E RETURN			Arizona Form 140PY	Part-Year Resid	lent Persona	ıl Incom	e Tax Retui		CALENDAR YEAR 2022
	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEGIN	INING MIMIDIE	12.0.2.	2 AND ENDING	$M_1M_1D_1D_1$) Y,Y,Y,Y, 66F
픋			First Name and Middle Initial		Last Name		Ento	Your So	cial Security Number
2	1						Ente ——your		
EMS	1	Spous	se's First Name and Middle Initi	al (if box 4 or 6 checked)	Last Name		SSN	Spouse	's Social Security No.
⊨ ≽		Curre	nt Home Address - number and	l street, rural route		Apt. No.	Dayt	ime Phone (w	rith area code)
LE A	_	City, 7	Town or Post Office	State	ZIP Code		ب ا	d in Last Four P	rior Year(s) (if different)
DO NOT STAPLE ANY ITEMS	3 STATUS	4 5	_	4a Injured Spouse P	pendent on next line:		REVENUE USE	ONLY. DO NOT	MARK IN THIS AREA.
_	FILIN	7	☐ Single ✔ Enter the number claims	·	•				
	10a and 10b	8 9 10a 11a	Age 65 or over (you and/o Blind (you and/or spouse Dependents: Under age of Qualifying parents and gr	or spouse) If completing line 47, and 49. For line of 17. 10b Depe	es 8, 9, and 11a, also comes 10a and 10b, also comendents: Age 17 and	mplete line 59.	81P PM	[2	RCVD
	nts ′	12-1		one): 12 Part-Year Res	ident Other than Ac	tive Military	13 Part-Year	Resident Activ	ve Military
	11a - Dependents 10a		(Box 10a and 10b): Depend (a) FIRST AND LAS (Do not list yourself	ST NAME S	ctions. For more s (b) SOCIAL SECURITY NUMBER	(c)	the box and (d) HIP NO. OF MONTHS LIVED IN YOUR HOME IN 2022	(e)	e (f) if you did not claim this person on your federal return due to
	, and 11a	10c							
₹.	8, 9,	10 d	(Box 11a): Qualifying parents	s and grandnarents. See in	etructions For mo	ro snaco icho	ck the hoy \square an	d complete na	
nents after Form 140PY.	Exemptions		(a) FIRST AND LAS (Do not list yourself	ST NAME S	(b) SOCIAL SECURITY NO.	(c)	(d) HIP NO. OF MONTHS LIVED IN YOUR HOME IN 2022	(e)	(f)
윤	В	11ь					THE WE WILLIAM		
<u>f</u> e		11c							
sa		14	Dates of Arizona residency: From	[M,M]D,D[Y,Y,Y,Y]	to [M,M]D,D]Y	<u>, Y , Y , Y </u>	2022 FEDE Amount from Fede	ll ll	2022 ARIZONA Amount Only
ent		15	List other state(s) of residency: Last o				15	00	00
Ĕ			Interest				16	00	00
docur		17	Dividends			Ī	17	00	00
		18	Arizona income tax refunds				18	00	00
schedules or other	me	19	Business income (or loss) from	n federal Schedule C			19	00	00
r 0	Arizona Income	20	Gains (or losses) from federal	Schedule D. See instructions	for ARIZONA column		20	00	00
s o	ona	21	Rents, royalties, partnerships, esta	tes, trusts, small business corp	orations from federal S	Schedule E	21	00	00
음	Ariz	22	Other income reported on your	r federal return: Include your	own schedule		22	00	00
eq	,	23	Total income: Add lines 15 throu	ıgh 22			23	00	00
ñ		24	Other federal adjustments: Inc	-		Г	24	00	00
Š		25	Federal adjusted gross income					00	00
þ			Arizona gross income: Subtract						00
a		27	Arizona income ratio: Divide						00
ā	ons	28 29	Small Business income: 288 Modified Arizona gross income	check the box if you are filing Form 1					00
ge	Additions	30	Total depreciation included in A						00
욛	Ä	31	Other Additions to Income. Co	•					00
ē	3 2	32	Subtotal: Add lines 29, 30 and 3	•			. •		00
anv required federal and AZ	page 2	33	Total Arizona net capital gain o					00	,30
ē	. on	34	Total Arizona net short-term ca					00	
2	cont	35	Total Arizona net long-term cap				35	00	
e a	- 1	36	Net long-term capital gain from				36	00	
Place	ctior	37	Multiply line 36 by 25% (.25) a					37	00
	ubtractions		Net capital gain derived from in	nvestment in qualified small	l business				00
	Su	20	Subtract lines 27 and 20 from	line 22 Enter the difference	•			20	00

