RETURN.			Arizona Form 140NR	No	nresident F	Personal In	come Ta	ax Re	turn	F	_	LENDAR YEAR 021
	82F		Check box 82F f filing under extensi	on OR FISC	AL YEAR BEGINN	ING IM,MID,E	12,0,2	1 i and	ENDING	IM _I M _I D	DI2	2 0 Y Y
_			First Name and Middle Ini			Last Name				Your		I Security Number
O THE	1								Ente	r		·
MS TO	1	Spous	se's First Name and Midd	lle Initial (if box 4	or 6 checked)	Last Name			your SSN	Spou	se's S	Social Security No.
ANY ITEMS		Curre	nt Home Address - numb	er and street, rur	al route		Apt. No.		Dayt	ime Phone	(with	area code)
Ę۱	2							1	94			
A	3	City, I	Town or Post Office	S	tate	ZIP Code		Last N	lames Use	d in Last Fou	r Prior	Year(s) (if different) 97
STAPLE	一							PEVE	NIIE IISE		T MA	ARK IN THIS AREA.
TA	TIS	4	☐ Married filing joint re		•		verpayment	88R	NOL OOL	ONLI. DO N	J1 WIA	INTERNALA.
5	STA	Э	Head of household:	: Enter name of qu	alitying child or deper	ident on next line:						
NOT	FILING STATUS	6	☐ Married filing separ	ate return: Enter	spouse's name and S	Social Security Num	ber above					
00	립	7	Single	ato rotarn. Entor	spoudo o namo ana c	Josiai Godaniy Mani	boi abovo.					
	SNO			claimed. Do no	t put a check mar	k.						
	EXEMPTIONS	8	Age 65 or over (you		If completing lines and 48. For lines 1		-	81P PI	М		80R	RCVD
	EMI	9	Blind (you and/or sp	,		· •						
	\Box	10a	Dependents: Under	•		dents: Age 17 and						
		11-13	Residency Status (che	eck one): 11 🔲 i	Nonresident 12	Nonresident Acti	ive Military 1	3 □ Co	mposite l	Return (see	instru	ctions - page 28)
			(Box 10a and 10b): De		tion. See instructi	ons. For more s	pace, check	the box	and	complete p	age 4	4.
			EIDST AN	(a) ND LAST NAME	soc	(b) CIAL SECURITY NO.	(c) RELATIONSH	IIP NO C	(d) OF MONTHS	(e) ✓ Dependent	Age	(f) ✓ if you did not claim
	ıts			yourself or spouse.)		on a decorate two.	TREE/THORION	LIVE	D IN YOUR	included i	n: 2	if you did not claim this person on your federal return due to
	nde			Т				поі	ME IN 2021	(Box 10a) (Box	ox 10b)	educational credits
	Dependents	10c								片	뷰	<u> </u>
										H	+	- - - - - - - - - - - - - -
Z		10e 10f								片	+	<u> </u>
4			Check box 14 if married	and you are the	snouse of an active	duty military me	mher	20	21 FEDE	RAI	20	021 ARIZONA
=			who qualifies for relief ur	-					from Fede			urce Amount Only
or other documents after Form 140NR		15	Wages, salaries, tips, etc	•				15		00		00
er		16	Interest					16		00		00
aft		17	Dividends					17		00		00
ts	ome		Arizona income tax refun				T I	18		00		00
Jer	<u>n</u>		Business income or (loss	•						00		00
ij	ona		Gains or (losses) from fe					20 21		00		00
ę	Ariz		Rents, royalties, partnership Other income reported or		•			22		00		00
ē			Total income: Add lines 1	-	-			23		00		00
늉			Other federal adjustment	=				24		00		00
		25	Federal adjusted gross in	ncome: Subtract li	ne 24 from line 23 in	the FEDERAL colur	mn	25		00		
les		26	Arizona gross income: S	Subtract line 24 from	line 23 in the ARIZO	NA column				26		00
np∈			Arizona income ratio:			•	•					
schedules			Small Business Income: 28								-	00
AZ s	suc		Modified Arizona gross in Total depreciation include									00
Ψþ	ddition		Partnership Income adjust							1		00
and	Ad		Other Additions to Income									00
			Subtotal: Add lines 29,									00
ge	je 2	34	Total Arizona sourced ne	et capital gain or (loss). See instructior	าร		34		00		
<u>4</u>	page		Total net short-term capit							00		
ë	t. on		Total net long-term capita	• , ,				36		00		
any required federal	cont.		Net long-term capital gain							00		00
y re	us –		Multiply line 37 by 25% (Net capital gain derived f	· ·						1		00
an	Subtraction		Recalculated Arizona de							1		00
Place	btra		Partnership Income adju							1		00
	L		Subtract lines 38 through	n 41 from line 33.	Enter the differen	ce				42		00
	ADO	R 1017	77 (21)		AZ	Z Form 140NR (2	(021)					Page 1 of 6

