute your a	ilowabie exemption c	ni page 2, iiile 41.	
		(a)	(b)	(c)	(d)	(e)	(f)
		D LAST NAME ourself or spouse.)	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2020	✓ IF AGE 65 OR OVER	✓ IF DIED IN 2020
11d							
11e							
11 _f							
11 g							
11h							
11i							

Part 3: Other Exemptions

Information used to compute your allowable Other Exemptions on page 2, line 40.

		·			
	(a)	(b)		c)	(d)
	FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURITY NO.		OR OVER	✓ STILLBORN CHILD IN 2020
	(Do not list yoursell of spouse.)		(see ins	tructions)	CHILD IN 2020
			C1	C2	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Enter the total number of individuals listed in Part 3 in box 40E on page 2, line 40.

Your Name (as shown on page 1)	Your Social Security Number

2020 Form 140 - Adjustments to Arizona Gross Income

Complete and include this schedule with your tax return **only** if you are making any adjustments to your Arizona Gross Income.

A. Other Additions to Arizona Gross Income - Line 17 (see instructions for more information)

Α	Married Persons Filing Separate returns.	A	10	00
	•	\rightarrow	-	_
B	Arizona Form 141AZ Schedule K-1 - Fiduciary Adjustment	В		00_
	Ordinary Income Portion of Lump-Sum Distributions Excluded on Your Federal Return	С		00
D	Items Previously Deducted for Arizona Purposes.	D		00
E	Claim of Right Adjustment for Amounts Repaid in 2020.	E		00
F	Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years	F		00
G	Addition to S corporation Income Due to Claiming Pass-through Credit (Forms 312, 315, and 320)	G		00
<u> </u>	Wage Expense for Employers of TANF Recipients who claim a credit (Form 320)	Н	0	00
ı	Adjusted Basis in Property for Which You Have Claimed a Credit for Investment in Qualified Small Businesses (Form 338)	п	0	00
J	Nonqualified Withdrawals from 529 College Savings Plans	J	0	00
К	Sole Proprietorship Loss of an Arizona Nonprofit Medical Marijuana Dispensary included in Federal Adjusted Gross Income.	к	0	00
L	Federal Net Operating Loss (NOL) Carryforward from Non-Arizona Sources Accrued While a Non-Resident	L	0	00
М	Federal Capital Loss Carryforward Deduction Incurred from Non-Arizona sources prior to Arizona Residency	м	0	00
N	Americans with Disabilities Act - Access Expenditures	N	0	00
0	Amortization or depreciation for child care facility before 1990	0	0	00
Р	Other Adjustments related to tax credits	Р	0	00
Q	Other Adjustments - see instructions	Q	0	00
R	Total Other Additions to Arizona Gross Income: Add all amounts and enter the total here and on	╗		
	page 1, line 17	R	0	00
<u>B</u> . O	ther Subtractions from Arizona Gross Income - Line 36 (see instructions for more information)		0	<u>)0 </u>
<u>B</u> . O				00
	ther Subtractions from Arizona Gross Income - Line 36 (see instructions for more informati	on)	(
A	ther Subtractions from Arizona Gross Income - Line 36 (see instructions for more informati Married Persons Filing Separate returns. Arizona Form 141AZ Schedule K-1 - Fiduciary Adjustment Federally Taxable Arizona Municipal Interest as Evidenced by Bonds.	on)	(00
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A B C	ther Subtractions from Arizona Gross Income - Line 36 (see instructions for more informati Married Persons Filing Separate returns. Arizona Form 141AZ Schedule K-1 - Fiduciary Adjustment Federally Taxable Arizona Municipal Interest as Evidenced by Bonds.	on) A B C	() () () () () () () () () ()	00
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A B C D	ther Subtractions from Arizona Gross Income - Line 36 (see instructions for more informati Married Persons Filing Separate returns. Arizona Form 141AZ Schedule K-1 - Fiduciary Adjustment. Federally Taxable Arizona Municipal Interest as Evidenced by Bonds. Adoption Expense. Qualified Wood Stove, Wood Fireplace or Gas-Fired Fireplace.	On) A B C D E		00 00 00 00 00
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