i	Your	Name (as shown on page 1)	You	r Social Securit	y Number	
tions page 1	40	Recalculated Arizona depreciation			_	00
Subtractions int. from page	41	5 5 100 418 0207 (// IDEE doodanto)	10	0 add 41a and 4		00
btra	42	, ,				00
Subtraction:	43	,				00
ŭ	44			. •		00
	45	3				00
	46	3 - 3 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -			00	
<u>io</u>	47	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			00	
Exemptions	48				00	
Ä	49	- 7 51 5 1 17			00	
_	50	3 .			00	las
	51	Multiply line 50 by the Arizona income ratio on line 27				00
	52	, , , , , , , , , , , , , , , , , , , ,				00
	53					00
	54	,				00
×	55	,			l l	00
fTa	56					00
9	57 58	·				00
Balance of Tax	50 59					00
Ba	60	_ `				00
	61	Nonrefundable credits from Arizona Form 301, Part 2, line 64				00
	62					00
	63					00
and	64			O Add 64a and 6		00
ents e Cre	65		10	O Auu 04a anu 0	65	00
Total Payments and Refundable Credits	66					00
tal P	67	· · · · · · · · · · · · · · · · · · ·				00
5 %	68					00
. t	69					00
Tax Due or Overpayment	70					00
ox Du	71		,			00
ě	72					00
Ŋ	73	- 83 Voluntary Gifts to: Solutions Teams Assigned to Schools73 00 Arizona Wildlife			00	
Ē		Child Abuse Prevention			00	
ary		Neighbors Helping Neighbors 78 00 Special Olympics 79 00 Veterans' Donat	tions Fund		00	
Voluntary Gifts		I Didn't Pay Enough Fund81 00 Sustainable State Parks and Road Fund82 00 Spay/Neuter of			00	
8	84		n 843	Republican		
>	85	Estimated payment penalty			85	00
Penalty	86	861 ☐ Annualized/Other 862 ☐ Farmer or Fisherman 863 ☐ Form 221 included				<u></u>
Pe	87	Add lines 73 through 83 and 85; enter the total			87	00
	88	REFUND: Subtract line 87 from line 72. If less than zero, enter amount owed on line 89			88	00
Refund or Amount Owed		Direct Deposit of Refund: Check box 88A if your deposit will be ultimately placed in a foreign account	nt; see ins	structions. 88 A		
und		C Checking or Savings C Savings C Checking or Savings C C Checking or Savings C C Checking or C C Checking or C C Checking or C C C C C C C C C C C C C C C C C C			1	
Ref		3			·	0.0
4	89	AMOUNT OWED: Add lines 69 and 87. Make check payable to Arizona Department of Revenue; w	vrite your	SSN on payme	ent. 89	00
		Under papelties of position I declare that I have read this return and any decimants with it a	nd to the	a boot of man	lenaudadea as	ad baliaf thay are
2		Under penalties of perjury, I declare that I have read this return and any documents with it, a true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of whi	ich prepa	rer has any kno	owledge.	id belief, they are
뽀	→	VOLID CLONATURE		DATION		
z	→	YOUR SIGNATURE DATE	UUUUI	PATION		
5	_	SPOUSE'S SIGNATURE DATE	SPOUS	SE'S OCCUPATION	ON	
וון		DAID DDEDADED'S SIGNATURE DATE FIRM'S MAKE (PREPARE	D'O IF OF	LE EMBLOVED		
LEASE SIGN HERE		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARE	-K 3 IF 3EI	LF-EIVIPLUYED)		
EA		PAID PREPARER'S STREET ADDRESS		PAID PREPARE	R'S TIN	

PAID PREPARER'S 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 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.

ZIP CODE

STATE

2022 Form 140PY - 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 27% (.27) 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 part-year resident filing Arizona Form 140PY, you may only include those charitable contributions that are incurred and paid while an Arizona resident <u>plus</u> the amount of such gifts from Arizona sources incurred and paid during the part of the year while an Arizona nonresident.

NOTE 2: You must reduce your contribution amount by the total charitable contributions you made during January 1, 2022 through December 31, 2022 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	2022 Gifts by cash or check	1C	00
2C	2022 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 2022 for which you are claiming a credit under Arizona law for the current (2022) or prior (2021) 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 27% (.27) and enter the result	7C	00

- Enter the amount shown on line 7C 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.

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

2022 Form 140PY 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 48.

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.

	compute your Dep	endent fax Credit on iir	ie 59.					
	FIRST AND	(a) D LAST NAME ourself or spouse.)	(b) SOCIAL SECURITY NUMBER	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2022	√ Depen includ	dent Age	(f) ✓ IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL RETURN DUE TO
						1 (Box 10a)	2 (Box 10b)	EDUCATIONAL CREDITS
10e								
10f								
10g								
10h								
10i								
10j								
10k								
10ı								
10m								
10n								
10 _o								

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 49.

	Additional qualityii	ig parents and grandpa	irents information used	i to compute your a	ilowabie exemption c	ni page 2, iiile 43.	
		(a)	(b)	(c)	(d)	(e)	(f)
	FIRST AND LAST NAME (Do not list yourself or spouse.)		SOCIAL SECURITY NUMBER	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2022	✓ IF AGE 65 OR OVER	✓ IF DIED IN 2022
11a							
11e							
11 f							
11 g							
11h							
11i							

Part 3: Other Exemptions

Information used to compute your allowable **Other Exemptions** on page 2, line 48.

