

Arizona 140 - Full Year Resident Return

2D Barcode Record Layout

2018 FIELD NO	2019 FIELD NO	FIELD NAME	LENGTH	TYPE	FORM & Line Number	BUSINESS RULE
1	1	Header version	2	A		T1
2	2	Software Developer Code	4	A		NACTP assigned code
3	3	Specification Version Number	2	N		01; use 2 digits (leading zero)
4	4	Form Type	6	A		140
5	5	Form Year	4	N	140, TOP	2019
6	6	Tax Year Ending DateYY	8	N	140, 66F	MMDYYYY (Enter only if fiscal year filer)
7	7	Primary First Name	10	A	140, Line 1	
8	8	Primary Middle Initial	1	A	140, Line 1	
9	9	Primary Last Name	35	A	140, Line 1	
10	10	Primary SSN	9	N	140, Line 1	No hyphens
11	11	Spouse First Name	10	A	140, Line 1	Spouse Name required when MFJ or MFS
12	12	Spouse Middle Initial	1	A	140, Line 1	Spouse Name required when MFJ or MFS
13	13	Spouse Last Name	35	A	140, Line 1	Spouse Name required when MFJ or MFS
14	14	Spouse SSN	9	N	140, Line 1	Spouse SSN required when MFJ or MFS; No hyphens
15	15	Address line 1	35	A/N	140, Line 2	Address line 1 or % (care of) line or recipient name if TP is deceased
16	16	Address line 2	35	A/N	140, Line 2	Address line 2 or Address line 1 is % or deceased TP
17	17	City	21	A	140, Line 3	
18	18	State	2	A	140, Line 3	Or province if Canadian address
19	19	Zip Code	9	A/N	140, Line 3	Include zip plus 4 in last 4 digits or zero fill if not available
20	20	Daytime Number	10	N	140, 94	
21	21	Married/Joint	1	A	140, Line 4	X or null
22	22	Injured Spouse Protection of Joint Overpayment	1	A	140, Line 4a	X or null
23	23	Head of Household	1	A	140, Line 5	X or null
24	24	Married filing Separate	1	A	140, Line 6	X or null
25	25	Single	1	A	140, Line 7	X or null
26	26	Age 65 or over	1	N	140, Line 8	
27	27	Blind	1	N	140, Line 9	
28	28	Dependents: Under age of 17	2	N	140, Line 10a	Changed line name from Dependents to Dependents Under Age 17
	29	Dependents: Age 17 and over	2	N	140, Line 10b	Added TY 2019
29	30	Parents/Ancestors	1	N	140, Line 11a	
30	31	6 Month Extension	1	A	140, Line 82F	X or null
31	32	Dependent Info More Space--Qualifying Dependents	1	A	140, Box 10ab	X or null
32	33	Dependent 1 First Name	10	A	140, 10c(a1)	
33	34	Dependent 1 Last Name	10	A	140, 10c(a2)	
34	35	Dependent 1 SSN	9	N	140, 10c(b)	No hyphens
35	36	Dependent 1 Relationship	12	A	140, 10c(c)	
36	37	Dependent 1 Months	2	N	140, 10c(d)	Valid Values are (0 - 12)
37	38	Dependent 1 Age included in	1	A	140, Box 10c(e1)	X or null, changed name from Dep. Name Not Qualifying to Dep. Age included in
	39	Dependent 1 Age included in	1	A	140, Box 10c(e2)	X or null
38	40	Dependent 1 Name Education	1	A	140, Box 10c(f)	X or null
39	41	Dependent 2 First Name	10	A	140, 10d(a1)	
40	42	Dependent 2 Last Name	10	A	140, 10d(a2)	
41	43	Dependent 2 SSN	9	N	140, 10d(b)	No hyphens
42	44	Dependent 2 Relationship	12	A	140, 10d(c)	
43	45	Dependent 2 Months	2	N	140, 10d(d)	Valid Values are (0 - 12)
44	46	Dependent 2 Age included in	1	A	140, Box 10d(e1)	X or null, changed name from Dep. Name Not Qualifying to Dep. Age included in
	47	Dependent 2 Age included in	1	A	140, Box 10d(e2)	X or null
45	48	Dependent 2 Name Education	1	A	140, Box 10d(f)	X or null
46	49	Dependent 3 First Name	10	A	140, 10e(a1)	
47	50	Dependent 3 Last Name	10	A	140, 10e(a2)	
48	51	Dependent 3 SSN	9	N	140, 10e(b)	No hyphens
49	52	Dependent 3 Relationship	12	A	140, 10e(c)	
50	53	Dependent 3 Months	2	N	140, 10e(d)	Valid Values are (0 - 12)
51	54	Dependent 3 Age included in	1	A	140, Box 10e(e1)	X or null, changed name from Dep. Name Not Qualifying to Dep. Age included in
	55	Dependent 3 Age included in	1	A	140, Box 10e(e2)	X or null
52	56	Dependent 3 Name Education	1	A	140, Box 10e(f)	X or null

Legend

Blue: Additions TY2019

Yellow: Changes for TY2019

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53	57	Dependent Info More Space--Qualifying Ancestors	1	A	140, Box 11a	X or null
54	58	Dependent 1 Qual Anc First Name	10	A	140, Line 11b(a1)	
55	59	Dependent 1 Qual Anc Last Name	10	A	140, Line 11b(a2)	
56	60	Dependent 1 Qual Anc SSN	9	N	140, Line 11b(b)	No hyphens
57	61	Dependent 1 Qual Anc Relationship	12	A	140, Line 11b(c)	
58	62	Dependent 1 Qual Anc Months	2	N	140, Line 11b(d)	Valid Values are (0 - 12)
59	63	Dependent 1 Qual Anc Age 65+	1	A	140, Box 11b(e)	X or null
60	64	Dependent 1 Qual Anc Deceased In Tax Year	1	A	140, Box 11b(f)	X or null
61	65	Dependent 2 Qual Anc First Name	10	A	140, Line 11c(a1)	
62	66	Dependent 2 Qual Anc Last Name	10	A	140, Line 11c(a2)	
63	67	Dependent 2 Qual Anc SSN	9	N	140, Line 11c(b)	No hyphens
64	68	Dependent 2 Qual Anc Relationship	12	A	140, Line 11c(c)	
65	69	Dependent 2 Qual Anc Months	2	N	140, Line 11c(d)	Valid Values are (0 - 12)
66	70	Dependent 2 Qual Anc Age 65+	1	A	140, Box 11c(e)	X or null
67	71	Dependent 2 Qual Anc Deceased In Tax Year	1	A	140, Box 11c(f)	X or null
68	72	Fed Adjusted Gross Income	10	N	140, Line 12	
69	73	Non-AZ Mun Interest	10	N	140, Line 13	
70	74	Partnership Income Adjustment Add	10	N	140, Line 14	
71	75	Total Federal Depreciation	10	N	140, Line 15	
72	76	Net capital (loss) derived from the exchange of legal tender	10	N	140, Line 16	Added TY2018
73	77	Other Additions	10	N	140, Line 17	Total from page 5 worksheet
74	78	Subtotal	10	N	140, Line 18	Add lines 12 through 17
75	79	Net Capital Gain/Loss	10	N	140, Line 19	
76	80	Total Net Short-Term Capital Gain/Loss	10	N	140, Line 20	
77	81	Total Net Long-Term Capital Gain/Loss	10	N	140, Line 21	
78	82	Net Long-Term Capital Gain From Assets	10	N	140, Line 22	
79	83	Capital Gain Allowable Subt. Calculation	10	N	140, Line 23	Multiply Line 22 by 25% (.25) and enter the result
80	84	Net Capital Gain - Investment In Qual. Small Business	10	N	140, Line 24	
81	85	Net capital gain derived from the exchange of legal tender	10	N	140, Line 25	Added TY2018
82	86	Recalculated Arizona Depreciation	10	N	140, Line 26	
83	87	Partnership Income Adjustment Sub	10	N	140, Line 27	
84	88	Int Savings Bond	10	N	140, Line 28	
85	89	Exclusive Govt Pens	10	N	140, Line 29a	Line number change, cannot exceed threshold of \$2500 per person, Max \$5000
	90	Benefits pensions for uniformed services	10	N	140, Line 29b	cannot exceed threshold of \$3500 per person, Max \$7000
86		AZ Lottery Winnings	10	N	140, Line 30	
87	91	SS or RR Benefits	10	N	140, Line 30	
88	92	Wages Native American	10	N	140, Line 31	
89	93	Active Duty Military Pay	10	N	140, Line 32	
90	94	Net Operating Loss Adjust	10	N	140, Line 33	
91	95	Contributions To 529 College Savings Plans	10	N	140, Line 34	
	96	Subtotal lines 23-34	10	N	140, Line 35	Subtract lines 23-34 from line 18
92	97	Other Subtractions	10	N	140, Line 36	Total from page 5 worksheet
93	98	Total Subtractions	10	N	140, Line 37	Subtract lines 36 from 35
94		Total Subtractions From Additions--Page 2	10	N	140, Line 38	
95	99	Exemption Age 65 or Over	10	N	140, Line 38	Multiply the number in Box 8 by \$2100
96	100	Exemption Blind	10	N	140, Line 39	Multiply the number in Box 9 by \$1500
	101	Total Other Exemptions	2	N	140, Line 40E	
97	102	Other Exemptions	10	N	140, Line 40	Multiply the number in Box 40E by \$2300, changed line name from Dependent exemptions to Other Exemptions
98	103	Exemption Parents and Grand Parents	10	N	140, Line 41	Multiply the number in Box 11a by \$10000
99	104	AZ Adjusted Gross	10	N	140, Line 42	Subtract Lines 38 through 41 from 37
100	105	Itemized Deduction	1	A	140 Box 43-I	X or null
101	106	Standard Deduction	1	A	140 Box 43-S	X or null
102	107	Deduction Amount	10	N	140 Line 43	Single, Married Filing Separate = \$12,200 Married Filing Jointly = \$24,400 Head of Household = \$18,350
103		Personal Exemptions	10	N	140 Line 45	Single=\$2200, MFJ-0 Dep.=\$4400, MFJ-1+ Dep.=\$6600, HOH/Single=\$4400, HOH/Married=\$3300, MFS-0 Dep.=\$2200, MFS-1+ Dep.=\$3300
	108	Claiming Charitable Deductions	1	A	140, Line 44C	X or null
	109	Additional Charitable Deductions	10	N	140, Line 44	Total from Line C7, page 3 Qualifying Charitable Deductions

Legend

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104	110	AZ Taxable Income	10	N	140 Line 45	Subtract lines 43 and 44 from line 42. If < 0 enter "0"
105	111	Compute Tax	10	N	140 Line 46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables
106	112	Tax from Recapture Credits	10	N	140 Line 47	From AZ Form 301, Part 2, line 35
107	113	Subtotal Tax	10	N	140 Line 48	add lines 46 and 47
	114	Dependent Tax Credit	10	N	140 Line 49	Amount calculated from totals in Boxes 10a and 10b, pro-rated for non military part year and nonresident taxpayers
108	115	Family Income Credit	10	N	140 Line 50	
109	116	Credits from Arizona Credit Forms	10	N	140 Line 51	From AZ Form 301, Part 2, line 67
110	117	Balance of Tax	10	N	140 Line 52	Subtract lines 49, 50 and 51 from line 48. If 49+50+51>48 enter "0"
111	118	Withholding	10	N	140 Line 53	
112	119	Estimated Payments	10	N	140 Line 54a	
113	120	Claim of Right	10	N	140 Line 54b	
114	121	Total Estimated Payments	10	N	140 Line 54c	Add lines 54a and 54b
115	122	Extension Amount (Extension Payments)	10	N	140 Line 55	
116	123	Increase Excise Tax Credit	10	N	140 Line 56	Use worksheet to determine amount.
117	124	Property Tax Credit	10	N	140 Line 57	
118	125	Refundable Credit Form 308-I	1	A	140 Line 58-1	"X" or null
119	126	Refundable Credit Form 349	1	A	140 Line 58-2	"X" or null
120	127	Other Refundable Credits	10	N	140 Line 58	
121	128	Total Payments	10	N	140 Line 59	Add lines 53 through 58
122	129	Tax Due	10	N	140 Line 60	If line 52 > line 59, subtract 59 from 52 and enter tax due
123	130	Overpayment	10	N	140 Line 61	If line 59 > line 52, subtract 52 from 59 and enter overpayment
124	131	Next Year Est Payment	10	N	140 Line 62	Amount of Line 61 to be Applied to 2020 Estimated Tax
125	132	Balance Overpayment	10	N	140 Line 63	Subtract line 62 from line 61
126	133	Solutions Teams Assigned To Schools Contrib	10	N	140 Line 64	
127	134	AZ Wildlife Contrib	10	N	140 Line 65	
128	135	Child Abuse Contrib	10	N	140 Line 66	
129	136	Domestic Violence Contrib	10	N	140 Line 67	
130	137	Political Gift	10	N	140 Line 68	
131	138	Neighbors Help Contrib	10	N	140 Line 69	
132	139	Spec Olympic Contrib	10	N	140 Line 70	
133	140	Veterans' Donations Fund	10	N	140 Line 71	
134	141	I Didn't Pay Enough Fund	10	N	140 Line 72	
135	142	Sustainable State Parks and Road Fund	10	N	140 Line 73	
136	143	Spay/Neuter of Animals	10	N	140 Line 74	
137	144	Democratic Party	1	A	140 Line 75-1	"X" or null
138	145	Green Party	1	A	140 Line 75-2	"X" or null
139	146	Libertarian Party	1	A	140 Line 75-3	"X" or null
140	147	Republican Party	1	A	140 Line 75-4	"X" or null
141	148	Est Payment Penalty	10	N	140 Line 76	
142	149	Annualized Other	1	A	140 Line 77-1	Y or null
143	150	Farmer/Fisherman	1	A	140 Line 77-2	Y or null
144	151	Form 221 Attached	1	A	140 Line 77-3	Y or null
145	152	Total Contributions & Penalty	10	N	140 Line 78	Add lines 64 through 74 and 76
146	153	Refund Amount	10	N	140 Line 79	Subtract line 78 from line 63
147	154	Foreign Account	1	A	140 Line 79A	Y or Null; if "Y" fields 155-158 disabled
148	155	Dir Dep Routing Nbr	9	N	140 Line 98	For direct deposit; direct debit is not supported
149	156	Dir Dep Account Nbr	17	A/N	140 Line 98	For direct deposit; direct debit is not supported
150	157	Dir Dep Checking	1	A	140 Line 98	X or null; direct deposit only
151	158	Dir Dep Savings	1	A	140 Line 98	X or null; direct deposit only
152	159	Amount Owed	10	N	140 Line 80	Add lines 60 and 78
153	160	Primary Occupation	16	A	140, pg2	
154	161	Spouse Occupation	16	A	140, pg2	
155	162	Preparer Name	35	A/N	140, pg2	
156	163	Preparer FEIN	9	N	140, pg2	No hyphens
157	164	Preparer Address	35	A/N	140, pg2	
158	165	Preparer City	21	A	140, pg2	
159	166	Preparer State	2	A	140, pg2	
160	167	Preparer Zip Code	9	N	140, pg2	
161	168	Paid Preparer Phone Number	10	N	140, pg2	
162	169	Prior Last Names	20	A	Front Page Line 97	Comma Delimited
	170	Gifts by Cash or Check	10	N	140, pg3, Line C1	

Legend

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	171	Other than by Cash or Check	10	N	140, pg3, Line C2	
	172	Carryover Prior Year	10	N	140, pg3, Line C3	
	173	Sum lines C1 thru C3	10	N	140, pg3, Line C4	Add lines C1 thru C3
	174	Total Char Ded Claiming a AZ credit	10	N	140, pg3, Line C5	
	175	Total Subtraction	10	N	140, pg3, Line C6	Subtract line C5 from line C4
	176	Total Increase	10	N	140, pg3, Line C7	Multiply line C6 by .25
163	177	Medical/Dental Expenses	10	N	FedSchA(2-D) 1	
164	178	Adjusted Gross Income	10	N	FedSchA(2-D) 2	
165	179	Medical Allowance	10	N	FedSchA(2-D) 3	
166	180	Total Medical/Dental	10	N	FedSchA(2-D) 4	
167	181	State and Local Taxes	10	N	FedSchA(2-D) 5a	
168	182	Real Estate Taxes	10	N	FedSchA(2-D) 5b	
169	183	Personal Property Taxes	10	N	FedSchA(2-D) 5c	
170	184	Other Taxes	10	N	FedSchA(2-D) 6	
171	185	Total Other Taxes	10	N	FedSchA(2-D) 7	
172	186	Mortgage Interest from 1098	10	N	FedSchA(2-D) 8a	
173	187	Other Mortgage Interest	10	N	FedSchA(2-D) 8b	
174	188	Deductible Points	10	N	FedSchA(2-D) 8c	
175		Qualified Mortgage Insurance Premiums	10	N		
176	189	Investment Interest	10	N	FedSchA(2-D) 9	
177	190	Total Interest	10	N	FedSchA(2-D) 10	
178	191	Total Cash/Check Contrib	10	N	FedSchA(2-D) 11	
179	192	Non-Cash/Check Contrib	10	N	FedSchA(2-D) 12	
180	193	Carryover Prior Year	10	N	FedSchA(2-D) 13	
181	194	Total Contrib	10	N	FedSchA(2-D) 14	
182	195	Casualty/Theft Loss	10	N	FedSchA(2-D) 15	
183		Unreimb Emp Exp	10	N		
184		Tax Preparation Fees	10	N		
185		Tot Other Exp	10	N		
186		Gross Misc Ded	10	N		
187		Miscellaneous Allow	10	N		
188		Total Misc Deduct	10	N		
189	196	Tot Other Misc Deduct	10	N	FedSchA(2-D) 16	
190	197	Total Item Deduct	10	N	FedSchA(2-D) 17	
191	198	Med/Dent Expenses	10	N	AzSchA 1	
192	199	Fed Med Deductions	10	N	AzSchA 2	
193	200	Medical Add Adjust	10	N	AzSchA 3	
194	201	Medical Subt Adjust	10	N	AzSchA 4	
195	202	Fed Credit Int Paid	10	N	AzSchA 5	
196		Wagering Loss Fed	10	N	AzSchA 6	
197		Gambling Winnings	10	N	AzSchA 7	
198		AZ Lottery Subt	10	N	AzSchA 8	
199		Max Gamble Loss Deduct	10	N	AzSchA 9	
200		Gamble Subt Adjust	10	N	AzSchA 10	
201	203	Contribution Adjust	10	N	AzSchA 6	Formerly 11
202	204	Other Adjustments	10	N	AzSchA 7	Formerly 12
203	205	Sum Add Adjust	10	N	AzSchA 8	Formerly 13
204	206	Sum Subt Adjust	10	N	AzSchA 9	Formerly 14
205	207	Tot Fed Item Deduct	10	N	AzSchA 10	Formerly 15
206	208	Sum Az Item Deduct	10	N	AzSchA 12	Formerly 17
207	209	Az Item Deductions	10	N	AzSchA 14	Formerly 19
208	210	Employer ID (1)	10	N	W-2 (1st Wage Statement)	No hyphens
209	211	Employee SSN (1)	10	N	W-2 (1st Wage Statement)	No hyphens
210	212	Arizona Wages (1)	10	N	W-2 (1st Wage Statement)	
211	213	Arizona Withholding (1)	10	N	W-2 (1st Wage Statement)	
212	214	Employer ID (2)	10	N	W-2 (2nd Wage Statement)	No hyphens
213	215	Employee SSN (2)	10	N	W-2 (2nd Wage Statement)	No hyphens
214	216	Arizona Wages (2)	10	N	W-2 (2nd Wage Statement)	
215	217	Arizona Withholding (2)	10	N	W-2 (2nd Wage Statement)	
216	218	Employer ID (3)	9	N	W-2 (3rd Wage Statement)	No hyphens
217	219	Employee SSN (3)	9	N	W-2 (3rd Wage Statement)	No hyphens
218	220	Arizona Wages (3)	10	N	W-2 (3rd Wage Statement)	
219	221	Arizona Withholding (3)	10	N	W-2 (3rd Wage Statement)	
220	222	Employer ID (4)	9	N	W-2 (4th Wage Statement)	No hyphens
221	223	Employee SSN (4)	9	N	W-2 (4th Wage Statement)	No hyphens
222	224	Arizona Wages (4)	10	N	W-2 (4th Wage Statement)	
223	225	Arizona Withholding (4)	10	N	W-2 (4th Wage Statement)	
224	226	Payer's ID (1)	9	N	1099-R (1st Statement)	No hyphens
225	227	Recipient's SSN (1)	9	N	1099-R (1st Statement)	No hyphens
226	228	1099 Gross Amt (1)	10	N	1099-R (1st Statement)	