	Your	Name (as shown on page 1) Your Social Security N	umber	
ıs ige 1	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	43	00
action om pa	44	Agricultural crops contributed to Arizona charitable organizations	44	00
Subtractions cont. from page	45	Other Subtractions from Income: Complete Other Subtractions from Arizona Gross Income schedule on page 6	45	00
cor	46	Subtract lines 43, 44 and 45 from line 42. Enter the difference		00
Exemptions	47	Age 65 or over: Multiply the number in box 8 by \$2,100	00	
	48	Blind: Multiply the number in box 9 by \$1,500	00	
npti	49	Other Exemptions: See instructions49E Multiply the number in box 49E by \$2,300 49	00	
xen	50	Add lines 47, 48, and 49. Enter the total	00	
ш	51	Multiply line 50 by the Arizona ratio on line 27	51	00
	52	Arizona adjusted gross income: Subtract line 51 from line 46. If less than zero, enter "0"		00
	53	Deductions: Check box and enter amount. See instructions	53	00
	54	If you checked box 53S and claim charitable contributions, check 54C Complete page 3. See instructions	54	00
×	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"	55	00
of Tax	56a	Compute the tax using amount from line 55 and Tax Tables X and Y	56a	00
3e 0	56b	Reserved	1	
Balance	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 30	57	00
Ва	58	Subtotal of tax: Add lines 56a and 57. Enter the total	58	00
	59	Dependent Tax Credit. See instructions	1	00
	60	Nonrefundable credits from Arizona Form 301, Part 2, line 61		00
D (5	61	Balance of tax: Subtract lines 59 and 60 from line 58. If the sum of lines 59 and 60 is more than line 58, enter "0"		00
s an edit	62	2021 AZ income tax withheld		00
nent: le Cr	63	2021 AZ estimated tax payments 63a 00 Claim of Right 63b 00 Add 63a and 63b.	63c	00
Payn dab∣	64	2021 AZ extension payment (Form 204)		00
Total Payments and Refundable Credits	65	Other refundable credits: Check the box(es) and enter the total amount	65	00
	66	Total payments and refundable credits: Add lines 62 through 65. Enter the total	66	00
or	67	TAX DUE: If line 61 is larger than line 66, subtract line 66 from line 61. Enter amount of tax due. Skip lines 68, 69 and 70		00
Tax Due or Overpayment	68	OVERPAYMENT: If line 66 is larger than line 61, subtract line 61 from line 66. Enter amount of overpayment	[00
Tax Over	69	Amount of line 68 to be applied to 2022 estimated tax	1	00
·	70	Balance of overpayment: Subtract line 69 from line 68. Enter the difference.	1	00
ifts	71	- 81 Voluntary Gifts to: Assigned to Schools71 UU Arizona Wildlife	-	
ry G		Child Abuse Prevention	-	
ınta		Neighbors Helping Neighbors 76 00 Special Olympics 77 00 Veterans' Donations Fund 78 00 Sustainable State Parks	⊣	
Voluntary Gifts		I Didn't Pay Enough Fund79 00 Sustainable State Parks and Road Fund80 00 Spay/Neuter of Animals 81 00		
	82	Political Party (if amount is entered on line 75 - check only one): 821 Democratic 822 Libertarian 823 Republican		1
alty	83	Estimated payment penalty	83	00
Pena	84	841 Annualized/Other 842 Farmer or Fisherman 843 Form 221 included		100
	85	Add lines 71 through 81 and 83. Enter the total	85	00
Refund or Amount Owed	86	REFUND: Subtract line 85 from line 70. If less than zero, enter amount owed on line 87		00
t Ow		Direct Deposit of Refund: Check box 86A if your deposit will be ultimately placed in a foreign account; see instructions. 86A ACCOUNT NUMBER ACCOUNT NUMBER		
Refur noun		98 S Savings		
An	87	AMOUNT OWED: Add lines 67 and 85. Make check payable to Arizona Department of Revenue; write your SSN, 140NR on		
		payment	87	00
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my k true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer		
		tide, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	ii Ci iias	s arry knowledge.
	3			
ļμ		YOUR SIGNATURE DATE OCCUPATION		
	: →			
2	5	SPOUSE'S SIGNATURE DATE SPOUSE'S OCCUPATION	N	
	5			
Щ	Í	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)		_
	Ć	DAID DDFDADFDIG CTDFFT ADDDFGG	VO TIV	
DI EASE SIGN HERE	1	PAID PREPARER'S STREET ADDRESS PAID PREPARER	(2 IIN	
۵	-	PAID PREPARER'S CITY STATE ZIP CODE PAID PREPAREF	R'S PHON	IE 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 140NR.