	(a)	(b)	(0	c)	(d)
	FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURITY NUMBER		OR OVER ructions)	✓ STILLBORN CHILD IN 2022
			C1	C2	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Enter the total number of individuals listed in Part 3 in box 48E on page 2, line 48.

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

2022 Form 140PY - 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 31 (see instructions for more information)

Α	Non-Arizona Municipal Interest	Α	00
В	Ordinary Income Portion of Lump-Sum Distributions Excluded on Your Federal Return	В	00
С	Fiduciary Adjustment from Arizona Form 141AZ Schedule K-1 and/or Schedule K-1(NR)	С	00
D	Partnership Income Adjustment	D	00
Е	Items Previously Deducted for Arizona Purposes.	E	00
F	Claim of Right Adjustment for Amounts Repaid in 2022	F	00
G	Claim of Right Adjustment for Amounts Repaid in Prior Years	G	00
H(a)	Addition for Expenses Due to Claiming Credit 312. See instructions	H(a)	00
H(b)	Addition to S Corporation Income for Expenses Due to Claiming Pass-Through Credit on Form 312. See instructions	H(b)	00
l(a)	Adjusted Basis in Property for Which You Have Claimed a Credit for Investment in Qualified Small Businesses (Form 338) that was sold or otherwise disposed of during the tax year. See instructions	l(a)	00
l(b)	Adjusted Basis in Property for Which You Have Claimed a Credit for Agricultural Pollution Control Equipment (Form 325) that was sold or otherwise disposed of during the tax year. See instructions	l(b)	00
I(c)	Adjusted Basis in Property for Which you Claimed a credit for Pollution Control Equipment (Form 315) Before Taxable Year 2022 that was sold or otherwise disposed of during the tax year. See instructions	l(c)	00
J	Nonqualified Withdrawals from 529 College Savings Plans	J	00
κ	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	K	00
L	Americans with Disabilities Act - Access Expenditures	L	00
М	Amortization or Depreciation for Child Care Facility Before 1990.	М	00
N	Net capital loss derived from exchange of legal tender. See instructions	N	00
0	Entity-Level Income Tax Payment. See instructions	0	00
Р	Other Adjustments Related to Tax Credits. See instructions	Р	00
Q	Other Adjustments. See instructions	Q	00
R	Total Other Additions: Add all amounts and enter the total here and on line 31	R	00

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

2022 Form 140PY - 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.

Other Subtractions from Arizona Gross Income - Line 44 (see instructions for more information)

Α	Exclusion for U.S. Government, Arizona State, or Local Government Pensions (up to \$2,500 per taxpayer)	Α	00
В	Exclusion for Benefits, Annuities, and Pensions Received as Retired or Retainer Pay of the Uniformed Service of the United States. You may subtract 100% of the amount received	В	00
С	Agricultural Crops Given to Arizona Charitable Organizations.	С	00
D	Certain Wages of American Indians	D	00
Е	Pay Received for Active Service as a Member of the Reserves, National Guard, or the U.S. Armed Forces	E	00
F	Federally Taxable Arizona Municipal Interest as Evidenced by Bonds	F	00
G	AdoptionExpense	G	00
Н	Qualified Wood Stove, Wood Fireplace, or Gas Fired Fireplace	Н	00
1	Claim of Right Adjustment for Amounts Repaid in Prior Tax Years	ı	00
J	Certain Expenses Not Allowed for Federal Purposes	J	00
ĸ	Qualified State Tuition Program Distributions	ĸ	00
L	Installment Sale Income From Another State Taxed by the Other State in a Prior Taxable Year	L	00
М	Basis Adjustment for Property Sold or Otherwise Disposed of During the Taxable Year	М	00
N	Fiduciary Adjustment from Arizona Form 141AZ Schedule K-1 and/or Schedule K-1(NR)	N	00
0	Partnership Income Adjustment	0	00
Р	Net Operating Loss Adjustment	Р	00
Q	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. A dual licensee that elects to operate on a for-profit basis does not qualify for a subtraction for the medical marijuana portion of their business.	Q	00
R	Long-Term Care Insurance Premiums	R	00
s			
	Americans with Disabilities Act - Access Expenditures	S	00
T	Exploration Expenses Deferred before January 1, 1990.	S T	00
U	·		
	Exploration Expenses Deferred before January 1, 1990	Т	00
U	Exploration Expenses Deferred before January 1, 1990 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) 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,	U	00
	Exploration Expenses Deferred before January 1, 1990. 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). 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, line 7 or K-1(NR), line 20.	U	00
	Exploration Expenses Deferred before January 1, 1990 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) 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, line 7 or K-1(NR), line 20 Net capital gain derived from exchange of legal tender: See instructions	T U V	00