Legend

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227	229	1099 Taxable Amount (1)	10	N	1099-R (1st Statement)	
228	230	1099 Az WH (1)	10	N	1099-R (1st Statement)	
229	231	Payer's ID (2)	9	N	1099-R (2nd Statement)	No hyphens
230	232	Recipient's SSN (2)	9	N	1099-R (2nd Statement)	No hyphens
231	233	1099 Gross Amt (2)	10	N	1099-R (2nd Statement)	
232	234	1099 Taxable Amount (2)	10	N	1099-R (2nd Statement)	
233	235	1099 Az WH (2)	10	N	1099-R (2nd Statement)	
234		Enterprise Zone Credit b	10	N	301, Line 1b (Form 304)	
235		Enterprise Zone Credit c	10	N	301, Line 1c (Form 304)	
236	236	Environ Tech Fac Credit a	10	N	301, Line 1a (Form 305)	
237	237	Environ Tech Fac Credit b	10	N	301, Line 1b (Form 305)	
238	238	Environ Tech Fac Credit c	10	N	301, Line 1c (Form 305)	
239	239	Military Reuse Zone Credit b	10	N	301, Line 2b (Form 306)	
240	240	Military Reuse Zone Credit c	10	N	301, Line 2c (Form 306)	
241	241	Increased Research Act Ind Credit a	10	N	301, Line 3a (Form 308-I)	
242	242	Increased Research Act Ind Credit b	10	N	301, Line 3b (Form 308-I)	
243	243	Increased Research Act Ind Credit c	10	N	301, Line 3c (Form 308-I)	
244	244	Tax Paid Other State Cntry Credit a	10	N	301, Line 4a (Form 309)	
245	245	Tax Paid Other State Cntry Credit c	10	N	301, Line 4c (Form 309)	
246	246	Solar Energy Devices Credit a	10	N	301, Line 5a (Form 310)	
247	247	Solar Energy Devices Credit b	10	N	301, Line 5b (Form 310)	
248	248	Solar Energy Devices Credit c	10	N	301, Line 5c (Form 310)	
249	249	Agri Water Conserv Sys Credit a	10	N	301, Line 6a (Form 312)	
250	250	Agri Water Conserv Sys Credit b	10	N	301, Line 6b (Form 312)	
251	251	Agri Water Conserv Sys Credit c	10	N	301, Line 6c (Form 312)	
252	252	Polution Control Credit a	10	N	301, Line 7a (Form 315)	
253	253	Polution Control Credit b	10	N	301, Line 7b (Form 315)	
254	254	Polution Control Credit c	10	N	301, Line 7c (Form 315)	
255	255	Solar Heat and Elect Veh Outlets Credit b	10	N	301, Line 8b (Form 319)	
256	256	Solar Heat and Elect Veh Outlets Credit c	10	N	301, Line 8c (Form 319)	
257	257	Employ TANF Recipients Credit a	10	N	301, Line 9a (Form 320)	
258	258	Employ TANF Recipients Credit b	10	N	301, Line 9b (Form 320)	
259	259	Employ TANF Recipients Credit c	10	N	301, Line 9c (Form 320)	
260	260	Contrib Qual Chart Orgns Credit a	10	N	301, Line 10a (Form 321)	
261	261	Contrib Qual Chart Orgns Credit b	10	N	301, Line 10b (Form 321)	
262	262	Contrib Qual Chart Orgns Credit c	10	N	301, Line 10c (Form 321)	
263	263	Contrib Fees Paid Pub Schs Credit a	10	N	301, Line 11a (Form 322)	
264	264	Contrib Fees Paid Pub Schs Credit b	10	N	301, Line 11b (Form 322)	
265	265	Contrib Fees Paid Pub Schs Credit c	10	N	301, Line 11c (Form 322)	
266	266	Contrib Priv Sch Tuit Orgns Credit a	10	N	301, Line 12a (Form 323)	
267	267	Contrib Priv Sch Tuit Orgns Credit b	10	N	301, Line 12b (Form 323)	
268	268	Contrib Priv Sch Tuit Orgns Credit c	10	N	301, Line 12c (Form 323)	
269	269	Agri Pol Cntrl Equip Credit a	10	N	301, Line 13a (Form 325)	
270	270	Agri Pol Cntrl Equip Credit b	10	N	301, Line 13b (Form 325)	
271	271	Agri Pol Cntrl Equip Credit c	10	N	301, Line 13c (Form 325)	
272	272	Donation School Site Credit a	10	N	301, Line 14a (Form 331)	
273	273	Donation School Site Credit b	10	N	301, Line 14b (Form 331)	
274	274	Donation School Site Credit c	10	N	301, Line 14c (Form 331)	
275	275	Healthy Forest Enterprises Credit a	10	N	301, Line 15a (Form 332)	
276	276	Healthy Forest Enterprises Credit b	10	N	301, Line 15b (Form 332)	
277	277	Healthy Forest Enterprises Credit c	10	N	301, Line 15c (Form 332)	
278	278	Employ Natl Guard Members Credit a	10	N	301, Line 16a (Form 333)	
279	279	Employ Natl Guard Members Credit b	10	N	301, Line 16b (Form 333)	
280	280	Employ Natl Guard Members Credit c	10	N	301, Line 16c (Form 333)	
281	281	Business Contrib School Tuition Org a	10	N	301, Line 17a (Form 335-I)	
282	282	Business Contrib School Tuition Org b	10	N	301, Line 17b (Form 335-I)	
283	283	Business Contrib School Tuition Org c	10	N	301, Line 17c (Form 335-I)	
284		Solar Energy Devices Comm Ind Credit a	10	N	301, Line 19a (Form 336)	
285	284	Solar Energy Devices Comm Ind Credit b	10	N	301, Line 18b (Form 336)	
286	285	Solar Energy Devices Comm Ind Credit c	10	N	301, Line 18c (Form 336)	
287	286	Invest Qual Small Bus Credit a	10	N	301, Line 19a (Form 338)	
288	287	Invest Qual Small Bus Credit b	10	N	301, Line 19b (Form 338)	
289	288	Invest Qual Small Bus Credit c	10	N	301, Line 19c (Form 338)	
290	289	Military Fam Relf Fnd Credit a	10	N	301, Line 20a (Form 340)	
291	290	Military Fam Relf Fnd Credit c	10	N	301, Line 20c (Form 340)	
292	291	Business Contrib School Tuition Disabled a	10	N	301, Line 21a (Form 341-I)	
293	292	Business Contrib School Tuition Disabled b	10	N	301, Line 21b (Form 341-I)	
294	293	Business Contrib School Tuition Disabled c	10	N	301, Line 21c (Form 341-I)	
295	294	Renew Energy Prod Tax Credit a	10	N	301, Line 22a (Form 343)	
296	295	Renew Energy Prod Tax Credit b	10	N	301, Line 22b (Form 343)	

Legend

Blue: Additions TY2019

Yellow: Changes for TY2019

Dark Orange: Removed Items for TY2019

297	296	Renew Energy Prod Tax Credit c	10	N	301, Line 22c (Form 343)	
298	297	New Employment Credit a	10	N	301, Line 23a (Form 345)	
299	298	New Employment Credit b	10	N	301, Line 23b (Form 345)	
300	299	New Employment Credit c	10	N	301, Line 23c (Form 345)	
301	300	Increased Resrch Act Basic Resrch Credit a	10	N	301, Line 24a (Form 346)	
302	301	Incres Resrch Act Basic Resrch Credit b	10	N	301, Line 24b (Form 346)	
303	302	Incres Resrch Act Basic Resrch Credit c	10	N	301, Line 24c (Form 346)	
304	303	Contrib Cert Schl Tuit Orgns Credit a	10	N	301, Line 25a (Form 348)	
305	304	Contrib Cert Schl Tuit Orgns Credit b	10	N	301, Line 25b (Form 348)	
306	305	Contrib Cert Schl Tuit Orgns Credit c	10	N	301, Line 25c (Form 348)	
307		Renew Energy Invest Prod Sif Consum Credit a	10	N	301, Line 26a (Form 351)	Credit repealed, still on the form
308		Renew Energy Invest Prod Sif Consum Credit b	10	N	301, Line 26b (Form 351)	Credit repealed, still on the form
309		Renew Energy Invest Prod Sif Consum Credit c	10	N	301, Line 26c (Form 351)	Credit repealed, still on the form
310	306	Contrib Qual Foster Care Char Orgns Credit a	10	N	301, Line 27a (Form 352)	
311	307	Contrib Qual Foster Care Char Orgns Credit b	10	N	301, Line 27b (Form 352)	
312	308	Contrib Qual Foster Care Char Orgns Credit c	10	N	301, Line 27c (Form 352)	
313	309	Total Available Nonrefundable Tax Credits	10	N	301, Line 29	Add Lines 1 through 27 Column c Only
314	310	Total AZ Tax	10	N	301, Line 30	Tax From F140 L46 or F140PY L56 or F140NR L56 or
315	311	Tax Recap Environ Tech Fac Credit	10	N	301, Line 31	From AZ Credit Form 305 Part 5 Line 21
316	312	Tax Recap Credits Hlthy Forest Entrs	10	N	301, Line 32	Line 46
317	313	Tax Recap Credits Qual Facs	10	N	301, Line 33	From AZ Credit Form 349 Part 7 Line 19
318		Credit Repealed	10	N	301, Line 34	Do not enter an amount here
319	314	Total Recapture of Credits	10	N	301, Line 35	L47, F140PY L57, F140NR L57, F140X L36
320	315	Subtotal Tax Credits and Recap Credits	10	N	301, Line 36	Add Lines 30 and 35
321	316	Family Income Tax Credit	10	N	301, Line 37	From F140 L50 or F140PY L60 or F140X L38 PLUS
322	317	Total Tax Credits and Recap Credits	10	N	301, Line 38	Subtract Line 37 from Line 36. If < 0 Enter "0"
323		Enterprise Zone Credit Used	10	N	301, Line 40 (Form 304)	
324	318	Environ Tech Fac Credit Used	10	N	301, Line 39 (Form 305)	
325	319	Military Reuse Zone Credit Used	10	N	301, Line 40 (Form 306)	
326	320	Increased Research Act Indiv Credit Used	10	N	301, Line 41 (Form 308-I)	
327	321	Tax Paid Other State Ctry Credit Used	10	N	301, Line 42 (Form 309)	
328	322	Solar Energy Devices Credit Used	10	N	301, Line 43 (Form 310)	
329	323	Agri Water Conserv Sys Credit Used	10	N	301, Line 44 (Form 312)	
330	324	Polution Control Credit Used	10	N	301, Line 45 (Form 315)	
331	325	Solar Heat and Elect Veh Outlets Credit Used	10	N	301, Line 46 (Form 319)	
332	326	Employ TANF Recipients Credit Used	10	N	301, Line 47 (Form 320)	
333	327	Contrib Qual Chart Orgns Credit Used	10	N	301, Line 48 (Form 321)	
334	328	Contrib Fees Paid Pub Schs Credit Used	10	N	301, Line 49 (Form 322)	
335	329	Contrib Priv Sch Tuit Orgns Credit Used	10	N	301, Line 50 (Form 323)	
336	330	Agri Pol Cntrl Equip Credit Used	10	N	301, Line 51 (Form 325)	
337	331	Donation School Site Credit Used	10	N	301, Line 52 (Form 331)	
338	332	Healthy Forest Enterprises Credit Used	10	N	301, Line 53 (Form 332)	
339	333	Employ Natl Guard Members Credit Used	10	N	301, Line 54 (Form 333)	
340	334	Business Contrib School Tuition Org Used	10	N	301, Line 55 (Form 335-I)	
341	335	Solar Energy Devices Comm Indus Used	10	N	301, Line 56 (Form 336)	
342	336	Invest Qual Small Bus Credit Used	10	N	301, Line 57 (Form 338)	
343	337	Donations Military Fam Relf Fnd Credit Used	10	N	301, Line 58 (Form 340)	
344	338	Business Contrib School Tuition Disabled Used	10	N	301, Line 59 (Form 341-I)	
345	339	Renew Energy Prod Tax Credit Used	10	N	301, Line 60 (Form 343)	
346	340	New Employment Credit Used	10	N	301, Line 61 (Form 345)	
347	341	Incres Resrch Act Basic Resrch Credit Used	10	N	301, Line 62 (Form 346)	
348	342	Contrib Cert Schl Tuit Orgns Credit Used	10	N	301, Line 63 (Form 348)	
349		Renew Energy Invest Prod Sif Consum Credit	10	N	301, Line 64 (Form 351)	
350	343	Contrib Qual Foster Care Char Orgns Credit Used	10	N	301, Line 65 (Form 352)	
351	344	Total Nonrefundable Tax Credits Used	10	N	301, Line 67	Add Lines 39 through 65. Total Cannot be more than
352	345	Description of Income Items a	30	A	309, Line 1a	
353	346	Description of Income Items b	30	A	309, Line 1b	
354	347	Description of Income Items c	30	A	309, Line 1c	
355	348	Amt Income Listed Report AZ Oth St Cntry a	10	N	309, Line 2a	
356	349	Amt Income Listed Report AZ Oth St Cntry b	10	N	309, Line 2b	
357	350	Amt Income Listed Report AZ Oth St Cntry c	10	N	309, Line 2c	
358	351	Amt Income Include AZ Adj Gross a	10	N	309, Line 3a	
359	352	Amt Income Include AZ Adj Gross b	10	N	309, Line 3b	
360	353	Amt Income Include AZ Adj Gross c	10	N	309, Line 3c	
361	354	Amt Income Include Oth Adj Gross a	10	N	309, Line 4a	
362	355	Amt Income Include Oth Adj Gross b	10	N	309, Line 4b	

