RETURN.			Arizona Form 140A			sonal Income			rorm)	FOR CALENDAR YEAR		
ERE		32F	<b>_</b>		extension					10 11 11		
岩口	1 1	our f	First Name and Middle In	iitial		Last Name		Ente	Your Soci	al Security Number		
<u>6</u>	_	Snous	se's First Name and Midd	tle Initial (if hoy 4 (	or 6 checked	) Last Name		you	Spouse's	Social Security No.		
	<b>可</b>	pous	se s i list ivallie and ivilde	Te miliai (ii box 4 t	or o checked	Last Name		SSN	l(s).	ocial occurry No.		
Äμ	_	Curre	nt Home Address - numb	per and street, rura	ıl route		Apt. No.	Day	rtime Phone (with	n area code)		
<u> </u>	2			,			'	94	· · · · · · · · · · · · · · · · · · ·			
ANY ITEMS	(	City, T	own or Post Office	St	ate	ZIP Code		Last Names Use	ed in Last Four Prio	or Year(s) (if different)		
	3									97		
00 OC	NS FILINGSTATUS	4 5 6 7 8 9 10a 11a	Married filing joint return 4a Injured Spouse Protection of Joint Overpayment Head of household. Enter name of qualifying child or dependent on next line:  Married filing separate return. Enter spouse's name and Social Security Number above.  Single  FREVENUE USE ONLY. DO NOT MARK IN THIS AREA.  88  REVENUE USE ONLY. DO NOT MARK IN THIS AREA.									
	١ <u>ۉ</u>	8	Age 65 or over (you	u and/or spouse)	If completing I	ines 8, 9, and 11a, also con	plete lines 13,					
	P	9	Blind (you and/or s	pouse)	14, and 16. For	r lines 10a and 10b, also con	nplete line 21.	81 PM	80	RCVD		
		10a	Dependents: Unde	•	10b De	ependents: Age 17 and	d over.					
L	Ш,	11a	Qualifying parents					<u> </u>				
			(Box 10a and 10b): D	ependent Informat (a)	tion. See ins	tructions. For more s (b)	pace, check to	ne box Land (d)	complete page	3. (f)		
				ND LAST NAME		SOCIAL SÉCURITY	RELATIONSHIP		Dependent Age	if you did not claim		
	nts		(Do not list	yourself or spouse.)		NUMBER		HOME IN 2023	included in:	this person on your federal return due to		
	nde								1 2 (Box 10a) (Box 10b)	educational credits		
	Dependents			I					(BOX 10a) (BOX 10b)	<u>' </u>		
									- 片   片			
									<del>                                     </del>	<u> </u>		
AO.		10e	(Box 11a): Qualifying (	narante and grand	naronte Soc	instructions Forms	ro enaco, choc	k the box $\square$ ar	d complete page			
er Form 140A.			(BOX 11a). Qualifying	(a)	parents. Set	(b)	(c)	(d)	(e)	(f)		
Form 1	ω			ND LAST NAME yourself or spouse.)		SOCIAL SECURITY NUMBER	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR	✓ if	✓ if		
<b>5</b> E	arent		(DO NOT list	yoursell of spouse.)				HOME IN 2023	age 65 or over	died in 2023		
ter Tying F	dpur	11 <sub>b</sub>										
aft	٥	11c										
<u>ئ</u> م		<b>11</b> d										
Jer		12	Federal adjusted gross	s income (from ye	our federal r	eturn)			12	00		
ä	ဋ	13	Age 65 or over: Multiply	the number in box 8	by \$2,100				13	00		
ခြင်္	Exemptions	14	Blind: Multiply the number	in box 9 by \$1,500					14	00		
e c	em		Other Exemptions: See			Multiply the number in bo				00		
Ę '	ш		Qualifying parents and g							00		
2	_		Arizona adjusted gros							00		
SS (	Тах	18	Standard deduction: If y	<del>-</del>								
≝	of		If you are a surviving sp							00		
Jec	Se		Arizona taxable income:							00		
scl	Balan									00		
Ž	ш		21 Dependent Tax Credit. See instruction							00		
d/	ij		22 Family income tax credit (from the worksheet - see instructions)									
ar	Cre		Arizona income tax with							00		
ral me	dable		2023 Arizona extension	-						00		
federal and AZ schedules or other documents af	əfunc		Increased Excise Tax Cr		-					00		
d fe ™	ď		Property Tax Credit from	•		,				00		

PLEASE BE SURE TO SIGN ON PAGE 2 OF THIS RETURN.