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.

ADOR 10177 (21)

AZ Form 140NR (2021)

Page 2 of 6

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

2021 Form 140NR - 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 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 Form 1040 Schedule A (Gifts to Charity) that you would have claimed had you elected to take itemized deductions on your federal return.

NOTE 1: As a nonresident filing Form 140NR, you are required to apportion your allowable increased standard deduction based on your Arizona income ratio computed on page 1, line 27.

NOTE 2: You must reduce your contribution amount by the total charitable contributions you made during January 1, 2021 through December 31, 2021 for which you are claiming an Arizona tax credit under Arizona law for the current tax year return or claimed on the prior tax year return. Enter this amount on line 5C.

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 5C.

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

1C	2021 Gifts by cash or check	1C		00
2C	2021 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	Total charitable contributions made in 2021 for which you are claiming a credit under Arizona law for the current (2021) or prior (2020) tax year	5C		00
6C	Subtract line 5C from line 4C and enter the difference. If less than zero, enter "0"	6C		00
7C	Multiply line 6C by 25% (.25) and enter the result	7C		00
8C	Enter your Arizona income ratio from page 1, line 27	8C		
9C	Multiply line 7C by the ratio on line 8C and enter the result	9C		00

- Enter the amount shown on line 9C on page 2, line 54
- Be sure to check box 53S for Standard Deduction on line 53.
- Check box **54C** for charitable contributions on line 54. If you do not check this box, you may be denied the increased standard deduction.

ADOR 10177 (21) AZ Form 140NR (2021) Page 3 of 6

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

2021 Form 140NR 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 claiming Other Exemptions on page 2, line 49.

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

Information used to compute your allowable **Dependent Tax Credit** on page 2, line 59.

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 59.

	(a)	(b)	(c)	(d)	(6	e)	(f)
	FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2021	Dependent Age included in: 1 2 (Box 10a) (Box 10b)		IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL RETURN DUE TO
							EDUCATIONAL CREDITS
10g							
10h							
10i							
10j							
10k							
10ı							
10m							
10n							
10 _o							
10p							
10q							

Part 2: Other Exemptions

Information used to compute your allowable Other Exemptions on page 2, line 49.

	(a)	/b)	(c)		(4)
	(a)	(b)			(d)
	FIRST AND LAST NAME	SOCIAL SECURITY NO.	✓ AGE 65	OR OVER	√ STILLBORN
	(Do not list yourself or spouse.)				CHILD IN 2021
	(Do not list yourself of spouse.)		(see instructions)		OTTIED IIV 2021
			C1	C2	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Enter the total number of individuals listed in Part 2 in box 49E on page 2, line 49.