Legend

Blue: Additions TY2019

Yellow: Changes for TY2019

Dark Orange: Removed Items for TY2019

363	356	Amt Income Include Oth Adj Gross c	10	N	309, Line 4c	
364	357	Amt Income Taxable by Both AZ Oth a	10	N	309, Line 5a	Enter smaller of Line 3 or 4
365	358	Amt Income Taxable by Both AZ Oth b	10	N	309, Line 5b	Enter smaller of Line 3 or 4
366	359	Amt Income Taxable by Both AZ Oth c	10	N	309, Line 5c	Enter smaller of Line 3 or 4
367	360	Tot Income Taxable by Both AZ Other	10	N	309, Line 6	Add Line 5 a, b, and c If < 0, enter "0"
368	361	AZ Tax Liab Less Credits	10	N	309, Line 7	
369	362	Amt Part1 Line6	10	N	309, Line 8	
370	363	Amt AZ Income Tax Imposed	10	N	309, Line 9	
371	364	Pct Income Taxable by Both AZ Oth1	6	D(4,3)	309, Line 10	Divide Line 8 by Line 9 (Cannot be greater than
372	365	Amt AZ Tax Liability After Credits	10	N	309, Line 11	Multiply Line 7 by the Decimal on Line 10
373	366	Amt Income Tax Paid St or Cntry	10	N	309, Line 12b	
374	367	Tot Income Taxable By Both	10	N	309, Line 13	From Part 1 Line 6
375	368	Tot Income Taxable By Other	10	N	309, Line 14	
376	369	Pct Income Taxable by Other	6	D(4,3)	309, Line 15	Divide Line 13 by Line 14 (Cannot be greater than
377	370	Tot Amt Tax Paid Other	10	N	309, Line 16	Multiply Line 12 by the Decimal on Line 15
378	371	Credit Allow Tax Paid Other	10	N	309, Line 17	Enter smaller of Line 11 or 16 and on Form 301, Part
379	372	Description of Income Items a	30	A	309, Line 1a (2)	
380	373	Description of Income Items b	30	A	309, Line 1b (2)	
381	374	Description of Income Items c	30	A	309, Line 1c (2)	
382	375	Amt Income Listed Report AZ Oth St Cntry a	10	N	309, Line 2a (2)	
383	376	Amt Income Listed Report AZ Oth St Cntry b	10	N	309, Line 2b (2)	
384	377	Amt Income Listed Report AZ Oth St Cntry c	10	N	309, Line 2c (2)	
385	378	Amt Income Include AZ Adj Gross a	10	N	309, Line 3a (2)	
386	379	Amt Income Include AZ Adj Gross b	10	N	309, Line 3b (2)	
387	380	Amt Income Include AZ Adj Gross c	10	N	309, Line 3c (2)	
388	381	Amt Income Include Oth Adj Gross a	10	N	309, Line 4a (2)	
389	382	Amt Income Include Oth Adj Gross b	10	N	309, Line 4b (2)	
390	383	Amt Income Include Oth Adj Gross c	10	N	309, Line 4c (2)	
391	384	Amt Income Taxable by Both AZ Oth a	10	N	309, Line 5a (2)	Enter smaller of Line 3 or 4
392	385	Amt Income Taxable by Both AZ Oth b	10	N	309, Line 5b (2)	Enter smaller of Line 3 or 4
393	386	Amt Income Taxable by Both AZ Oth c	10	N	309, Line 5c (2)	Enter smaller of Line 3 or 4
394	387	Tot Income Taxable by Both AZ Other	10	N	309, Line 6 (2)	Add Line 5 a, b, and c
395	388	AZ Tax Liab Less Credits	10	N	309, Line 7 (2)	
396	389	Amt Part1 Line6	10	N	309, Line 8 (2)	
397	390	Amt AZ Income Tax Imposed	10	N	309, Line 9 (2)	
398	391	Pct Income Taxable by Both AZ Oth1	6	D(4,3)	309, Line 10 (2)	Divide Line 8 by Line 9 (Cannot be greater than
399	392	Amt AZ Tax Liability After Credits	10	N	309, Line 11 (2)	Multiply Line 7 by the Decimal on Line 10
400	393	Amt Income Tax Paid St or Cntry	10	N	309, Line 12b (2)	
401	394	Tot Income Taxable By Both	10	N	309, Line 13 (2)	From Part 1 Line 6
402	395	Tot Income Taxable By Other	10	N	309, Line 14 (2)	
403	396	Pct Income Taxable by Other	6	D(4,3)	309, Line 15 (2)	Divide Line 13 by Line 14 (Cannot be greater than
404	397	Tot Amt Tax Paid Other	10	N	309, Line 16 (2)	Multiply Line 12 by the Decimal on Line 15
405	398	Credit Allow Tax Paid Other	10	N	309, Line 17 (2)	Enter smaller of Line 11 or 16 and on Form 301, Part
406	399	Address of Solar Energy Device	35	A/N	310, Line 1a	
407	400	City of Solar Energy Device	21	A	310, Line 1b	
408	401	State of Solar Energy Device	2	A	310, Line 1c	
409	402	Zip Code of Solar Energy Device	9	N	310, Line 1d	Include zip plus 4 in last 4 digits or zero fill if not
410	403	Cost of Solar Energy Device	10	N	310, Line 2	
411	404	Percentage of Cost Solar Energy Device	10	N	310, Line 3	AZ Credit Form 310 Multiply Line 2 by .25 (25%)
412	405	Enter Lesser of Line 3 or \$1000	10	N	310, Line 4	
413	406	Amt Credit Prior Years	10	N	310, Line 5	
414	407	Total Credit Current Prior Years	10	N	310, Line 6	Add Lines 4 and 5
415	408	Enter Lesser of Line 6 or \$1000	10	N	310, Line 7	
416	409	Subtotal Allowable Credit	10	N	310, Line 8	Subtract Line 5 from Line 7
417	410	Total Allowable Credit	10	N	310, Line 9	Enter smaller of Line 4 or Line 8
418	411	Original Credit Amount 10b	10	N	310, Line 10b	Enter Amount from Prior Year 5
419	412	Previous Used Amount 10c	10	N	310, Line 10c	Enter Amount from Prior Year 5
420	413	Available Carryover Amount 10d	10	N	310, Line 10d	Enter Amount from Prior Year 5
421	414	Original Credit Amount 11b	10	N	310, Line 11b	Enter Amount from Prior Year 4
422	415	Previous Used Amount 11c	10	N	310, Line 11c	Enter Amount from Prior Year 4
423	416	Available Carryover Amount 11d	10	N	310, Line 11d	Enter Amount from Prior Year 4
424	417	Original Credit Amount 12b	10	N	310, Line 12b	Enter Amount from Prior Year 3
425	418	Previous Used Amount 12c	10	N	310, Line 12c	Enter Amount from Prior Year 3
426	419	Available Carryover Amount 12d	10	N	310, Line 12d	Enter Amount from Prior Year 3

Legend

Blue: Additions TY2019

Yellow: Changes for TY2019

Dark Orange: Removed Items for TY2019

427	420	Original Credit Amount 13b	10	N	310, Line 13b	Enter Amount from Prior Year 2
428	421	Previous Used Amount 13c	10	N	310, Line 13c	Enter Amount from Prior Year 2
429	422	Available Carryover Amount 13d	10	N	310, Line 13d	Enter Amount from Prior Year 2
430	423	Original Credit Amount 14b	10	N	310, Line 14b	Enter Amount from Prior Year 1
431	424	Previous Used Amount 14c	10	N	310, Line 14c	Enter Amount from Prior Year 1
432	425	Available Carryover Amount 14d	10	N	310, Line 14d	Enter Amount from Prior Year 1
433	426	Total Available Carryover	10	N	310, Line 15	Add Lines 10 through 14 column d
434	427	Current Year Credit	10	N	310, Line 16	Amount from Part 1 L9 and enter on Form 301, Part 1, line 5, column a
435	428	Current Available Carryover	10	N	310, Line 17	Amount from Part 2 L15 and enter on Form 301, Part 1, line 5, column b
436	429	Total Available Credit	10	N	310, Line 18	Add Lines 16 and 17 and enter on Form 301, Part 1, line 5, column c
437	430	Qualifying Charity Code 1	5	N	321, Line 1a	
438	431	Name of Qualifying Charity 1	30	A	321, Line 1b	
439	432	Amt Contributed 1	10	N	321, Line 1c	
440	433	Qualifying Charity Code 2	5	N	321, Line 2a	
441	434	Name of Qualifying Charity 2	30	A	321, Line 2b	
442	435	Amount Contributed 2	10	N	321, Line 2c	
443	436	Qualifying Charity Code 3	5	N	321, Line 3a	
444	437	Name of Qualifying Charity 3	30	A	321, Line 3b	
445	438	Amount Contributed 3	10	N	321, Line 3c	
446	439	Continuation Sheet 4h or Zero	10	N	321, Line 4	
447	440	Total Contributions Charitable Organizations	10	N	321, Line 5	Add lines 1-4 Column c
448	441	Qualifying Charity Code 4	5	N	321, Line 6a	
449	442	Name of Qualifying Charity 4	30	A	321, Line 6b	
450	443	Amt Contributed 4	10	N	321, Line 6c	
451	444	Qualifying Charity Code 5	5	N	321, Line 7a	
452	445	Name of Qualifying Charity 5	30	A	321, Line 7b	
453	446	Amount Contributed 5	10	N	321, Line 7c	
454	447	Qualifying Charity Code 6	5	N	321, Line 8a	
455	448	Name of Qualifying Charity 6	30	A	321, Line 8b	
456	449	Amount Contributed 6	10	N	321, Line 8c	
457	450	Continuation Sheet 9h or Zero	10	N	321, Line 9	
458	451	Total Qualifying Charity2	10	N	321, Line 10	Add lines 6-9 Column c
459	452	Total Cash Contri Qual Charity	10	N	321, Line 11	AZ Credit Form 321 Add Lines 5 and 10
460	453	Allowable Charity Credit	10	N	321, Line 12	AZ Credit Form 321 Single Taxpayer or Heads of Household Enter \$400 Married Taxpayer Enter \$800
461	454	Current Year's Qualifying Charity Credit	10	N	321, Line 13	Enter smaller of Line 11 or Line 12
462	455	Original Credit Amount 14b	10	N	321, Line 14b	Enter Amount from Prior Year 5
463	456	Previous Used Amount 14c	10	N	321, Line 14c	Enter Amount from Prior Year 5
464	457	Available Credit Carryover 14d	10	N	321, Line 14d	Enter Amount from Prior Year 5
465	458	Original Credit Amount 15b	10	N	321, Line 15b	Enter Amount from Prior Year 4
466	459	Previous Used Amount 15c	10	N	321, Line 15c	Enter Amount from Prior Year 4
467	460	Available Credit Carryover 15d	10	N	321, Line 15d	Enter Amount from Prior Year 4
468	461	Original Credit Amount 16b	10	N	321, Line 16b	Enter Amount from Prior Year 3
469	462	Previous Used Amount 16c	10	N	321, Line 16c	Enter Amount from Prior Year 3
470	463	Available Credit Carryover 16d	10	N	321, Line 16d	Enter Amount from Prior Year 3
471	464	Original Credit Amount 17b	10	N	321, Line 17b	Enter Amount from Prior Year 2
472	465	Previous Used Amount 17c	10	N	321, Line 17c	Enter Amount from Prior Year 2
473	466	Available Credit Carryover 17d	10	N	321, Line 17d	Enter Amount from Prior Year 2
474	467	Original Credit Amount 18b	10	N	321, Line 18b	Enter Amount from Prior Year 1
475	468	Previous Used Amount 18c	10	N	321, Line 18c	Enter Amount from Prior Year 1
476	469	Available Credit Carryover 18d	10	N	321, Line 18d	Enter Amount from Prior Year 1
477	470	Total Available Credit Carryover	10	N	321, Line 19	Add Lines 14 through 18 Column d
478	471	Current Yr's Credit	10	N	321, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 10, column a
479	472	Available Carryover	10	N	321, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 10, column b
480	473	Total Available Credit	10	N	321, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 10, column c
481	474	CTDS Code 1	9	N	322, Line 1a	
482	475	Name of Public School 1	30	A	322, Line 1b	
483	476	School District Name/Number 1	30	A	322, Line 1c	
484	477	Amt of Fees Paid 1	10	N	322, Line 1d	
485	478	CTDS Code 2	9	N	322, Line 2a	
486	479	Name of Public School 2	30	A	322, Line 2b	
487	480	School District Name/Number 2	30	A	322, Line 2c	
488	481	Amt of Fees Paid 2	10	N	322, Line 2d	
489	482	CTDS Code 3	9	N	322, Line 3a	

Legend

Blue: Additions TY2019

Yellow: Changes for TY2019

Dark Orange: Removed Items for TY2019

490	483	Name of Public School 3	30	A	322, Line 3b	
491	484	School District Name/Number 3	30	A	322, Line 3c	
492	485	Amt of Fees Paid 3	10	N	322, Line 3d	
493	486	Continuation Sheet 4h or Zero	10	N	322, Line 4	
494	487	Cash Contributions Public Schools	10	N	322, Line 5	Add lines 1-4 Column d
495	488	CTDS Code 6	9	N	322, Line 6a	
496	489	Name of Public School 6	30	A	322, Line 6b	
497	490	School District Name/Number 6	30	A	322, Line 6c	
498	491	Amt of Fees Paid 6	10	N	322, Line 6d	
499	492	CTDS Code 7	9	N	322, Line 7a	
500	493	Name of Public School 7	30	A	322, Line 7b	
501	494	School District Name/Number 7	30	A	322, Line 7c	
502	495	Amt of Fees Paid 7	10	N	322, Line 7d	
503	496	CTDS Code 8	9	N	322, Line 8a	
504	497	Name of Public School 8	30	A	322, Line 8b	
505	498	School District Name/Number 8	30	A	322, Line 8c	
506	499	Amt of Fees Paid 8	10	N	322, Line 8d	
507	500	Continuation Sheet 9h or Zero	10	N	322, Line 9	
508	501	Cash Contributions Public Schools2	10	N	322, Line 10	Add lines 6-9 Column d
509	502	Total Cash and Credit Contri Pub Schools	10	N	322, Line 11	Add Lines 5 and 10
510	503	Allowable Cash Contributions Public Schools	10	N	322, Line 12	Single Taxpayer or Heads of Household Enter \$200 Married Taxpayer Enter \$400
511	504	Current Year's Credit	10	N	322, Line 13	Enter smaller of Line 11 or Line 12
512	505	Original Credit Amount 14	10	N	322, Line 14b	Enter Amount from Prior Year 5
513	506	Previous Used Amount 14	10	N	322, Line 14c	Enter Amount from Prior Year 5
514	507	Available Credit Carryover 14	10	N	322, Line 14d	Enter Amount from Prior Year 5
515	508	Original Credit Amount 15	10	N	322, Line 15b	Enter Amount from Prior Year 4
516	509	Previous Used Amount 15	10	N	322, Line 15c	Enter Amount from Prior Year 4
517	510	Available Credit Carryover 15	10	N	322, Line 15d	Enter Amount from Prior Year 4
518	511	Original Credit Amount 16	10	N	322, Line 16b	Enter Amount from Prior Year 3
519	512	Previous Used Amount 16	10	N	322, Line 16c	Enter Amount from Prior Year 3
520	513	Available Credit Carryover 16	10	N	322, Line 16d	Enter Amount from Prior Year 3
521	514	Original Credit Amount 17	10	N	322, Line 17b	Enter Amount from Prior Year 2
522	515	Previous Used Amount 17	10	N	322, Line 17c	Enter Amount from Prior Year 2
523	516	Available Credit Carryover 17	10	N	322, Line 17d	Enter Amount from Prior Year 2
524	517	Original Credit Amount 18	10	N	322, Line 18b	Enter Amount from Prior Year 1
525	518	Previous Used Amount 18	10	N	322, Line 18c	Enter Amount from Prior Year 1
526	519	Available Credit Carryover 18	10	N	322, Line 18d	Enter Amount from Prior Year 1
527	520	Total Available Carryover	10	N	322, Line 19	Add lines 14-18 Column d
528	521	Current Year's Total Credit	10	N	322, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 11, column a
529	522	Available Credit Carryover	10	N	322, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 11, column b
530	523	Total Available Credit	10	N	322, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 11, column c
531	524	Name of School 1	30	A	323, Line 1a	
532	525	Street Address of School 1	30	A/N	323, Line 1b	
533	526	City State of School 1	30	A	323, Line 1c	
534	527	Amt of Contribution School 1	10	N	323, Line 1d	
535	528	Name of School 2	30	A	323, Line 2a	
536	529	Street Address of School 2	30	A/N	323, Line 2b	
537	530	City State of School 2	30	A	323, Line 2c	
538	531	Amt of Contribution School 2	10	N	323, Line 2d	
539	532	Name of School 3	30	A	323, Line 3a	
540	533	Street Address of School 3	30	A/N	323, Line 3b	
541	534	City State of School 3	30	A	323, Line 3c	
542	535	Amt of Contribution School 3	10	N	323, Line 3d	
543	536	Continuation Sheet 4h or Zero	10	N	323, Line 4	
544	537	Total Contributions School Prev Tuition	10	N	323, Line 5	Add lines 1-4 Column d
545	538	Name of School 6	30	A	323, Line 6a	
546	539	Street Address of School 6	30	A/N	323, Line 6b	
547	540	City State of School 6	30	A	323, Line 6c	
548	541	Amt of Contribution School 6	10	N	323, Line 6d	
549	542	Name of School 7	30	A	323, Line 7a	
550	543	Street Address of School 7	30	A/N	323, Line 7b	
551	544	City State of School 7	30	A	323, Line 7c	
552	545	Amt of Contribution School 7	10	N	323, Line 7d	
553	546	Name of School 8	30	A	323, Line 8a	
554	547	Street Address of School 8	30	A/N	323, Line 8b	
555	548	City State of School 8	30	A	323, Line 8c	

Legend

Blue: Additions TY2019

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Dark Orange: Removed Items for TY2019

556	549	Amt of Contribution School 8	10	N	323, Line 8d	
557	550	Continuation Sheet 9h or Zero	10	N	323, Line 9	
558	551	Total Contributions School Tuition	10	N	323, Line 10	Add lines 6-9 Column d
559	552	Total Amt of Contribution Prev and Curr	10	N	323, Line 11	Add Lines 5 and 10
560	553	Allowable Contributions School Tuition	10	N	323, Line 12	Single Taxpayer or Heads of Household Enter \$569 Married Taxpayer Enter \$1138
561	554	Current Year's Credit	10	N	323, Line 13	Enter smaller of Line 11 or Line 12
562	555	Original Credit Amount 14	10	N	323, Line 14b	Enter Amount from Prior Year 5
563	556	Previous Used Amount 14	10	N	323, Line 14c	Enter Amount from Prior Year 5
564	557	Available Credit Carryover 14	10	N	323, Line 14d	Enter Amount from Prior Year 5
565	558	Original Credit Amount 15	10	N	323, Line 15b	Enter Amount from Prior Year 4
566	559	Previous Used Amount 15	10	N	323, Line 15c	Enter Amount from Prior Year 4
567	560	Available Credit Carryover 15	10	N	323, Line 15d	Enter Amount from Prior Year 4
568	561	Original Credit Amount 16	10	N	323, Line 16b	Enter Amount from Prior Year 3
569	562	Previous Used Amount 16	10	N	323, Line 16c	Enter Amount from Prior Year 3
570	563	Available Credit Carryover 16	10	N	323, Line 16d	Enter Amount from Prior Year 3
571	564	Original Credit Amount 17	10	N	323, Line 17b	Enter Amount from Prior Year 2
572	565	Previous Used Amount 17	10	N	323, Line 17c	Enter Amount from Prior Year 2
573	566	Available Credit Carryover 17	10	N	323, Line 17d	Enter Amount from Prior Year 2
574	567	Original Credit Amount 18	10	N	323, Line 18b	Enter Amount from Prior Year 1
575	568	Previous Used Amount 18	10	N	323, Line 18c	Enter Amount from Prior Year 1
576	569	Available Credit Carryover 18	10	N	323, Line 18d	Enter Amount from Prior Year 1
577	570	Total Available Carryover	10	N	323, Line 19	Add lines 14-18 Column d
578	571	Current Year's Total Credit	10	N	323, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 12, column a
579	572	Available Credit Carryover	10	N	323, Line 21	1, line 12, column b
580	573	Total Available Credit	10	N	323, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 12, column c
581	574	Total Contribs Current Tx Yr	10	N	323, Line 23	Enter amount from Part 1, line 11
582	575	Max Credit Allow CR323	10	N	323, Line 24	Single Taxpayer or Heads of Household Enter \$569 Married Taxpayer Enter \$1138
583	576	Total Excess Contributions	10	N	323, Line 25	Form 348, Subtract 24 from 23 or Zero
584	577	ADVS Receipt Yes	1	A	340, Box 1-YES	X or null
585	578	ADVS Receipt No	1	A	340, Box 1-NO	X or null
586	579	Qualified Donations pre-9/11	10	N	340, Line 2	
587	580	Qualified Donations post-9/11	10	N	340, Line 3	
588	581	Total Qualified Donations	10	N	340, Line 4	Add lines 2 and 3
589	582	Allowable Qualified Donations	10	N	340, Line 5	Single Taxpayer or Heads of Household Enter \$200 Married Taxpayer Enter \$400
590	583	Current Year's Credit	10	N	340, Line 6	Enter smaller of Line 4 or Line 5. Form 301, Part 1, line 20, columns a and c
591	584	Claiming School Credit Form 323 Yes	1	A	348, Box 1a-YES	X or null
592	585	Claiming School Credit Form 323 No	1	A	348, Box 1a-NO	X or null
593	586	Excess School Credit Form 323 Yes	1	A	348, Box 1b-YES	X or null
594	587	Excess School Credit Form 323 No	1	A	348, Box 1b-NO	X or null
595	588	Claiming Carryover Only Yes	1	A	348, Box 1c-YES	X or null
596	589	Claiming Carryover Only No	1	A	348, Box 1c-NO	X or null
597	590	Name of School 1	30	A	348, Line 2a	
598	591	Address of School 1	30	A/N	348, Line 2b	
599	592	City State of School 1	30	A	348, Line 2c	
600	593	Amt of Contribution 1	10	N	348, Line 2d	
601	594	Name of School 2	30	A	348, Line 3a	
602	595	Address of School 2	30	A/N	348, Line 3b	
603	596	City State of School 2	30	A	348, Line 3c	
604	597	Amt of Contribution 2	10	N	348, Line 3d	
605	598	Name of School 3	30	A	348, Line 4a	
606	599	Address of School 3	30	A/N	348, Line 4b	
607	600	City State of School 3	30	A	348, Line 4c	
608	601	Amt of Contribution 3	10	N	348, Line 4d	
609	602	Continuation Sheet 5h or Zero	10	N	348, Line 5	
610	603	Total Contributions Certified School Tuition Prev Yr	10	N	348, Line 6	Add Lines 2-5 Column d
611	604	Name of School 4	30	A	348, Line 7a	
612	605	Address of School 4	30	A/N	348, Line 7b	
613	606	City State of School 4	30	A	348, Line 7c	
614	607	Amt of Contribution 4	10	N	348, Line 7d	
615	608	Name of School 5	30	A	348, Line 8a	
616	609	Address of School 5	30	A/N	348, Line 8b	
617	610	City State of School 5	30	A	348, Line 8c	
618	611	Amt of Contribution 5	10	N	348, Line 8d	