**30 OVERPAYMENT:** If line 28 is greater than line 23, subtract line 23 from line 28, and enter the amount of overpayment...

28 Total payments and refundable credits: Add lines 24 through 27 and enter the total ......

Ø

Continued on page 2 ->

28

> > 00

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00

Place any required

	Your	Name (as shown on page 1)				Your Soc	cial Securit	y Number	
		Enter the amount from page 1, line 29 Tax Due; or line 30 Ov	/erpa <u>yment</u>		7			31	00
	32 -	42 Voluntary Gifts to: Solutions Teams Assigned to Schools	32	00	Arizona Wildlife	. 33	00		
ţ		Child Abuse Prevention	es <b>35</b>	00	Political Gift	. 36	00		
ē		Neighbors Helping Neighbors <b>37</b> Special Olympics	38	00	Veterans' Donations Fund	39	00		
Voluntary Gifts		I Didn't Pay Enough Fund 40 Sustainable State Parks and Road Fund	41	00	Spay/Neuter of Animals.	. 42	00		
<u><u>E</u></u>	43	Political Party (if amount is entered on line 36 - check only one box)							
8		431 Democratic 432 Libertarian 433 Republican	,						
	44	Total voluntary gifts: Add lines 32 through 42						44	00
İ		REFUND: If line 31 is an overpayment, subtract line 44 from							00
pa		Direct Deposit of Refund: Check box 45A if your deposit will be ult							100
<b>Amount Owed</b>		— POLITING NUMBER	CCOUNT NUMB						
ဋ		98 S Savings							
o E		Su savings							
₹	46	AMOUNT OWED: If line 31 is a tax due, add lines 31 and 44							00
		write your SSN on payment, and include with your return						46	00
		Inder penalties of perjury, I declare that I have read this returnue, correct and complete. Declaration of preparer (other than							
	<b>→</b>								
~	Y	OUR SIGNATURE	DATE		OCCUPATI	ION			_
SIGN HER									
÷	→_								
Ö	S	POUSE'S SIGNATURE	DATE		SPOUSE'S	OCCUPAT	ION		
တ									
Щ	=	ALD DEFENDENCE CONTINUES			/DDED4.DED/0.15.051.5.5	- MDI 0)/ED			
<b>S</b>	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)								
Щ									
PLEASE	=	AID DDEDADEDIO OTDEET ADDDEGO				DAID DD	-DADEDIO TII	\ 1	
	PAID PREPARER'S STREET ADDRESS PAID PREPAREF						EPAKEK S III	N	
	P.	AID PREPARER'S CITY STATE ZI	IP CODE			PAID PRI	EPARER'S PH	HONE NUMBER	<u> </u>
						=		- · · · ·	

- 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 your 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.

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

# 2023 Form 140A Dependent and Other Exemptions Information

## Include page 3 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 1, line 15.

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

Information used to compute your allowable Dependent Tax Credit on page 1, line 21.

**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 21.

г					1			
	(a)		(b)	(c)	(d)	(e)		(f)
	FIRST AND LAST NAME (Do not list yourself or spouse.)		SOCIAL SECURITY	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2023	✓ Dependent Age included in:		✓ IF YOU DID
			NUMBER					NOT CLAIM THIS PERSON ON
								YOUR FEDERAL
						ı		RETURN DUE TO
						1 (0 )	2	EDUCATIONAL CREDITS
-						(Box 10a)	(Box 10b)	CREDITS
10f								
10g								
10h								
10i								
10j								
10k								
10ı								
10m								
<b>10</b> n								
10 <sub>o</sub>								
10 <sub>p</sub>								

### 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 1, line 16.

	, , ,	, , ,		, ,	•	, 5	
	(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 2023	✓ IF AGE 65 OR OVER	✓ IF DIED IN 2023
11e							
11f							
11g							
11 <sub>h</sub>							
11i							
11 <sub>j</sub>							

#### Part 3: Other Exemptions

Information used to compute your allowable Other Exemptions on page 1, line 15.

	miermatien about to compate your anovable outer Exemptions on page 1, mile 10.										
	(a)	(b)	(0	c)	(d)						
	FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURITY  NUMBER	AGE 65 OR OVER (see instructions)		✓ STILLBORN CHILD IN 2023						
			C1 C2								
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Enter the total number of individuals listed in Part 3 in box 15E on page 1, line 15.