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

2021 Form 140NR - Other Additions to Arizona Gross Income

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

Note: If you are making any adjustments reducing your Arizona Gross Income complete page 6.

Other Additions to Arizona Gross Income - Line 32 (see instructions for more information)

A	Fiduciary Adjustment from Arizona Form 141AZ Schedule K-1(NR)	Α	00
В	Items Previously Deducted for Arizona Purposes.	В	00
С	Claim of Right Adjustment for Amounts Repaid in 2021	С	00
D	Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years	D	00
E	Addition to S corporation Income Due to Claiming Pass-through Credit (Forms 312 and 315)	E	00
F	Adjusted Basis in Property for Which You Have Claimed a Credit for Investment in Qualified Small Businesses (Form 338)	F	00
G	Sole Proprietorship Loss of an <i>Arizona Nonprofit Medical Marijuana Dispensary</i> Included in Federal Adjusted Gross Income. Sole Proprietorship loss of an Arizona dual licensee that has not elected to operate on a for-profit basis must also add back the portion of their loss that is from the medical marijuana portion of the business that is included in their federal adjusted gross income	G	00
Н	Americans with Disabilities Act - Access Expenditures	н	00
1	Amortization or Depreciation for Childcare Facility Before 1990	ı	00
J	Net capital (loss) derived from the exchange of legal tender: See instructions	J	00
K	Other Adjustments Related to Tax Credits	ĸ	00
L	Other Adjustments - see instructions	L	00
М	Total Other Additions: Add all amounts and enter the total here and on page 1, line 32	М	00

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

2021 Form 140NR - Other Subtractions from Arizona Gross Income

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

Note: If you are making any adjustments increasing your Arizona Gross Income complete page 5.

<u>Other Subtractions From Arizona Gross Income</u> - Line 45 (see instructions for more information)

A	Certain Wages of American Indians	Α	00
В	Qualified Wood Stove, Wood Fireplace, or Gas-Fired Fireplace	В	00
c	Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years	С	00
D	Certain Expenses Not Allowed for Federal Purposes (due to claiming federal tax credits)	D	00
E	Basis Adjustment for Property Sold or Otherwise Disposed of During the Taxable Year	E	00
F	Fiduciary Adjustment from Arizona Form 141AZ Schedule K-1(NR)	F	00
G	Net Operating Loss Adjustment	G	00
Н	Sole Proprietorship Income of an <i>Arizona Nonprofit Medical Marijuana Dispensary</i> Included in Federal Adjusted Gross Income. In addition, Sole Proprietorship income of an Arizona dual licensee that has not elected to operate on a for-profit basis may subtract the portion of their federal taxable income that is from the medical marijuana portion of the business.	н	00
ı	Americans with Disabilities Act – Access Expenditures	ı	00
J	Exploration Expenses Deferred Before January 1, 1990	J	00
K	Sole Proprietorship of an Arizona Marijuana Establishment, Marijuana Testing Facilities and dual licensees that operate on a for-profit basis: enter the total amount of ordinary and necessary expenses related to the sales of recreational use products reported on Schedule DFE (line 16). An LLC that has elected to be treated as a disregarded entity for federal purposes, and also elected to operate on a for-profit basis may subtract the total amount of ordinary and necessary expenses related to the sales of recreational use products reported on Schedule DFE (line 16)	ĸ	00
L	S corporation Shareholders of an Arizona Marijuana Establishment, Marijuana Testing Facilities and dual licensees that operate on a for-profit basis: enter the amount of your pro-rata share of ordinary and necessary expenses related to the sales of recreational use products as shown on your 120S Schedule K-1(NR), line 20	L	00
М	Net capital gain derived from the exchange of legal tender: See instructions	М	00
N	Other Adjustments - see instructions	N	00
0	Total Other Subtractions: Add all amounts and enter the total here and on page 2, line 45	0	00