Legend

Blue: Additions TY2019

Yellow: Changes for TY2019

Dark Orange: Removed Items for TY2019

619	612	Name of School 6	30	A	348, Line 9a	
620	613	Address of School 6	30	A/N	348, Line 9b	
621	614	City State of School 6	30	A	348, Line 9c	
622	615	Amt of Contribution 6	10	N	348, Line 9d	
623	616	Continuation Sheet 10h or Zero	10	N	348, Line 10	
624	617	Total Contributions Certified School Tuition	10	N	348, Line 11	Add lines 7-10 Column d
625	618	Total Contributions Prev and Curr	10	N	348, Line 12	Add Lines 6 and 11
626	619	Allowable Credit Claimed Form 323	10	N	348, Line 13	Single Taxpayer or Heads of Household Enter \$569 Married Taxpayer Enter \$1138
627	620	Potential Credit	10	N	348, Line 14	Subtract Line 13 from Line 12
628	621	Allowable Max Credit	10	N	348, Line 15	Single Taxpayer or Heads of Household Enter \$566 Married Taxpayer Enter \$1131
629	622	Current Year's Credit	10	N	348, Line 16	Enter smaller of Line 14 or Line 15
630	623	Original Credit Amount 17b	10	N	348, Line 17b	Enter Amount from Prior Year 5
631	624	Previous Used Amount 17c	10	N	348, Line 17c	Enter Amount from Prior Year 5
632	625	Available Credit Carryover 17d	10	N	348, Line 17d	Enter Amount from Prior Year 5
633	626	Original Credit Amount 18b	10	N	348, Line 18b	Enter Amount from Prior Year 4
634	627	Previous Used Amount 18c	10	N	348, Line 18c	Enter Amount from Prior Year 4
635	628	Available Credit Carryover 18d	10	N	348, Line 18d	Enter Amount from Prior Year 4
636	629	Original Credit Amount 19b	10	N	348, Line 19b	Enter Amount from Prior Year 3
637	630	Previous Used Amount 19c	10	N	348, Line 19c	Enter Amount from Prior Year 3
638	631	Available Credit Carryover 19d	10	N	348, Line 19d	Enter Amount from Prior Year 3
639	632	Original Credit Amount 20b	10	N	348, Line 20b	Enter Amount from Prior Year 2
640	633	Previous Used Amount 20c	10	N	348, Line 20c	Enter Amount from Prior Year 2
641	634	Available Credit Carryover 20d	10	N	348, Line 20d	Enter Amount from Prior Year 2
642	635	Original Credit Amount 21b	10	N	348, Line 21b	Enter Amount from Prior Year 1
643	636	Previous Used Amount 21c	10	N	348, Line 21c	Enter Amount from Prior Year 1
644	637	Available Credit Carryover 21d	10	N	348, Line 21d	Enter Amount from Prior Year 1
645	638	Total Available Carryover	10	N	348, Line 22	Add Lines 17-21 Column d
646	639	Current Year's Total Credit	10	N	348, Line 23	Amount from Part 1 L16 and enter on Form 301, Part 1, line 25, column a
647	640	Available Credit Carryover	10	N	348, Line 24	Amount from Part 2 L22 and enter on Form 301, Part 1, line 25, column b
648	641	Total Available Credit	10	N	348, Line 25	Add lines 23 and 24 and enter on Form 301, Part 1, line 25, column c
649	642	Foster Care Charity Code 1	5	N	352, Line 1a	
650	643	Name of Qualifying Foster Care Charity 1	30	A	352, Line 1b	
651	644	Amt Contributed 1	10	N	352, Line 1c	
652	645	Foster Care Charity Code 2	5	N	352, Line 2a	
653	646	Name of Qualifying Foster Care Charity 2	30	A	352, Line 2b	
654	647	Amount Contributed 2	10	N	352, Line 2c	
655	648	Foster Care Charity Code 3	5	N	352, Line 3a	
656	649	Name of Qualifying Foster Care Charity 3	30	A	352, Line 3b	
657	650	Amt Contributed 3	10	N	352, Line 3c	
658	651	Continuation Sheet 4h or Zero	10	N	352, Line 4	
659	652	Total Qualifying Foster Care Charity	10	N	352, Line 5	Add lines 1-4 Column c
660	653	Foster Care Charity Code 4	5	N	352, Line 6a	
661	654	Name of Qualifying Foster Care Charity 4	30	A	352, Line 6b	
662	655	Amt Contributed 4	10	N	352, Line 6c	
663	656	Foster Care Charity Code 5	5	N	352, Line 7a	
664	657	Name of Qualifying Foster Care Charity 5	30	A	352, Line 7b	
665	658	Amount Contributed 5	10	N	352, Line 7c	
666	659	Foster Care Charity Code 6	5	N	352, Line 8a	
667	660	Name of Qualifying Foster Care Charity 6	30	A	352, Line 8b	
668	661	Amt Contributed 6	10	N	352, Line 8c	
669	662	Continuation Sheet 9h or Zero	10	N	352, Line 9	
670	663	Total Qualifying Charity2	10	N	352, Line 10	Add lines 6-9 Column c
671	664	Total Cash Contri Qual Charity	10	N	352, Line 11	Add lines 5 and 10
672	665	Allowable Charity Credit	10	N	352, Line 12	Single Taxpayer or Heads of Household Enter \$500 Married Taxpayer Enter \$1000
673	666	Current Year's Qualifying Charity Credit	10	N	352, Line 13	Enter smaller of Line 11 or Line 12
674	667	Original Credit Amount 14b	10	N	352, Line 14b	Enter Amount from Prior Year 3
675	668	Previous Used Amount 14c	10	N	352, Line 14c	Enter Amount from Prior Year 3
676	669	Available Credit Carryover 14d	10	N	352, Line 14d	Enter Amount from Prior Year 3
677	670	Original Credit Amount 15b	10	N	352, Line 15b	Enter Amount from Prior Year 2
678	671	Previous Used Amount 15c	10	N	352, Line 15c	Enter Amount from Prior Year 2
679	672	Available Credit Carryover 15d	10	N	352, Line 15d	Enter Amount from Prior Year 2
680	673	Original Credit Amount 16b	10	N	352, Line 16b	Enter Amount from Prior Year 1
681	674	Previous Used Amount 16c	10	N	352, Line 16c	Enter Amount from Prior Year 1

Legend

Blue: Additions TY2019

Yellow: Changes for TY2019

Dark Orange: Removed Items for TY2019

682	675	Available Credit Carryover 16d	10	N	352, Line 16d	Enter Amount from Prior Year 1
683	676	Original Credit Amount 17b	10	N	352, Line 17b	Enter Amount from Prior Year 0
684	677	Previous Used Amount 17c	10	N	352, Line 17c	Enter Amount from Prior Year 0
685	678	Available Credit Carryover 17d	10	N	352, Line 17d	Enter Amount from Prior Year 0
686	679	Original Credit Amount 18b	10	N	352, Line 18b	Enter Amount from Prior Year 0
687	680	Previous Used Amount 18c	10	N	352, Line 18c	Enter Amount from Prior Year 0
688	681	Available Credit Carryover 18d	10	N	352, Line 18d	Enter Amount from Prior Year 0
689	682	Total Available Credit Carryover	10	N	352, Line 19	Add Lines 14 through 18 Column d
690	683	Current Yr's Credit	10	N	352, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 27, column a
691	684	Available Carryover	10	N	352, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 27, column b
692	685	Total Available Credit	10	N	352, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 27, column c
693	686	Trailer	5	A	*EOD*	

Arizona 140A - Full Year Resident Return - Short

2D Barcode Record Layout

2018 FIELD NO	2019 FIELD NO	FIELD NAME	LENGTH	TYPE	FORM & Line Number	BUSINESS RULE
1	1	Header version	2	A		T1
2	2	Software Developer Code	4	N		NACTP assigned code
3	3	Version Number	2	N		01; use 2 digits (leading zero)
4	4	Form Type	6	A		140A
5	5	Form Year	4	N	140A, TOP	2019
6	6	Primary First Name	10	A	140A, 1	
7	7	Primary Middle Initial	1	A	140A, 1	
8	8	Primary Last Name	35	A	140A, 1	
9	9	Primary SSN	9	N	140A, 1	No hyphens
10	10	Spouse First Name	10	A	140A, 1	Spouse Name required when MFJ or MFS
11	11	Spouse Middle Initial	1	A	140A, 1	Spouse Name required when MFJ or MFS
12	12	Spouse Last Name	35	A	140A, 1	Spouse Name required when MFJ or MFS
13	13	Spouse SSN	9	N	140A, 1	Spouse SSN required when MFJ or MFS; No hyphens
14	14	Address line 1	35	A/N	140A, 2	Address line 1 or % (care of) line or recipient name if TP is deceased
15	15	Address line 2	35	A/N	140A, 2	Address line 2 or Address line if 1 is % or deceased TP
16	16	City	21	A	140A, 3	
17	17	State	2	A	140A, 3	Or province if Canadian address
18	18	Zip Code	9	A/N	140A, 3	Include zip plus 4 in last 4 digits or zero fill if not available
19	19	Day Phone Number	10	N	140A, 94	
20	20	Married/Joint	1	A	140A, 4	X or null
21	21	Injured Spouse Protection of Joint Overpayment	1	A	140A, 4A	X or null
22	22	Head of Household	1	A	140A, 5	X or null
23	23	Married filing Separate	1	A	140A, 6	X or null
24	24	Single	1	A	140A, 7	X or null
25	25	Age 65 or over	1	N	140A, 8	
26	26	Blind	1	N	140A, 9	
27	27	Dependents: Under age of 17	2	N	140A, Line 10a	Changed line name from Dependents to Dependents Under Age 17
28	28	Dependents: Age 17 and over	2	N	140A, Line 10b	
29	29	Parents/Ancestors	1	N	140A, 11a	
29	30	6 Month Extension	1	A	140A, 82F	X or null
30	31	Dependent Info More Space--Qualifying Dependents	1	A	140A, Line 10ab	X or null
31	32	Dependent 1 First Name	10	A	140A, 10c (a1)	
32	33	Dependent 1 Last Name	10	A	140A, 10c (a2)	
33	34	Dependent 1 SSN	9	N	140A, 10c (b)	No hyphens
34	35	Dependent 1 Relationship	12	A	140A, 10c (c)	
35	36	Dependent 1 Months	2	N	140A, 10c (d)	Valid Values are (0 - 12)
36	37	Dependent 1 Age included in	1	A	140A, Box 10c(e1)	X or null, changed name from Dep. Name Not Qualifying to Dep. Age included in
37	38	Dependent 1 Age included in	1	A	140A, Box 10c(e2)	X or null
37	39	Dependent 1 Name Education	1	A	140A, 10c (f)	X or null
38	40	Dependent 2 First Name	10	A	140A, 10d (a1)	
39	41	Dependent 2 Last Name	10	A	140A, 10d (a2)	
40	42	Dependent 2 SSN	9	N	140A, 10d (b)	No hyphens
41	43	Dependent 2 Relationship	12	A	140A, 10d (c)	
42	44	Dependent 2 Months	2	N	140A, 10d (d)	Valid Values are (0 - 12)
43	45	Dependent 2 Age included in	1	A	140A, Box 10d(e1)	X or null, changed name from Dep. Name Not Qualifying to Dep. Age included in
44	46	Dependent 2 Age included in	1	A	140A, Box 10d(e2)	X or null
44	47	Dependent 2 Name Education	1	A	140A, 10d (f)	X or null
45	48	Dependent 3 First Name	10	A	140A, 10e (a1)	
46	49	Dependent 3 Last Name	10	A	140A, 10e (a2)	
47	50	Dependent 3 SSN	9	N	140A, 10e (b)	No hyphens
48	51	Dependent 3 Relationship	12	A	140A, 10e (c)	
49	52	Dependent 3 Months	2	N	140A, 10e (d)	Valid Values are (0 - 12)
50	53	Dependent 3 Age included in	1	A	140A, Box 10e(e1)	X or null, changed name from Dep. Name Not Qualifying to Dep. Age included in
51	54	Dependent 3 Age included in	1	A	140A, Box 10e(e2)	X or null
51	55	Dependent 3 Name Education	1	A	140A, 10e (f)	X or null
52	56	Dependent Info More Space--Qualifying Ancestors	1	A	140A, Line 11a	X or null
53	57	Dependent 1 Qual Anc First Name	10	A	140A, Line 11b (a1)	
54	58	Dependent 1 Qual Anc Last Name	10	A	140A, Line 11b (a2)	
55	59	Dependent 1 Qual Anc SSN	9	N	140A, Line 11b (b)	No hyphens
56	60	Dependent 1 Qual Anc Relationship	12	A	140A, Line 11b (c)	
57	61	Dependent 1 Qual Anc Months	2	N	140A, Line 11b (d)	Valid Values are (0 - 12)
58	62	Dependent 1 Qual Anc Age 65+	1	A	140A, Line 11b (e)	X or null
59	63	Dependent 1 Qual Anc Deceased In Tax Year	1	A	140A, Line 11b (f)	X or null
60	64	Dependent 2 Qual Anc First Name	10	A	140A, Line 11c (a1)	
61	65	Dependent 2 Qual Anc Last Name	10	A	140A, Line 11c (a2)	

Legend

Blue: Additions for TY2019

Yellow: Changes for TY2019

Dark Orange: Removed Items for TY2019

62	66	Dependent 2 Qual Anc SSN	9	N	140A, Line 11c (b)	No hyphens
63	67	Dependent 2 Qual Anc Relationship	12	A	140A, Line 11c (c)	
64	68	Dependent 2 Qual Anc Months	2	N	140A, Line 11c (d)	Valid Values are (0 - 12)
65	69	Dependent 2 Qual Anc Age 65+	1	A	140A, Line 11c (e)	X or null
66	70	Dependent 2 Qual Anc Deceased In Tax Year	1	A	140A, Line 11c (f)	X or null
67	71	Dependent 3 Qual Anc First Name	10	A	140A, Line 11d (a1)	
68	72	Dependent 3 Qual Anc Last Name	10	A	140A, Line 11d (a2)	
69	73	Dependent 3 Qual Anc SSN	9	N	140A, Line 11d (b)	No hyphens
70	74	Dependent 3 Qual Anc Relationship	12	A	140A, Line 11d (c)	
71	75	Dependent 3 Qual Anc Months	2	N	140A, Line 11d (d)	Valid Values are (0 - 12)
72	76	Dependent 3 Qual Anc Age 65+	1	A	140A, Line 11d (e)	X or null
73	77	Dependent 3 Qual Anc Deceased In Tax Year	1	A	140A, Line 11d (f)	X or null
74	78	Federal Adjusted Gross	10	N	140A, Line 12	
75	79	Over 65 Exemption	10	N	140A, Line 13	Multiply the number in Box 8 by \$2100
76	80	Blind Exemption	10	N	140A, Line 14	Multiply the number in Box 9 by \$1500
	81	Total other exemptions	2	N	140A, Line 15E	
77	82	Other Exemptions	10	N	140A, Line 15	Multiply the number in Box 15E by \$2300, changed line name from Dependent exemptions to Other Exemptions
78	83	Exemption Parents and Grand Parents	10	N	140A, Line 16	Multiply the number in Box 11a by \$10000
79	84	Az Adjusted Gross	10	N	140A, Line 17	Subtract Lines 13, 14, 15, and 16 from line 12.
80	85	Std Deduction Amount	10	N	140A, Line 18	Single, Married Filing Separate = \$12,200 Married Filing Jointly = \$24,400 Head of Household = \$18,350
81		Personal Exemptions	10	N	140A, 19	Single=\$2200, MFJ-0 Dep.=\$4400, MFJ-1+ Dep.=\$6600, HOH=\$4400, MFS-0 Dep.=\$2200,
82	86	Az Taxable Income	10	N	140A, Line 19	Subtract line 18 from 17 If < zero, enter "0"
83	87	Computed Tax	10	N	140A, Line 20	Compute the tax using amount on line 19 using Optional Tax Tables
	88	Dependent Credit	10	N	140A, Line 21	Amount calculated from totals in Boxes 10a and 10b
84	89	Family Income Tax Credit	10	N	140A, Line 22	
85	90	Balance of Tax	10	N	140A, Line 23	Subtract line 21 and 22 from line 20. If < zero, enter "0"
86	91	Withholding	10	N	140A, Line 24	
87	92	Extension Payments	10	N	140A, Line 25	
88	93	Increased Excise Tax Credit	10	N	140A, Line 26	Use worksheet to determine amount.
89	94	Property Tax Credit	10	N	140A, Line 27	
90	95	Total Payments Refundable Credits	10	N	140A, Line 28	Add lines 24-27
91	96	Tax Due	10	N	140A, Line 29	If line 23 > line 28, subtract line 28 from line 23 and enter amount
92	97	Overpayment	10	N	140A, Line 30	If line 28 > line 23, subtract line 23 from line 28 and enter the amount.
93	98	Total Tax or Refund From Page 1	10	N	140A, Line 31	Enter the amount from page 1, line 29 or 30. Cannot be a negative amount
94	99	Solutions Teams Assigned To Schools Contrib	10	N	140A, Line 32	
95	100	Wildlife Contrib	10	N	140A, Line 33	
96	101	Child Abuse Contrib	10	N	140A, Line 34	
97	102	Domestic Violence Contrib	10	N	140A, Line 35	
98	103	Political Contrib	10	N	140A, Line 36	
99	104	Neighbors Helping Contrib	10	N	140A, Line 37	
100	105	Special Olympics Contrib	10	N	140A, Line 38	
101	106	Veterans' Donation Fund	10	N	140A, Line 39	
102	107	I Didn't Pay Enough Fund	10	N	140A, Line 40	
103	108	Sustainable State Parks and Road Fund	10	N	140A, Line 41	
104	109	Spay/Neuter of Animals	10	N	140A, Line 42	
105	110	Democratic Party	1	A	140A, 43-1	"X" or null
106	111	Green Party	1	A	140A, 43-2	"X" or null
107	112	Libertarian Party	1	A	140A, 43-3	"X" or null
108	113	Republican Party	1	A	140A, 43-4	"X" or null
109	114	Total Contribs	10	N	140A, Line 44	Add Lines 32 through 42
110	115	Refund Amount	10	N	140A, Line 45	Subtract Line 44 from Line 31
111	116	Foreign Account	1	A	140A, Box 45A	Y or Null; If "Y", Fields 115-118 should be
112	117	Dir Dep Routing Nbr	9	N	140A, 98	For direct deposit; direct debit is not supported.
113	118	Dir Dep Account Nbr	17	A/N	140A, 98	For direct deposit; direct debit is not supported.
114	119	Dir Dep Checking	1	A	140A, 98	X or null; direct deposit only
115	120	Dir Dep Savings	1	A	140A, 98	X or null; direct deposit only
116	121	Amount Owed	10	N	140A, Line 46	Add Lines 31 and 44
117	122	Prior Last Names	20	A	Front Page Line 97	Comma delimited
118	123	Primary Occupation	16	A	140A, pg2	
119	124	Spouse Occupation	16	A	140A, pg2	
120	125	Preparer Name	35	A/N	140A, pg2	
121	126	Preparer Address	35	A/N	140A, pg2	
122	127	Preparer City	21	A	140A, pg2	
123	128	Preparer State	2	A	140A, pg2	
124	129	Preparer Zip Code	9	N	140A, pg2	
125	130	Preparer FEIN	9	N	140A, pg2	No hyphens

