\boldsymbol{z}	
\simeq	
2	
ETUR	
\simeq	-
ш	г
E	ĺ
2	ĺ
ဟ	Ē
\geq	
ITEM	ĺ
	Ē
\geq	
A	
щ	Ļ
굽	
STAPI	
7	
2	
0	
Z	
0	

RETUR —	140EZ Resid	ent Personal	Income	Tax Ret	urn (EZ Form)	2023	
# # <u>1</u>	Your First Name and Middle Initial	L	ast Name		Enter	Your S	Social Security Number	
2_	Spouse's First Name and Middle Initial (if box 4 is checked)		ast Name	your SSN(s).	Spouse's Social Security No.			
	Current Home Address - number and street, rural route		Apt. No.		Daytime	Daytime Phone (with area code)		
<u>= [2]</u>	0". 7	01.1	710.0		94		D: V () ('t l'tt	
X 3	City, Town or Post Office	State	ZIP Code		Last Names Used in I	Last Foui	r Prior Year(s) (if different 97	
DO NOT STAPLE ANY ITEMS Sample of the content of	82F Check box 82F if filing under e	extension			REVENUE USE ONL'	Y. DO NO	OT MARK IN THIS AREA	
	STOP You must use Arizona Form 140	if:						
0	Your Arizona taxable income on	line 8 is \$50,000	or more.					
	 You are claiming estimated payr 	nents.						
	You are taking a subtraction for: active duty military pay				81 PM		80 RCVD	
	pension income from the uniform	ormed services of	the United S	tates	011		00	
	- wages earned on Indian reser							
	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 return						00	
	7 Standard deduction: If you checked filing status box 4, enter \$27,700; if you checked filing status							
	box 5, enter \$13,850. If you are a surviving spouse, see instructions for amount to enter on line 8 Arizona taxable income: Subtract line 7 from line 6. If less than zero, enter "0"						00	
							00	
Ľ							00	
4 0	10 Family income tax credit (from workshe			•			00	
1	11 Balance of tax: Subtract line 10 from						00	
ב	12 Arizona income tax withheld during 202						00	
ĭ	13 2023 Arizona extension payment (Form 204)						00	
<u>te</u>	14 Increased Excise Tax Credit (from worksheet - see page 6 of the instructions)						00	
O	15 Total payments/credits: Add lines 12 through 14						00	
בָּבָּ	16 TAX DUE / AMOUNT OWED: If line 11 is more than line 15, subtract line 15 from line 11. Skip line 17.						00	
E	Make check payable to Arizona Department of Revenue; include SSN on payment						00	
ವ	Direct Deposit of Refund: Check box 17A if you					_	100	
8	DOUTING NUMBER	•	UNT NUMBER	ioreign accor	unt, see manuonons. 171	`Ш		
<u>je</u>	98 S Savings							
schedules or other documents after Form 140EZ N HERE	Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.							
Sched N HEF	YOUR SIGNATURE		DATE	7	OCCUPATION			
Place any required rederal and AZ PLEASE SIG			DATE		SPOUSE'S OCCUPATION			
LEA	PAID PREPARER'S SIGNATURE	DATE	FIRM'S NAME	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)				
ed Te	PAID PREPARER'S STREET ADDRESS PAID						TIN	
٥	PAID PREPARER'S CITY	STATE	ZIP	CODE	PAID PRE	PARER'S	PHONE NUMBER	
	If you are sending a payment with this retu	rn, mail to:						
ny r	Arizona Department of Revenue, PO Box 8		Z 85072-20	16.				
ā	Include the payment with Form 140EZ.							
ace	If you are expecting a refund or owe no tax				ent, mail to:			
ਤੱ	Arizona Department of Revenue, PO Box	o∠ i38, Phoenix, A	AZ 850/2-21	აర.				

FOR CALENDAR YEAR