Legend

Blue: Additions for TY2019

Yellow: Changes for TY2019

Dark Orange: Removed Items for TY2019

126	131	Paid Preparer Phone Number	10	N	140A, pg2	
127	132	Employer ID (1)	9	N	W-2 (1st Wage Statement)	
128	133	Employee SSN (1)	9	N	W-2 (1st Wage Statement)	
129	134	Arizona Wages (1)	10	N	W-2 (1st Wage Statement)	
130	135	Arizona Withholding (1)	10	N	W-2 (1st Wage Statement)	
131	136	Employer ID (2)	9	N	W-2 (2nd Wage Statement)	
132	137	Employees SSN (2)	9	N	W-2 (2nd Wage Statement)	
133	138	Arizona Wages (2)	10	N	W-2 (2nd Wage Statement)	
134	139	Arizona Withholding (2)	10	N	W-2 (2nd Wage Statement)	
135	140	Employer ID (3)	9	N	W-2 (3rd Wage Statement)	
136	141	Employees SSN (3)	9	N	W-2 (3rd Wage Statement)	
137	142	Arizona Wages (3)	10	N	W-2 (3rd Wage Statement)	
138	143	Arizona Withholding (3)	10	N	W-2 (3rd Wage Statement)	
139	144	Employer ID (4)	9	N	W-2 (4th Wage Statement)	
140	145	Employees SSN (4)	9	N	W-2 (4th Wage Statement)	
141	146	Arizona Wages (4)	10	N	W-2 (4th Wage Statement)	
142	147	Arizona Withholding (4)	10	N	W-2 (4th Wage Statement)	
143	148	Payer's ID (1)	9	N	1099-R (1st Statement)	
144	149	Recipient's SSN (1)	9	N	1099-R (1st Statement)	
145	150	1099 Gross Amt (1)	10	N	1099-R (1st Statement)	
146	151	1099 Taxable Amount (1)	10	N	1099-R (1st Statement)	
147	152	1099 Az WH (1)	10	N	1099-R (1st Statement)	
148	153	Payer's ID (2)	9	N	1099-R (2nd Statement)	
149	154	Recipient's SSN (2)	9	N	1099-R (2nd Statement)	
150	155	1099 Gross Amt (2)	10	N	1099-R (2nd Statement)	
151	156	1099 Taxable Amount (2)	10	N	1099-R (2nd Statement)	
152	157	1099 Az WH (2)	10	N	1099-R (2nd Statement)	
153	158	Trailer	5	A	*EOD*	

Legend

Blue: Additions for TY2019

Yellow: Changes for TY2019

Dark Orange: Removed Items for TY2019

Arizona 140NR - Non-Resident Return						
2D Barcode Record Layout						
2018 FIELD NO	2019 FIELD NO	FIELD NAME	LENGTH	TYPE	FORM & Line Number	BUSINESS RULE
1	1	Header version	2	A		T1
2	2	Software Developer Code	4	N		NACTP assigned code
3	3	Version Number	2	N		01; use 2 digits (leading zero)
4	4	Form Type	6	A		140NR
5	5	Form Year	4	N	140NR, TOP	2019
6	6	Tax Year Ending Date	8	N	140NR, 66F	MMDDCCYY (Enter only if fiscal year filer)
7	7	Primary First Name	10	A	140NR, 1	
8	8	Primary Middle Initial	1	A	140NR, 1	
9	9	Primary Last Name	35	A	140NR, 1	
10	10	Primary SSN	9	N	140NR, 1	No hyphens
11	11	Spouse First Name	10	A	140NR, 1	Spouse Name required when MFJ or MFS
12	12	Spouse Middle Initial	1	A	140NR, 1	Spouse Name required when MFJ or MFS
13	13	Spouse Last Name	35	A	140NR, 1	Spouse Name required when MFJ or MFS
14	14	Spouse SSN	9	N	140NR, 1	Spouse SSN required when MFJ or MFS; No hyphens
15	15	Address line 1	35	A/N	140NR, 2	Address line 1 or % (care of) line or recipient name if
16	16	Address line 2	35	A/N	140NR, 2	Address line 2 or Address line if 1 is % or deceased TP
17	17	City	21	A	140NR, 3	
18	18	State	2	A	140NR, 3	Or province if Canadian address
19	19	Zip Code	9	A/N	140NR, 3	Include zip plus 4 in last 4 digits or zero fill if not available
20	20	Daytime Number	10	N	140NR, 94	
21	21	Married/Joint	1	A	140NR, 4	X or null
22	22	Injured Spouse Protection of Joint Overpayment	1	A	140NR, 4A	X or null
23	23	Head of Household	1	A	140NR, 5	X or null
24	24	Married filing Separate	1	A	140NR, 6	X or null
25	25	Single	1	A	140NR, 7	X or null
26	26	Age 65 or over	1	N	140NR, 8	
27	27	Blind	1	N	140NR, 9	
28	28	Dependents: Under age of 17	2	N	140NR, Line 10a	Changed line name from Dependents to Dependents Under Age 17
29	29	Dependents: Age 17 and over	2	N	140NR, Line 10b	
29	30	6 Month Extension	1	A	140NR, 82F	X or null
30	31	Res Status Non	1	A	140NR, 11	X or null
31	32	Res Status Non Active Military	1	A	140NR, 12	X or null
32	33	Res Status Composite	1	A	140NR, 13	X or null
33	34	Dependent Information Additional Space	1	A	140NR, Box 10ab	X or null
34	35	Dependent 1 First Name	10	A	140NR, 10c (a1)	
35	36	Dependent 1 Last Name	10	A	140NR, 10c (a2)	
36	37	Dependent 1 SSN	9	N	140NR, 10c (b)	No hyphens
37	38	Dependent 1 Relationship	12	A	140NR, 10c (c)	
38	39	Dependent 1 Months	2	N	140NR, 10c (d)	Valid Values are (0 - 12)
39	40	Dependent 1 Age included in	1	A	140NR, Box 10c(e1)	X or null, changed name from Dep. Name Not Qualifying to Dep. Age included in
40	41	Dependent 1 Age included in	1	A	140NR, Box 10c(e2)	X or null
40	42	Dependent 1 Name Education	1	A	140NR, 10c (f)	X or null
41	43	Dependent 2 First Name	10	A	140NR, 10d (a1)	
42	44	Dependent 2 Last Name	10	A	140NR, 10d (a2)	
43	45	Dependent 2 SSN	9	N	140NR, 10d (b)	No hyphens
44	46	Dependent 2 Relationship	12	A	140NR, 10d (c)	
45	47	Dependent 2 Months	2	N	140NR, 10d (d)	Valid Values are (0 - 12)
46	48	Dependent 2 Age included in	1	A	140NR, Box 10d(e1)	X or null, changed name from Dep. Name Not Qualifying to Dep. Age included in
47	49	Dependent 2 Age included in	1	A	140NR, Box 10d(e2)	X or null
47	50	Dependent 2 Name Education	1	A	140NR, 10d (f)	X or null
48	51	Dependent 3 First Name	10	A	140NR, 10e (a1)	
49	52	Dependent 3 Last Name	10	A	140NR, 10e (a2)	
50	53	Dependent 3 SSN	9	N	140NR, 10e (b)	No hyphens
51	54	Dependent 3 Relationship	12	A	140NR, 10e (c)	
52	55	Dependent 3 Months	2	N	140NR, 10e (d)	Valid Values are (0 - 12)
53	56	Dependent 3 Age included in	1	A	140NR, Box 10e(e1)	X or null, changed name from Dep. Name Not Qualifying to Dep. Age included in
54	57	Dependent 3 Age included in	1	A	140NR, Box 10e(e2)	X or null
54	58	Dependent 3 Name Education	1	A	140NR, 10e (f)	X or null
55	59	Dependent 4 First Name	10	A	140NR, 10f (a1)	
56	60	Dependent 4 Last Name	10	A	140NR, 10f (a2)	
57	61	Dependent 4 SSN	9	N	140NR, 10f (b)	No hyphens
58	62	Dependent 4 Relationship	12	A	140NR, 10f (c)	
59	63	Dependent 4 Months	2	N	140NR, 10f (d)	Valid Values are (0 - 12)
60	64	Dependent 4 Age included in	1	A	140NR, Box 10f(e1)	X or null, changed name from Dep. Name Not Qualifying to Dep. Age included in

Legend

Blue: Additions for TY2019

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	65	Dependent 1 Age included in	1	A	140NR, Box 10f(e2)	X or null
61	66	Dependent 4 Name Education	1	A	140NR, 10f (f)	X or null
62	67	Married/spouse of active mil. qual. for MSRR Act	1	A	140NR, Box 14	value "1" if checked; "0" or null if blank
63	68	Wages, Salaries, etc. Fed	10	N	140NR, Line 15 Fed	
64	69	Wages, Salaries, etc. AZ	10	N	140NR, Line 15 AZ	
65	70	Interest Fed	10	N	140NR, Line 16 Fed	
66	71	Interest AZ	10	N	140NR, Line 16 AZ	
67	72	Dividends Fed	10	N	140NR, Line 17 Fed	
68	73	Dividends AZ	10	N	140NR, Line 17 AZ	
69	74	AZ Inc Tax Ref Fed	10	N	140NR, Line 18 Fed	
70	75	AZ Inc Tax Ref AZ	10	N	140NR, Line 18 AZ	
71	76	Business Inc (Sch. C) Fed	10	N	140NR, Line 19 Fed	
72	77	Business Inc (Sch. C) AZ	10	N	140NR, Line 19 AZ	
73	78	Gain/Loss (Sch. D) Fed	10	N	140NR, Line 20 Fed	
74	79	Gain/Loss (Sch. D) AZ	10	N	140NR, Line 20 AZ	
75	80	Rents etc (Sch. E) Fed	10	N	140NR, Line 21 Fed	
76	81	Rents etc (Sch. E) AZ	10	N	140NR, Line 21 AZ	
77	82	Other Fed Inc Fed	10	N	140NR, Line 22 Fed	
78	83	Other Fed Inc AZ	10	N	140NR, Line 22 AZ	
79	84	Total Income Fed	10	N	140NR, Line 23 Fed	Add lines 15-22 in FEDERAL column
80	85	Total Income AZ	10	N	140NR, Line 23 AZ	Add lines 15-22 in ARIZONA column
81	86	Other Fed Adjust Fed	10	N	140NR, Line 24 Fed	
82	87	Other Fed Adjust AZ	10	N	140NR, Line 24 AZ	
83	88	Fed Adjusted Gross	10	N	140NR, Line 25	Subtract lines 24 from line 23 in FEDERAL column
84	89	Arizona Income	10	N	140NR, 26	Subtract lines 24 from line 23 in ARIZONA column
85	90	Arizona Income Ratio	5	D(4,3)	140NR, Line 27	Divide line 26 by line 25. Enter 100% as 1.000; 50%
86	91	Total Depreciation	10	N	140NR, Line 28	
87	92	Partnership Income Adjustment Add	10	N	140NR, Line 29	
88	93	Net capital (loss) derived from the exchange of legal tender	10	N	140NR, Line 30	
89	94	Other Additions	10	N	140NR, Line 31	Total from page 5 worksheet
90	95	Total Additions	10	N	140NR, Line 32	Add lines 26, 28, 29, 30 and 31
91	96	Arizona Sourced net capital Gain/Loss	10	N	140NR, Line 33	
92	97	Total Net Short-Term Capital Gain/Loss	10	N	140NR, Line 34	
93	98	Total Net Long-Term Capital Gain/Loss	10	N	140NR, Line 35	
94	99	Net Long-Term Capital Gain From Assets	10	N	140NR, Line 36	
95	100	Capital Gain Allowable Subt. Calculation	10	N	140NR, Line 37	Multiply line 36 by 25% (.25)
96	101	Net Capital Gain From Invest Small Buss	10	N	140NR, Line 38	
97	102	Net capital (loss) derived from the exchange of legal	10	N	140NR, Line 39	
98	103	Recalculated AZ Depreciation	10	N	140NR, Line 40	
99	104	Partnership Income Adjustment Sub	10	N	140NR, Line 41	
100	105	Total Subtractions	10	N	140NR, Line 42	Subtract lines 37 through 41 from line 32
101		Total From Line 40	10	N	140NR, 43	
102	106	Int. Savings Bond	10	N	140NR, Line 43	
103		AZ Lottery Winnings	10	N	140NR, 45	
104	107	Agric Crops Contrib	10	N	140NR, Line 44	
105	108	Other Subtractions	10	N	140NR, Line 45	Total from Page 5 worksheet
106	109	Subtotal	10	N	140NR, Line 46	Subtract lines 43 through 45 from line 42
107	110	Age 65 Exempt Amt	10	N	140NR, Line 47	Multiply the number in Box 8 by \$2100
108	111	Blind Exempt Amt	10	N	140NR, Line 48	Multiply the number in Box 9 by \$1500
	112	Total other exemptions	2	N	140NR, Line 49E	
109	113	Other Exemptions	10	N	140NR, Line 49	Multiply the number in Box 49E by \$2300, changed
110	114	Total Exemptions	10	N	140NR, Line 50	Add lines 47, 48, and 49
111	115	AZ Exempt Portion	10	N	140NR, Line 51	Multiply line 50 by the Arizona Income Ratio on line 27
112	116	AZ Adjusted Gross	10	N	140NR, Line 52	Subtract line 51 from line 46. If < zero, enter "0"
113	117	Itemized Deductions	1	A	140NR, 53-I	X or null
114	118	Standard Deductions	1	A	140NR, 53-S	X or null
115	119	Deduction Amount	10	N	140NR, Line 53	ITEMIZED OR PRORATED IF NOT MILITARY Single, Married Filing Separate = \$12,200 Married Filing Jointly = \$24,400 Head of Household = \$18,350
116		Personal Exemptions	10	N	140NR, Line 56	PRORATED IF NOT MILITARY. Single=\$2200, MFJ-0 Dep.=\$4400, MFJ-1+ Dep.=\$6600, HOH=\$4400, MFS-0 Dep.=\$2200, MFS-1+ Dep.=\$3300
	120	Claiming Charitable Deductions	1	A	140NR, Line 54C	X or null
	121	Additional Charitable Deductions	10	N	140NR, Line 54	Total from Line C9, page 3 Qualifying Charitable Deductions
117	122	Az Taxable Income	10	N	140NR, Line 55	Subtract 53 and 54 from 52, if < 0 enter "0"
118	123	Computed Tax	10	N	140NR, Line 56	Compute tax from line 55 using Tax Table X or Y

Legend

Blue: Additions for TY2019

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119	124	Tax from Recapture Credits	10	N	140NR, Line 57	From AZ Form 301, Part 2, line 35
120	125	Subtotal of tax	10	N	140NR, Line 58	Add lines 56 and 57
	126	Dependent Credit	10	N	140NR, Line 59	Amount calculated from totals in Boxes 10a and 10b
121	127	Credits from Arizona Credit Forms	10	N	140NR, Line 60	From AZ Form 301, Part 2, line 67
122	128	Balance of Tax	10	N	140NR, Line 61	Subtract line 59 and 60 from line 58. If the sum of 59
123	129	Withholding	10	N	140NR, Line 62	
124	130	Estimated Payments	10	N	140NR, Line 63a	
125	131	Claim of Right	10	N	140NR, Line 63b	
126	132	Total Estimated Payments	10	N	140NR, Line 63c	Add lines 63a and 63b
127	133	Extension Payments	10	N	140NR, Line 64	
128	134	Refundable Credit Form 308-I	1	A	140NR, 65-1	"X" or null
129	135	Refundable Credit Form 349	1	A	140NR, 65-2	"X" or null
130	136	Other Refundable Credits	10	N	140NR, Line 65	
131	137	Total Payments	10	N	140NR, Line 66	Add lines 62 - 65
132	138	Tax Due	10	N	140NR, Line 67	If line 61 > line 66 subtract 66 from 61 and enter tax
133	139	Overpayment	10	N	140NR, Line 68	If line 66 > line 61 subtract 61 from 66 and enter
134	140	Next Year's Est Pmt	10	N	140NR, Line 69	Amount of Line 68 to be Applied to 2020 Estimated
135	141	Bal of Overpayment	10	N	140NR, Line 70	Subtract 69 from 68
136	142	Solutions Teams Assigned To Schools Contrib	10	N	140NR, Line 71	
137	143	Wildlife Contrib	10	N	140NR, Line 72	
138	144	Child Abuse Contrib	10	N	140NR, Line 73	
139	145	Domestic Violence Contrib	10	N	140NR, Line 74	
140	146	Political Contrib	10	N	140NR, Line 75	
141	147	Neighbors Helping Contrib	10	N	140NR, Line 76	
142	148	Special Olympics Contrib	10	N	140NR, Line 77	
143	149	Veterans' Donation Fund	10	N	140NR, Line 78	
144	150	I Didn't Pay Enough Fund	10	N	140NR, Line 79	
145	151	Sustainable State Parks and Road Fund	10	N	140NR, Line 80	
146	152	Spay/Neuter of Animals	10	N	140NR, Line 81	
147	153	Democratic Party	1	A	140NR, 82-1	"X" or null
148	154	Green Party	1	A	140NR, 82-2	"X" or null
149	155	Libertarian Party	1	A	140NR, 82-3	"X" or null
150	156	Republican Party	1	A	140NR, 82-4	"X" or null
151	157	Est Pmt Pen	10	N	140NR, Line 83	
152	158	Annualized Other	1	A	140NR, 84-1	Y or null
153	159	Farmer/Fisherman	1	A	140NR, 84-2	Y or null
154	160	Form 221 Attached	1	A	140NR, 84-3	Y or null
155	161	Tot Contrib/Penalty	10	N	140NR, Line 85	Add Lines 71 - 81, and 83
156	162	Refund Amount	10	N	140NR, Line 86	Subtract Line 85 from Line 70
157	163	Foreign Account	1	A	140NR Line 86A	Y or Null; If "Y", Fields 163-166 should be disabled.
158	164	Dir Dep Routing Nbr	9	N	140NR, 98	For direct deposit; direct debit is not supported.
159	165	Dir Dep Account Nbr	17	A/N	140NR, 98	For direct deposit; direct debit is not supported.
160	166	Dir Dep Checking	1	A	140NR, 98	X or null; direct deposit only
161	167	Dir Dep Savings	1	A	140NR, 98	X or null; direct deposit only
162	168	Amount Owed	10	N	140NR, Line 87	Add Lines 67 and Line 85
163	169	Prior Last Names	20	A	Front Page, 97	Comma delimited
164	170	Primary Occupation	16	A	140NR,pg2	
165	171	Spouse Occupation	16	A	140NR,pg2	
166	172	Preparer Name	35	A/N	140NR,pg2	
167	173	Preparer FEIN	9	N	140NR,pg2	No hyphens
168	174	Preparer Address	35	A/N	140NR,pg2	
169	175	Preparer City	21	A	140NR,pg2	
170	176	Preparer State	2	A	140NR,pg2	
171	177	Preparer Zip Code	9	N	140NR,pg2	
172	178	Paid Preparer Phone Number	10	N	140NR,pg2	
	179	Gifts by Cash or Check	10	N	140NR, pg3, Line C1	
	180	Other than by Cash or Check	10	N	140NR, pg3, Line C2	
	181	Carryover Prior Year	10	N	140NR, pg3, Line C3	
	182	Sum lines C1 thru C3	10	N	140NR, pg3, Line C4	Add lines C1 thru C3
	183	Total Char Ded Claiming a AZ credit	10	N	140NR, pg3, Line C5	
	184	Total Subtraction	10	N	140NR, pg3, Line C6	Subtract line C5 from line C4
	185	Total Increase	10	N	140NR, pg3, Line C7	Multiply line C6 by .25
	186	AZ Income Ratio from pg 1 Line 27	10	N	140NR, pg3, Line C8	
	187	Prorated total increase	10	N	140NR, pg3, Line C9	Multiply line C7 by ratio from line C8
173	188	Med/Dent Expenses	10	N	AZSchA(NR) 1	
174	189	Fed Med Deductions	10	N	AZSchA(NR) 2	
175	190	Medical Add Adjust	10	N	AZSchA(NR) 3	
176	191	Medical Subt Adjust	10	N	AZSchA(NR) 4	

Legend

Blue: Additions for TY2019

Yellow: Changes for TY2019

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177	192	Fed Credit Int Paid	10	N	AZSchA(NR) 5	
178		Wagering Loss Fed	10	N	AZSchA(NR) 6	
179		Gambling Winnings	10	N	AZSchA(NR) 7	
180		AZ Lottery Subt	10	N	AZSchA(NR) 8	
181		Max Gamble Loss Deduct	10	N	AZSchA(NR) 9	
182		Gamble Subt Adjust	10	N	AZSchA(NR) 10	
183	193	Contribution Adjust	10	N	AZSchA(NR) 6	Formerly 11
184	194	Sum Add Adjust	10	N	AZSchA(NR) 7	Formerly 12
185	195	Sum Subt Adjust	10	N	AZSchA(NR) 8	Formerly 13
186	196	Tot Fed Item Deduct	10	N	AZSchA(NR) 9	Formerly 14
187	197	Sum Az Item Deduct	10	N	AZSchA(NR) 13	Formerly 18
188	198	Az Itemized Deductions	10	N	AZSchA(NR) 15	Formerly 20
189	199	Medical/Dental Expenses	10	N	FedSchA(2-D) 1	
190	200	Adjusted Gross Income	10	N	FedSchA(2-D) 2	
191	201	Medical Allowance	10	N	FedSchA(2-D) 3	
192	202	Total Medical/Dental	10	N	FedSchA(2-D) 4	
193	203	State and Local Taxes	10	N	FedSchA(2-D) 5a	
194	204	Real Estate Taxes	10	N	FedSchA(2-D) 5b	
195	205	Personal Property Taxes	10	N	FedSchA(2-D) 5c	
196	206	Other Taxes	10	N	FedSchA(2-D) 6	
197	207	Total Other Taxes	10	N	FedSchA(2-D) 7	
198	208	Mortgage Interest from 1098	10	N	FedSchA(2-D) 8a	
199	209	Other Mortgage Interest	10	N	FedSchA(2-D) 8b	
200	210	Deductible Points	10	N	FedSchA(2-D) 8c	
201		Qualified Mortgage Insurance Premiums	10	N		
202	211	Investment Interest	10	N	FedSchA(2-D) 9	
203	212	Total Interest	10	N	FedSchA(2-D) 10	
204	213	Total Cash/Check Contrib	10	N	FedSchA(2-D) 11	
205	214	Non-Cash/Check Contrib	10	N	FedSchA(2-D) 12	
206	215	Carryover Prior Year	10	N	FedSchA(2-D) 13	
207	216	Total Contrib	10	N	FedSchA(2-D) 14	
208	217	Casualty/Theft Loss	10	N	FedSchA(2-D) 15	
209		Unreimb Emp Exp	10	N		
210		Tax Preparation Fees	10	N		
211		Tot Other Exp	10	N		
212		Gross Misc Ded	10	N		
213		Miscellaneous Allow	10	N		
214		Total Misc Deduct	10	N		
215	218	Tot Other Misc Deduct	10	N	FedSchA(2-D) 16	
216	219	Total Item Deduct	10	N	FedSchA(2-D) 17	
217	220	Employer ID (1)	9	N	W-2 (1st Wage Statement)	No hyphens
218	221	Employee SSN (1)	9	N	W-2 (1st Wage Statement)	No hyphens
219	222	Arizona Wages (1)	10	N	W-2 (1st Wage Statement)	
220	223	Arizona Withholding (1)	10	N	W-2 (1st Wage Statement)	
221	224	Employer ID (2)	9	N	W-2 (2nd Wage Statement)	No hyphens
222	225	Employee SSN (2)	9	N	W-2 (2nd Wage Statement)	No hyphens
223	226	Arizona Wages (2)	10	N	W-2 (2nd Wage Statement)	
224	227	Arizona Withholding (2)	10	N	W-2 (2nd Wage Statement)	
225	228	Employer ID (3)	9	N	W-2 (3rd Wage Statement)	No hyphens
226	229	Employee SSN (3)	9	N	W-2 (3rd Wage Statement)	No hyphens
227	230	Arizona Wages (3)	10	N	W-2 (3rd Wage Statement)	
228	231	Arizona Withholding (3)	10	N	W-2 (3rd Wage Statement)	
229	232	Employer ID (4)	9	N	W-2 (4th Wage Statement)	No hyphens
230	233	Employee SSN (4)	9	N	W-2 (4th Wage Statement)	No hyphens
231	234	Arizona Wages (4)	10	N	W-2 (4th Wage Statement)	
232	235	Arizona Withholding (4)	10	N	W-2 (4th Wage Statement)	
233	236	Payer's ID (1)	9	N	1099-R (1st Statement)	No hyphens
234	237	Recipient's SSN (1)	9	N	1099-R (1st Statement)	No hyphens
235	238	1099 Gross Amt (1)	10	N	1099-R (1st Statement)	
236	239	1099 Taxable Amount (1)	10	N	1099-R (1st Statement)	
237	240	1099 Az WH (1)	10	N	1099-R (1st Statement)	
238	241	Payer's ID (2)	9	N	1099-R (2nd Statement)	No hyphens
239	242	Recipient's SSN (2)	9	N	1099-R (2nd Statement)	No hyphens
240	243	1099 Gross Amt (2)	10	N	1099-R (2nd Statement)	
241	244	1099 Taxable Amount (2)	10	N	1099-R (2nd Statement)	
242	245	1099 Az WH (2)	10	N	1099-R (2nd Statement)	
243		Enterprise Zone Credit b	10	N	301, Line 1b (Form 304)	
244		Enterprise Zone Credit c	10	N	301, Line 1c (Form 304)	
245	246	Environ Tech Fac Credit a	10	N	301, Line 1a (Form 305)	
246	247	Environ Tech Fac Credit b	10	N	301, Line 1b (Form 305)	
247	248	Environ Tech Fac Credit c	10	N	301, Line 1c (Form 305)	
248	249	Military Reuse Zone Credit b	10	N	301, Line 2b (Form 306)	
249	250	Military Reuse Zone Credit c	10	N	301, Line 2c (Form 306)	
250	251	Increased Research Act Ind Credit a	10	N	301, Line 3a (Form 308-I)	
251	252	Increased Research Act Ind Credit b	10	N	301, Line 3b (Form 308-I)	
252	253	Increased Research Act Ind Credit c	10	N	301, Line 3c (Form 308-I)	

Legend

Blue: Additions for TY2019

Yellow: Changes for TY2019

Dark Orange: Removed Items for TY2019

253	254	Tax Paid Other State Cntry Credit a	10	N	301, Line 4a (Form 309)	
254	255	Tax Paid Other State Cntry Credit c	10	N	301, Line 4c (Form 309)	
255	256	Solar Energy Devices Credit a	10	N	301, Line 5a (Form 310)	
256	257	Solar Energy Devices Credit b	10	N	301, Line 5b (Form 310)	
257	258	Solar Energy Devices Credit c	10	N	301, Line 5c (Form 310)	
258	259	Agri Water Conserv Sys Credit a	10	N	301, Line 6a (Form 312)	
259	260	Agri Water Conserv Sys Credit b	10	N	301, Line 6b (Form 312)	
260	261	Agri Water Conserv Sys Credit c	10	N	301, Line 6c (Form 312)	
261	262	Polution Control Credit a	10	N	301, Line 7a (Form 315)	
262	263	Polution Control Credit b	10	N	301, Line 7b (Form 315)	
263	264	Polution Control Credit c	10	N	301, Line 7c (Form 315)	
264	265	Solar Heat and Elect Veh Outlets Credit b	10	N	301, Line 8b (Form 319)	
265	266	Solar Heat and Elect Veh Outlets Credit c	10	N	301, Line 8c (Form 319)	
266	267	Employ TANF Recipients Credit a	10	N	301, Line 9a (Form 320)	
267	268	Employ TANF Recipients Credit b	10	N	301, Line 9b (Form 320)	
268	269	Employ TANF Recipients Credit c	10	N	301, Line 9c (Form 320)	
269	270	Contrib Qual Chart Orgns Credit a	10	N	301, Line 10a (Form 321)	
270	271	Contrib Qual Chart Orgns Credit b	10	N	301, Line 10b (Form 321)	
271	272	Contrib Qual Chart Orgns Credit c	10	N	301, Line 10c (Form 321)	
272	273	Contrib Fees Paid Pub Schs Credit a	10	N	301, Line 11a (Form 322)	
273	274	Contrib Fees Paid Pub Schs Credit b	10	N	301, Line 11b (Form 322)	
274	275	Contrib Fees Paid Pub Schs Credit c	10	N	301, Line 11c (Form 322)	
275	276	Contrib Priv Sch Tuit Orgns Credit a	10	N	301, Line 12a (Form 323)	
276	277	Contrib Priv Sch Tuit Orgns Credit b	10	N	301, Line 12b (Form 323)	
277	278	Contrib Priv Sch Tuit Orgns Credit c	10	N	301, Line 12c (Form 323)	
278	279	Agri Pol Cntrl Equip Credit a	10	N	301, Line 13a (Form 325)	
279	280	Agri Pol Cntrl Equip Credit b	10	N	301, Line 13b (Form 325)	
280	281	Agri Pol Cntrl Equip Credit c	10	N	301, Line 13c (Form 325)	
281	282	Donation School Site Credit a	10	N	301, Line 14a (Form 331)	
282	283	Donation School Site Credit b	10	N	301, Line 14b (Form 331)	
283	284	Donation School Site Credit c	10	N	301, Line 14c (Form 331)	
284	285	Healthy Forest Enterprises Credit a	10	N	301, Line 15a (Form 332)	
285	286	Healthy Forest Enterprises Credit b	10	N	301, Line 15b (Form 332)	
286	287	Healthy Forest Enterprises Credit c	10	N	301, Line 15c (Form 332)	
287	288	Employ Natl Guard Members Credit a	10	N	301, Line 16a (Form 333)	
288	289	Employ Natl Guard Members Credit b	10	N	301, Line 16b (Form 333)	
289	290	Employ Natl Guard Members Credit c	10	N	301, Line 16c (Form 333)	
290	291	Business Contrib School Tuition Org a	10	N	301, Line 17a (Form 335-I)	
291	292	Business Contrib School Tuition Org b	10	N	301, Line 17b (Form 335-I)	
292	293	Business Contrib School Tuition Org c	10	N	301, Line 17c (Form 335-I)	
293		Solar Energy Devices Comm Ind Credit a	10	N	301, Line 19a (Form 336)	
294	294	Solar Energy Devices Comm Ind Credit b	10	N	301, Line 18b (Form 336)	
295	295	Solar Energy Devices Comm Ind Credit c	10	N	301, Line 18c (Form 336)	
296	296	Invest Qual Small Bus Credit a	10	N	301, Line 19a (Form 338)	
297	297	Invest Qual Small Bus Credit b	10	N	301, Line 19b (Form 338)	
298	298	Invest Qual Small Bus Credit c	10	N	301, Line 19c (Form 338)	
299	299	Military Fam Relf Fnd Credit a	10	N	301, Line 20a (Form 340)	
300	300	Military Fam Relf Fnd Credit c	10	N	301, Line 20c (Form 340)	
301	301	Business Contrib School Tuition Disabled a	10	N	301, Line 21a (Form 341-I)	
302	302	Business Contrib School Tuition Disabled b	10	N	301, Line 21b (Form 341-I)	
303	303	Business Contrib School Tuition Disabled c	10	N	301, Line 21c (Form 341-I)	
304	304	Renew Energy Prod Tax Credit a	10	N	301, Line 22a (Form 343)	
305	305	Renew Energy Prod Tax Credit b	10	N	301, Line 22b (Form 343)	
306	306	Renew Energy Prod Tax Credit c	10	N	301, Line 22c (Form 343)	
307	307	New Employment Credit a	10	N	301, Line 23a (Form 345)	
308	308	New Employment Credit b	10	N	301, Line 23b (Form 345)	
309	309	New Employment Credit c	10	N	301, Line 23c (Form 345)	
310	310	Increased Resrch Act Basic Resrch Credit a	10	N	301, Line 24a (Form 346)	
311	311	Incrs Resrch Act Basic Resrch Credit b	10	N	301, Line 24b (Form 346)	
312	312	Incrs Resrch Act Basic Resrch Credit c	10	N	301, Line 24c (Form 346)	
313	313	Contrib Cert Schl Tuit Orgns Credit a	10	N	301, Line 25a (Form 348)	
314	314	Contrib Cert Schl Tuit Orgns Credit b	10	N	301, Line 25b (Form 348)	
315	315	Contrib Cert Schl Tuit Orgns Credit c	10	N	301, Line 25c (Form 348)	
316		Renew Energy Invest Prod Slf Consum Credit a	10	N	301, Line 26a (Form 351)	Credit repealed, still on the form
317		Renew Energy Invest Prod Slf Consum Credit b	10	N	301, Line 26b (Form 351)	Credit repealed, still on the form
318		Renew Energy Invest Prod Slf Consum Credit c	10	N	301, Line 26c (Form 351)	Credit repealed, still on the form
319	316	Contrib Qual Foster Care Char Orgns Credit a	10	N	301, Line 27a (Form 352)	
320	317	Contrib Qual Foster Care Char Orgns Credit b	10	N	301, Line 27b (Form 352)	
321	318	Contrib Qual Foster Care Char Orgns Credit c	10	N	301, Line 27c (Form 352)	
322	319	Total Available Nonrefundable Tax Credits	10	N	301, Line 29	Add Lines 1 through 27 Column c Only
323	320	Total AZ Tax	10	N	301, Line 30	Tax From F140 L46 or F140PY L56 or F140NR L56 or
324	321	Tax Recap Environ Tech Fac Credit	10	N	301, Line 31	From AZ Credit Form 305 Part 5 Line 21
325	322	Tax Recap Credits Hlthy Forest Entrs	10	N	301, Line 32	From AZ Credit Form 332 Part 10 Line 40 and Part 11
326	323	Tax Recap Credits Qual Facs	10	N	301, Line 33	From AZ Credit Form 349 Part 7 Line 19
327		Tax Recap Crdts Renew Engy Invest Prod Slf Cons	10	N	301, Line 34	Do not enter an amount here

Legend

Blue: Additions for TY2019

Yellow: Changes for TY2019

Dark Orange: Removed Items for TY2019

328	324	Total Recapture of Credits	10	N	301, Line 35	Add Lines 31 through 33. Enter here and on F140
329	325	Subtotal Tax Credits and Recap Credits	10	N	301, Line 36	Add Lines 30 and 35
330	326	Family Income Tax Credit	10	N	301, Line 37	From F140 L50 or F140PY L60 or F140X L38a PLUS
331	327	Total Tax Credits and Recap Credits	10	N	301, Line 38	Subtract Line 37 from Line 36. If < zero, Enter "0"
332		Enterprise Zone Credit Used	10	N	301, Line 40 (Form 304)	
333	328	Environ Tech Fac Credit Used	10	N	301, Line 39 (Form 305)	
334	329	Military Reuse Zone Credit Used	10	N	301, Line 40 (Form 306)	
335	330	Increased Research Act Indiv Credit Used	10	N	301, Line 41 (Form 308-l)	
336	331	Tax Paid Other State Ctry Credit Used	10	N	301, Line 42 (Form 309)	
337	332	Solar Energy Devices Credit Used	10	N	301, Line 43 (Form 310)	
338	333	Agri Water Conserv Sys Credit Used	10	N	301, Line 44 (Form 312)	
339	334	Pollution Control Credit Used	10	N	301, Line 45 (Form 315)	
340	335	Solar Heat and Elect Veh Outlets Credit Used	10	N	301, Line 46 (Form 319)	
341	336	Employ TANF Recipients Credit Used	10	N	301, Line 47 (Form 320)	
342	337	Contrib Qual Chart Orgns Credit Used	10	N	301, Line 48 (Form 321)	
343	338	Contrib Fees Paid Pub Schs Credit Used	10	N	301, Line 49 (Form 322)	
344	339	Contrib Priv Sch Tuit Orgns Credit Used	10	N	301, Line 50 (Form 323)	
345	340	Agri Pol Cntrl Equip Credit Used	10	N	301, Line 51 (Form 325)	
346	341	Donation School Site Credit Used	10	N	301, Line 52 (Form 331)	
347	342	Healthy Forest Enterprises Credit Used	10	N	301, Line 53 (Form 332)	
348	343	Employ Natl Guard Members Credit Used	10	N	301, Line 54 (Form 333)	
349	344	Business Contrib School Tuition Org Used	10	N	301, Line 55 (Form 335-l)	
350	345	Solar Energy Devices Comm Indus Used	10	N	301, Line 56 (Form 336)	
351	346	Invest Qual Small Bus Credit Used	10	N	301, Line 57 (Form 338)	
352	347	Donations Military Fam Relf Fnd Credit Used	10	N	301, Line 58 (Form 340)	
353	348	Business Contrib School Tuition Disabled Used	10	N	301, Line 59 (Form 341-l)	
354	349	Renew Energy Prod Tax Credit Used	10	N	301, Line 60 (Form 343)	
355	350	New Employment Credit Used	10	N	301, Line 61 (Form 345)	
356	351	Incres Resrch Act Basic Resrch Credit Used	10	N	301, Line 62 (Form 346)	
357	352	Contrib Cert Schl Tuit Orgns Credit Used	10	N	301, Line 63 (Form 348)	
358		Renew Energy Invest Prod Slf Consum Credit Used	10	N	301, Line 64 (Form 351)	
359	353	Contrib Qual Foster Care Char Orgns Credit Used	10	N	301, Line 65 (Form 352)	
360	354	Total Nonrefundable Tax Credits Used	10	N	301, Line 67	Add Lines 39 through 65. Total Cannot be more than
361	355	Description of Income Items a	30	A	309, Line 1a	
362	356	Description of Income Items b	30	A	309, Line 1b	
363	357	Description of Income Items c	30	A	309, Line 1c	
364	358	Amt Income Listed Report AZ Oth St Cntry a	10	N	309, Line 2a	
365	359	Amt Income Listed Report AZ Oth St Cntry b	10	N	309, Line 2b	
366	360	Amt Income Listed Report AZ Oth St Cntry c	10	N	309, Line 2c	
367	361	Amt Income Include AZ Adj Gross a	10	N	309, Line 3a	
368	362	Amt Income Include AZ Adj Gross b	10	N	309, Line 3b	
369	363	Amt Income Include AZ Adj Gross c	10	N	309, Line 3c	
370	364	Amt Income Include Oth Adj Gross a	10	N	309, Line 4a	
371	365	Amt Income Include Oth Adj Gross b	10	N	309, Line 4b	
372	366	Amt Income Include Oth Adj Gross c	10	N	309, Line 4c	
373	367	Amt Income Taxable by Both AZ Oth a	10	N	309, Line 5a	Enter smaller of Line 3 or 4
374	368	Amt Income Taxable by Both AZ Oth b	10	N	309, Line 5b	Enter smaller of Line 3 or 4
375	369	Amt Income Taxable by Both AZ Oth c	10	N	309, Line 5c	Enter smaller of Line 3 or 4
376	370	Tot Income Taxable by Both AZ Other	10	N	309, Line 6	Add Line 5 a, b, and c
377	371	AZ Tax Liable Less Credits	10	N	309, Line 7	
378	372	Amt Part1 Line6	10	N	309, Line 8	From Part 1 Line 6
379	373	Amt AZ Income Tax Imposed	10	N	309, Line 9	
380	374	Pct Income Taxable by Both AZ Oth1	6	D(4,3)	309, Line 10	Divide Line 8 by Line 9 (Cannot be greater than
381	375	Amt AZ Tax Liability After Credits	10	N	309, Line 11	Multiply Line 7 by the Decimal on Line 10
382	376	Amt Income Tax Paid St or Cntry	10	N	309, Line 12b	
383	377	Tot Income Taxable By Both	10	N	309, Line 13	From Part 1 Line 6
384	378	Tot Income Taxable By Other	10	N	309, Line 14	
385	379	Pct Income Taxable by Other	6	D(4,3)	309, Line 15	Divide Line 13 by Line 14 (Cannot be greater than
386	380	Tot Amt Tax Paid Other	10	N	309, Line 16	Multiply Line 12 by the Decimal on Line 15
387	381	Credit Allow Tax Paid Other	10	N	309, Line 17	Enter smaller of Line 11 or 16 and on Form 301, Part
388	382	Description of Income Items a	30	A	309, Line 1a (2)	
389	383	Description of Income Items b	30	A	309, Line 1b (2)	
390	384	Description of Income Items c	30	A	309, Line 1c (2)	
391	385	Amt Income Listed Report AZ Oth St Cntry a	10	N	309, Line 2a (2)	
392	386	Amt Income Listed Report AZ Oth St Cntry b	10	N	309, Line 2b (2)	
393	387	Amt Income Listed Report AZ Oth St Cntry c	10	N	309, Line 2c (2)	

Legend

Blue: Additions for TY2019

Yellow: Changes for TY2019

Dark Orange: Removed Items for TY2019

394	388	Amt Income Include AZ Adj Gross a	10	N	309, Line 3a (2)	
395	389	Amt Income Include AZ Adj Gross b	10	N	309, Line 3b (2)	
396	390	Amt Income Include AZ Adj Gross c	10	N	309, Line 3c (2)	
397	391	Amt Income Include Oth Adj Gross a	10	N	309, Line 4a (2)	
398	392	Amt Income Include Oth Adj Gross b	10	N	309, Line 4b (2)	
399	393	Amt Income Include Oth Adj Gross c	10	N	309, Line 4c (2)	
400	394	Amt Income Taxable by Both AZ Oth a	10	N	309, Line 5a (2)	Enter smaller of Line 3 or 4
401	395	Amt Income Taxable by Both AZ Oth b	10	N	309, Line 5b (2)	Enter smaller of Line 3 or 4
402	396	Amt Income Taxable by Both AZ Oth c	10	N	309, Line 5c (2)	Enter smaller of Line 3 or 4
403	397	Tot Income Taxable by Both AZ Other	10	N	309, Line 6 (2)	Add Line 5 a, b, and c
404	398	AZ Tax Liab Less Credits	10	N	309, Line 7 (2)	
405	399	Amt Part1 Line6	10	N	309, Line 8 (2)	From Part 1 Line 6
406	400	Amt AZ Income Tax Imposed	10	N	309, Line 9 (2)	
407	401	Pct Income Taxable by Both AZ Oth1	6	D(4,3)	309, Line 10 (2)	Divide Line 8 by Line 9 (Cannot be greater than 1.000)
408	402	Amt AZ Tax Liability After Credits	10	N	309, Line 11 (2)	Multiply Line 7 by the Decimal on Line 10
409	403	Amt Income Tax Paid St or Cntry	10	N	309, Line 12b (2)	
410	404	Tot Income Taxable By Both	10	N	309, Line 13 (2)	From Part 1 Line 6
411	405	Tot Income Taxable By Other	10	N	309, Line 14 (2)	
412	406	Pct Income Taxable by Other	6	D(4,3)	309, Line 15 (2)	Divide Line 13 by Line 14 (Cannot be greater than 1.000)
413	407	Tot Amt Tax Paid Other	10	N	309, Line 16 (2)	Multiply Line 12 by the Decimal on Line 15
414	408	Credit Allow Tax Paid Other	10	N	309, Line 17 (2)	Enter smaller of Line 11 or 16 and on Form 301, Part 1, line 4, column a
415	409	Address of Solar Energy Device	35	A/N	310, Line 1a	
416	410	City of Solar Energy Device	21	A	310, Line 1b	
417	411	State of Solar Energy Device	2	A	310, Line 1c	
418	412	Zip Code of Solar Energy Device	9	N	310, Line 1d	Include zip plus 4 in last 4 digits or zero fill if not available
419	413	Cost of Solar Energy Device	10	N	310, Line 2	
420	414	Percentage of Cost Solar Energy Device	10	N	310, Line 3	AZ Credit Form 310 Multiply Line 2 by .25 (25%)
421	415	Enter Lesser of Line 3 or \$1000	10	N	310, Line 4	
422	416	Amt Credit Prior Years	10	N	310, Line 5	
423	417	Total Credit Current Prior Years	10	N	310, Line 6	Add Lines 4 and 5
424	418	Enter Lesser of Line 6 or \$1000	10	N	310, Line 7	
425	419	Subtotal Allowable Credit	10	N	310, Line 8	Subtract Line 5 from Line 7
426	420	Total Allowable Credit	10	N	310, Line 9	Enter smaller of Line 4 or Line 8
427	421	Original Credit Amount 10b	10	N	310, Line 10b	Enter Amount from Prior Year 5
428	422	Previous Used Amount 10c	10	N	310, Line 10c	Enter Amount from Prior Year 5
429	423	Available Carryover Amount 10d	10	N	310, Line 10d	Enter Amount from Prior Year 5
430	424	Original Credit Amount 11b	10	N	310, Line 11b	Enter Amount from Prior Year 4
431	425	Previous Used Amount 11c	10	N	310, Line 11c	Enter Amount from Prior Year 4
432	426	Available Carryover Amount 11d	10	N	310, Line 11d	Enter Amount from Prior Year 4
433	427	Original Credit Amount 12b	10	N	310, Line 12b	Enter Amount from Prior Year 3
434	428	Previous Used Amount 12c	10	N	310, Line 12c	Enter Amount from Prior Year 3
435	429	Available Carryover Amount 12d	10	N	310, Line 12d	Enter Amount from Prior Year 3
436	430	Original Credit Amount 13b	10	N	310, Line 13b	Enter Amount from Prior Year 2
437	431	Previous Used Amount 13c	10	N	310, Line 13c	Enter Amount from Prior Year 2
438	432	Available Carryover Amount 13d	10	N	310, Line 13d	Enter Amount from Prior Year 2
439	433	Original Credit Amount 14b	10	N	310, Line 14b	Enter Amount from Prior Year 1
440	434	Previous Used Amount 14c	10	N	310, Line 14c	Enter Amount from Prior Year 1
441	435	Available Carryover Amount 14d	10	N	310, Line 14d	Enter Amount from Prior Year 1
442	436	Total Available Carryover	10	N	310, Line 15	Add Lines 10 through 14 column d
443	437	Current Year Credit	10	N	310, Line 16	Amount from Part 1 L9 and enter on Form 301, Part 1, line 5, column a
444	438	Current Available Carryover	10	N	310, Line 17	Amount from Part 2 L15 and enter on Form 301, Part 1, line 5, column b
445	439	Total Available Credit	10	N	310, Line 18	Add Lines 16 and 17 and enter on Form 301, Part 1, line 5, column c
446	440	Qualifying Charity Code 1	5	N	321, Line 1a	
447	441	Name of Qualifying Charity 1	30	A	321, Line 1b	
448	442	Amt Contributed 1	10	N	321, Line 1c	
449	443	Qualifying Charity Code 2	5	N	321, Line 2a	
450	444	Name of Qualifying Charity 2	30	A	321, Line 2b	
451	445	Amount Contributed 2	10	N	321, Line 2c	
452	446	Qualifying Charity Code 3	5	N	321, Line 3a	
453	447	Name of Qualifying Charity 3	30	A	321, Line 3b	
454	448	Amount Contributed 3	10	N	321, Line 3c	
455	449	Continuation Sheet 4h or Zero	10	N	321, Line 4	
456	450	Total Charitable Organizations	10	N	321, Line 5	Add lines 1-4 Column c
457	451	Qualifying Charity Code 4	5	N	321, Line 6a	
458	452	Name of Qualifying Charity 4	30	A	321, Line 6b	
459	453	Amt Contributed 4	10	N	321, Line 6c	
460	454	Qualifying Charity Code 5	5	N	321, Line 7a	

Legend

Blue: Additions for TY2019

Yellow: Changes for TY2019

Dark Orange: Removed Items for TY2019

461	455	Name of Qualifying Charity 5	30	A	321, Line 7b	
462	456	Amt Contributed 5	5	N	321, Line 7c	
463	457	Qualifying Charity Code 6	5	N	321, Line 8a	
464	458	Name of Qualifying Charity 6	30	A	321, Line 8b	
465	459	Amt Contributed 6	10	N	321, Line 8c	
466	460	Continuation Sheet 9h or Zero	10	N	321, Line 9	
467	461	Total Qualifying Charity2	10	N	321, Line 10	Add lines 6-9 Column c
468	462	Total Cash Contri Qual Charity	10	N	321, Line 11	Add Lines 5 and 10
469	463	Allowable Charity Credit	10	N	321, Line 12	Household Enter \$400 Married Taxpayer Enter \$800
470	464	Current Year's Qualifying Charity Credit	10	N	321, Line 13	Enter smaller of Line 11 or Line 12
471	465	Original Credit Amount 14b	10	N	321, Line 14b	Enter Amount from Prior Year 5
472	466	Previous Used Amount 14c	10	N	321, Line 14c	Enter Amount from Prior Year 5
473	467	Available Credit Carryover 14d	10	N	321, Line 14d	Enter Amount from Prior Year 5
474	468	Original Credit Amount 15b	10	N	321, Line 15b	Enter Amount from Prior Year 4
475	469	Previous Used Amount 15c	10	N	321, Line 15c	Enter Amount from Prior Year 4
476	470	Available Credit Carryover 15d	10	N	321, Line 15d	Enter Amount from Prior Year 4
477	471	Original Credit Amount 16b	10	N	321, Line 16b	Enter Amount from Prior Year 3
478	472	Previous Used Amount 16c	10	N	321, Line 16c	Enter Amount from Prior Year 3
479	473	Available Credit Carryover 16d	10	N	321, Line 16d	Enter Amount from Prior Year 3
480	474	Original Credit Amount 17b	10	N	321, Line 17b	Enter Amount from Prior Year 2
481	475	Previous Used Amount 17c	10	N	321, Line 17c	Enter Amount from Prior Year 2
482	476	Available Credit Carryover 17d	10	N	321, Line 17d	Enter Amount from Prior Year 2
483	477	Original Credit Amount 18b	10	N	321, Line 18b	Enter Amount from Prior Year 1
484	478	Previous Used Amount 18c	10	N	321, Line 18c	Enter Amount from Prior Year 1
485	479	Available Credit Carryover 18d	10	N	321, Line 18d	Enter Amount from Prior Year 1
486	480	Total Available Credit Carryover	10	N	321, Line 19	Add Lines 14 through 18 Column d
487	481	Current Yr's Credit	10	N	321, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 10, column a
488	482	Available Carryover	10	N	321, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 10, column b
489	483	Total Available Credit	10	N	321, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 10, column c
490	484	CTDS Code 1	9	N	322, Line 1a	
491	485	Name of Public School 1	30	A	322, Line 1b	
492	486	School District Name/Number 1	30	A	322, Line 1c	
493	487	Amt of Fees Paid 1	10	N	322, Line 1d	
494	488	CTDS Code 2	9	N	322, Line 2a	
495	489	Name of Public School 2	30	A	322, Line 2b	
496	490	School District Name/Number 2	30	A	322, Line 2c	
497	491	Amt of Fees Paid 2	10	N	322, Line 2d	
498	492	CTDS Code 3	9	N	322, Line 3a	
499	493	Name of Public School 3	30	A	322, Line 3b	
500	494	School District Name/Number 3	30	A	322, Line 3c	
501	495	Amt of Fees Paid 3	10	N	322, Line 3d	
502	496	Continuation Sheet 4h or Zero	10	N	322, Line 4	
503	497	Cash Contributions Public Schools	10	N	322, Line 5	Add lines 1-4 Column d
504	498	CTDS Code 4	9	N	322, Line 6a	
505	499	Name of Public School 4	30	A	322, Line 6b	
506	500	School District Name/Number 4	30	A	322, Line 6c	
507	501	Amt of Fees Paid 4	10	N	322, Line 6d	
508	502	CTDS Code 5	9	N	322, Line 7a	
509	503	Name of Public School 5	30	A	322, Line 7b	
510	504	School District Name/Number 5	30	A	322, Line 7c	
511	505	Amt of Fees Paid 5	10	N	322, Line 7d	
512	506	CTDS Code 6	9	N	322, Line 8a	
513	507	Name of Public School 6	30	A	322, Line 8b	
514	508	School District Name/Number 6	30	A	322, Line 8c	
515	509	Amt of Fees Paid 6	10	N	322, Line 8d	
516	510	Continuation Sheet 9h or Zero	10	N	322, Line 9	
517	511	Cash Contributions Public Schools2	10	N	322, Line 10	Add lines 6-9 Column d
518	512	Total Cash and Credit Contri Pub Schools	10	N	322, Line 11	Add Lines 5 and 10
519	513	Allowable Cash Contributions Public Schools	10	N	322, Line 12	Single Taxpayer or Heads of Household Enter \$200 Married Taxpayer Enter \$400
520	514	Current Year's Credit	10	N	322, Line 13	Enter smaller of Line 11 or Line 12
521	515	Original Credit Amount 14	10	N	322, Line 14b	Enter Amount from Prior Year 5
522	516	Previous Used Amount 14	10	N	322, Line 14c	Enter Amount from Prior Year 5
523	517	Available Credit Carryover 14	10	N	322, Line 14d	Enter Amount from Prior Year 5
524	518	Original Credit Amount 15	10	N	322, Line 15b	Enter Amount from Prior Year 4
525	519	Previous Used Amount 15	10	N	322, Line 15c	Enter Amount from Prior Year 4
526	520	Available Credit Carryover 15	10	N	322, Line 15d	Enter Amount from Prior Year 4
527	521	Original Credit Amount 16	10	N	322, Line 16b	Enter Amount from Prior Year 3
528	522	Previous Used Amount 16	10	N	322, Line 16c	Enter Amount from Prior Year 3
529	523	Available Credit Carryover 16	10	N	322, Line 16d	Enter Amount from Prior Year 3
530	524	Original Credit Amount 17	10	N	322, Line 17b	Enter Amount from Prior Year 2
531	525	Previous Used Amount 17	10	N	322, Line 17c	Enter Amount from Prior Year 2
532	526	Available Credit Carryover 17	10	N	322, Line 17d	Enter Amount from Prior Year 2

Legend

Blue: Additions for TY2019

Yellow: Changes for TY2019

Dark Orange: Removed Items for TY2019

533	527	Original Credit Amount 18	10	N	322, Line 18b	Enter Amount from Prior Year 1
534	528	Previous Used Amount 18	10	N	322, Line 18c	Enter Amount from Prior Year 1
535	529	Available Credit Carryover 18	10	N	322, Line 18d	Enter Amount from Prior Year 1
536	530	Total Available Carryover	10	N	322, Line 19	Add lines 14-18 Column d
537	531	Current Year's Total Credit	10	N	322, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 11, column a
538	532	Available Credit Carryover	10	N	322, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 11, column b
539	533	Total Available Credit	10	N	322, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 11, column c
540	534	Name of School 1	30	A	323, Line 1a	
541	535	Street Address of School 1	30	A/N	323, Line 1b	
542	536	City State of School 1	30	A	323, Line 1c	
543	537	Amt of Contribution School 1	10	N	323, Line 1d	
544	538	Name of School 2	30	A	323, Line 2a	
545	539	Street Address of School 2	30	A/N	323, Line 2b	
546	540	City State of School 2	30	A	323, Line 2c	
547	541	Amt of Contribution School 2	10	N	323, Line 2d	
548	542	Name of School 3	30	A	323, Line 3a	
549	543	Street Address of School 3	30	A/N	323, Line 3b	
550	544	City State of School 3	30	A	323, Line 3c	
551	545	Amt of Contribution School 3	10	N	323, Line 3d	
552	546	Continuation Sheet 4h or Zero	10	N	323, Line 4	Amount from line 4h of Continuation Sheet or Zero.
553	547	Total Contributions School Prev Tuition	10	N	323, Line 5	Add lines 1-4 Column d
554	548	Name of School 6	30	A	323, Line 6a	
555	549	Street Address of School 6	30	A/N	323, Line 6b	
556	550	City State of School 6	30	A	323, Line 6c	
557	551	Amt of Contribution School 6	10	N	323, Line 6d	
558	552	Name of School 7	30	A	323, Line 7a	
559	553	Street Address of School 7	30	A/N	323, Line 7b	
560	554	City State of School 7	30	A	323, Line 7c	
561	555	Amt of Contribution School 7	10	N	323, Line 7d	
562	556	Name of School 8	30	A	323, Line 8a	
563	557	Street Address of School 8	30	A/N	323, Line 8b	
564	558	City State of School 8	30	A	323, Line 8c	
565	559	Amt of Contribution School 8	10	N	323, Line 8d	
566	560	Continuation Sheet 9h or Zero	10	N	322, Line 9	Amount from line 9h of Continuation Sheet or Zero.
567	561	Total Contributions School Tuition	10	N	323, Line 10	Add lines 6-9 Column d
568	562	Total Amt of Contribution Prev and Curr	10	N	323, Line 11	Add Lines 5 and 10
569	563	Allowable Contributions School Tuition	10	N	323, Line 12	Single Taxpayer or Heads of Household Enter \$569 Married Taxpayer Enter \$1138
570	564	Current Year's Credit	10	N	323, Line 13	Enter smaller of Line 11 or Line 12
571	565	Original Credit Amount 14	10	N	323, Line 14b	Enter Amount from Prior Year 5
572	566	Previous Used Amount 14	10	N	323, Line 14c	Enter Amount from Prior Year 5
573	567	Available Credit Carryover 14	10	N	323, Line 14d	Enter Amount from Prior Year 5
574	568	Original Credit Amount 15	10	N	323, Line 15b	Enter Amount from Prior Year 4
575	569	Previous Used Amount 15	10	N	323, Line 15c	Enter Amount from Prior Year 4
576	570	Available Credit Carryover 15	10	N	323, Line 15d	Enter Amount from Prior Year 4
577	571	Original Credit Amount 16	10	N	323, Line 16b	Enter Amount from Prior Year 3
578	572	Previous Used Amount 16	10	N	323, Line 16c	Enter Amount from Prior Year 3
579	573	Available Credit Carryover 16	10	N	323, Line 16d	Enter Amount from Prior Year 3
580	574	Original Credit Amount 17	10	N	323, Line 17b	Enter Amount from Prior Year 2
581	575	Previous Used Amount 17	10	N	323, Line 17c	Enter Amount from Prior Year 2
582	576	Available Credit Carryover 17	10	N	323, Line 17d	Enter Amount from Prior Year 2
583	577	Original Credit Amount 18	10	N	323, Line 18b	Enter Amount from Prior Year 1
584	578	Previous Used Amount 18	10	N	323, Line 18c	Enter Amount from Prior Year 1
585	579	Available Credit Carryover 18	10	N	323, Line 18d	Enter Amount from Prior Year 1
586	580	Total Available Carryover	10	N	323, Line 19	Add lines 14-18 Column d
587	581	Current Year's Total Credit	10	N	323, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 12, column a
588	582	Available Credit Carryover	10	N	323, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 12, column b
589	583	Total Available Credit	10	N	323, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 12, column c
590	584	Total Contribs Current Tx Yr	10	N	323, Line 23	
591	585	Max Credit Allow CR323	10	N	323, Line 24	Single Taxpayer or Heads of Household Enter \$569 Married Taxpayer Enter \$1138
592	586	Total Excess Contributions	10	N	323, Line 25	Form 348, Subtract 24 from 23 or Zero
593	587	ADVS Receipt Yes	1	A	340, Box 1-YES	X or null
594	588	ADVS Receipt No	1	A	340, Box 1-NO	X or null
595	589	Qualified Donations pre-9/11	10	N	340, Line 2	
596	590	Qualified Donations post-9/11	10	N	340, Line 3	
597	591	Total Qualified Donations	10	N	340, Line 4	Add lines 2 and 3
598	592	Allowable Qualified Donations	10	N	340, Line 5	Single Taxpayer or Heads of Household Enter \$200 Married Taxpayer Enter \$400

Legend

Blue: Additions for TY2019

Yellow: Changes for TY2019

Dark Orange: Removed Items for TY2019

599	593	Current Year's Credit	10	N	340, Line 6	Enter smaller of Line 4 or Line 5. Form 301, Part 1, line 20, columns a and c
600	594	Claiming School Credit Form 323 Yes	1	A	348, Box 1a-YES	X or null
601	595	Claiming School Credit Form 323 No	1	A	348, Box 1a-NO	X or null
602	596	Excess School Credit Form 323 Yes	1	A	348, Box 1b-YES	X or null
603	597	Excess School Credit Form 323 No	1	A	348, Box 1b-NO	X or null
604	598	Claiming Carryover Only Yes	1	A	348, Box 1c-YES	X or null
605	599	Claiming Carryover Only No	1	A	348, Box 1c-NO	X or null
606	600	Name of School 1	30	A	348, Line 2a	
607	601	Address of School 1	30	A/N	348, Line 2b	
608	602	City State of School 1	30	A	348, Line 2c	
609	603	Amt of Contribution 1	10	N	348, Line 2d	
610	604	Name of School 2	30	A	348, Line 3a	
611	605	Address of School 2	30	A/N	348, Line 3b	
612	606	City State of School 2	30	A	348, Line 3c	
613	607	Amt of Contribution 2	10	N	348, Line 3d	
614	608	Name of School 3	30	A	348, Line 4a	
615	609	Address of School 3	30	A/N	348, Line 4b	
616	610	City State of School 3	30	A	348, Line 4c	
617	611	Amt of Contribution 3	10	N	348, Line 4d	
618	612	Continuation Sheet 5h or Zero	10	N	348, Line 5	Amount from line 5h of Continuation Sheet or Zero.
619	613	Total Contributions Certified School Tuition Prev Yr	10	N	348, Line 6	Add lines 2-5 Column d
620	614	Name of School 4	30	A	348, Line 7a	
621	615	Address of School 4	30	A/N	348, Line 7b	
622	616	City State of School 4	30	A	348, Line 7c	
623	617	Amt of Contribution 4	10	N	348, Line 7d	
624	618	Name of School 5	30	A	348, Line 8a	
625	619	Address of School 5	30	A/N	348, Line 8b	
626	620	City State of School 5	30	A	348, Line 8c	
627	621	Amt of Contribution 5	10	N	348, Line 8d	
628	622	Name of School 6	30	A	348, Line 9a	
629	623	Address of School 6	30	A/N	348, Line 9b	
630	624	City State of School 6	30	A	348, Line 9c	
631	625	Amt of Contribution 6	10	N	348, Line 9d	
632	626	Continuation Sheet 10h or Zero	10	N	348, Line 10	Amount from line 10h of Continuation Sheet or Zero.
633	627	Total Contributions Certified School Tuition	10	N	348, Line 11	Add lines 7-10 Column d
634	628	Total Contributions Prev and Curr	10	N	348, Line 12	Add lines 6 and 11
635	629	Allowable Credit Claimed Form 323	10	N	348, Line 13	Single Taxpayer or Heads of Household Enter \$569 Married Taxpayer Enter \$1138
636	630	Potential Credit	10	N	348, Line 14	Subtract Line 13 from Line 12
637	631	Allowable Max Credit	10	N	348, Line 15	Single Taxpayer or Heads of Household Enter \$566 Married Taxpayer Enter \$1131
638	632	Current Year's Credit	10	N	348, Line 16	Enter smaller of Line 14 or Line 15
639	633	Original Credit Amount 17b	10	N	348, Line 17b	Enter Amount from Prior Year 5
640	634	Previous Used Amount 17c	10	N	348, Line 17c	Enter Amount from Prior Year 5
641	635	Available Credit Carryover 17d	10	N	348, Line 17d	Enter Amount from Prior Year 5
642	636	Original Credit Amount 18b	10	N	348, Line 18b	Enter Amount from Prior Year 4
643	637	Previous Used Amount 18c	10	N	348, Line 18c	Enter Amount from Prior Year 4
644	638	Available Credit Carryover 18d	10	N	348, Line 18d	Enter Amount from Prior Year 4
645	639	Original Credit Amount 19b	10	N	348, Line 19b	Enter Amount from Prior Year 3
646	640	Previous Used Amount 19c	10	N	348, Line 19c	Enter Amount from Prior Year 3
647	641	Available Credit Carryover 19d	10	N	348, Line 19d	Enter Amount from Prior Year 3
648	642	Original Credit Amount 20b	10	N	348, Line 20b	Enter Amount from Prior Year 2
649	643	Previous Used Amount 20c	10	N	348, Line 20c	Enter Amount from Prior Year 2
650	644	Available Credit Carryover 20d	10	N	348, Line 20d	Enter Amount from Prior Year 2
651	645	Original Credit Amount 21b	10	N	348, Line 21b	Enter Amount from Prior Year 1
652	646	Previous Used Amount 21c	10	N	348, Line 21c	Enter Amount from Prior Year 1
653	647	Available Credit Carryover 21d	10	N	348, Line 21d	Enter Amount from Prior Year 1
654	648	Total Available Carryover	10	N	348, Line 22	Add lines 17-21 Column d
655	649	Current Year's Total Credit	10	N	348, Line 23	Amount from Part 1 L16 and enter on Form 301, Part 1, line 25, column a
656	650	Available Credit Carryover	10	N	348, Line 24	Amount from Part 2 L22 and enter on Form 301, Part 1, line 25, column b
657	651	Total Available Credit	10	N	348, Line 25	Add lines 23 and 24 and enter on Form 301, Part 1, line 25, column c
658	652	Foster Care Charity Code 1	5	N	352, Line 1a	
659	653	Name of Qualifying Foster Care Charity 1	30	A	352, Line 1b	
660	654	Amt Contributed 1	10	N	352, Line 1c	
661	655	Foster Care Charity Code 2	5	N	352, Line 2a	
662	656	Name of Qualifying Foster Care Charity 2	30	A	352, Line 2b	
663	657	Amount Contributed 2	10	N	352, Line 2c	
664	658	Foster Care Charity Code 3	5	N	352, Line 3a	
665	659	Name of Qualifying Foster Care Charity 3	30	A	352, Line 3b	
666	660	Amt Contributed 3	10	N	352, Line 3c	
667	661	Continuation Sheet 4h or Zero	10	N	352, Line 4	
668	662	Total Qualifying Foster Care Charity	10	N	352, Line 5	Add lines 1-4 Column c

Legend

Blue: Additions for TY2019

Yellow: Changes for TY2019

Dark Orange: Removed Items for TY2019

669	663	Foster Care Charity Code 4	5	N	352, Line 6a	
670	664	Name of Qualifying Foster Care Charity 4	30	A	352, Line 6b	
671	665	Amt Contributed 4	10	N	352, Line 6c	
672	666	Foster Care Charity Code 5	5	N	352, Line 7a	
673	667	Name of Qualifying Foster Care Charity 5	30	A	352, Line 7b	
674	668	Amount Contributed 5	10	N	352, Line 7c	
675	669	Foster Care Charity Code 6	5	N	352, Line 8a	
676	670	Name of Qualifying Foster Care Charity 6	30	A	352, Line 8b	
677	671	Amt Contributed 6	10	N	352, Line 8c	
678	672	Continuation Sheet 9h or Zero	10	N	352, Line 9	
679	673	Total Qualifying Charity2	10	N	352, Line 10	Add lines 6-9 Column c
680	674	Total Cash Contri Qual Charity	10	N	352, Line 11	Add lines 5 and 10
681	675	Allowable Charity Credit	10	N	352, Line 12	Married Taxpayer Enter \$1000
682	676	Current Year's Qualifying Charity Credit	10	N	352, Line 13	Enter smaller of Line 11 or Line 12
683	677	Original Credit Amount 14b	10	N	352, Line 14b	Enter Amount from Prior Year 3
684	678	Previous Used Amount 14c	10	N	352, Line 14c	Enter Amount from Prior Year 3
685	679	Available Credit Carryover 14d	10	N	352, Line 14d	Enter Amount from Prior Year 3
686	680	Original Credit Amount 15b	10	N	352, Line 15b	Enter Amount from Prior Year 2
687	681	Previous Used Amount 15c	10	N	352, Line 15c	Enter Amount from Prior Year 2
688	682	Available Credit Carryover 15d	10	N	352, Line 15d	Enter Amount from Prior Year 2
689	683	Original Credit Amount 16b	10	N	352, Line 16b	Enter Amount from Prior Year 1
690	684	Previous Used Amount 16c	10	N	352, Line 16c	Enter Amount from Prior Year 1
691	685	Available Credit Carryover 16d	10	N	352, Line 16d	Enter Amount from Prior Year 1
692	686	Original Credit Amount 17b	10	N	352, Line 17b	Enter Amount from Prior Year 0
693	687	Previous Used Amount 17c	10	N	352, Line 17c	Enter Amount from Prior Year 0
694	688	Available Credit Carryover 17d	10	N	352, Line 17d	Enter Amount from Prior Year 0
695	689	Original Credit Amount 18b	10	N	352, Line 18b	Enter Amount from Prior Year 0
696	690	Previous Used Amount 18c	10	N	352, Line 18c	Enter Amount from Prior Year 0
697	691	Available Credit Carryover 18d	10	N	352, Line 18d	Enter Amount from Prior Year 0
698	692	Total Available Credit Carryover	10	N	352, Line 19	Add Lines 14 through 18 Column d
699	693	Current Yr's Credit	10	N	352, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 27, column a
700	694	Available Carryover	10	N	352, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 27, column b
701	695	Total Available Credit	10	N	352, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 27, column c
702	696	Trailer	5	A	*EOD*	

Legend

Blue: Additions for TY2019

Yellow: Changes for TY2019

Dark Orange: Removed Items for TY2019

Arizona 140PY - Part Year Resident Return						
2D Barcode Record Layout						
2018 FIELD NO	2019 FIELD NO	FIELD NAME	LENGTH	TYPE	FORM & Line Number	BUSINESS RULE
1	1	Header version	2	A		T1
2	2	Software Developer Code	4	N		NACTP assigned code
3	3	Version Number	2	N		01; use 2 digits (leading zero)
4	4	Form Type	6	A		140PY
5	5	Form Year	4	N	140PY, TOP	2019
6	6	Tax Year Ending Date	8	N	140PY, 66F	MMDDCCYY (Enter only if fiscal year filer)
7	7	Primary First Name	10	A	140PY, 1	
8	8	Primary Middle Initial	1	A	140PY, 1	
9	9	Primary Last Name	35	A	140PY, 1	
10	10	Primary SSN	9	N	140PY, 1	No hyphens
11	11	Spouse First Name	10	A	140PY, 1	Spouse Name required when MFJ or MFS
12	12	Spouse Middle Initial	1	A	140PY, 1	Spouse Name required when MFJ or MFS
13	13	Spouse Last Name	35	A	140PY, 1	Spouse Name required when MFJ or MFS
14	14	Spouse SSN	9	N	140PY, 1	Spouse SSN required when MFJ or MFS; No hyphens
15	15	Address line 1	35	A/N	140PY, 2	Address line 1 or % (care of) line or recipient name if TP is deceased
16	16	Address line 2	35	A/N	140PY, 2	Address line 2 or Address line if 1 is % or deceased TP
17	17	City	21	A	140PY, 3	
18	18	State	2	A	140PY, 3	Or province if Canadian address
19	19	Zip Code	9	A/N	140PY, 3	Include zip plus 4 in last 4 digits or zero fill if not available
20	20	Daytime Number	10	N	140PY, 94	
21	21	Married/Joint	1	A	140PY, 4	X or null
22	22	Injured Spouse Protection of Joint Overpayment	1	A	140PY, 4A	X or null
23	23	Head of Household	1	A	140PY, 5	X or null
24	24	Married filing Separate	1	A	140PY, 6	X or null
25	25	Single	1	A	140PY, 7	X or null
26	26	Age 65 or over	1	N	140PY, 8	
27	27	Blind	1	N	140PY, 9	
28	28	Dependents: Under age of 17	2	N	140PY, Line 10a	Changed line name from Dependents to Dependents Under Age 17
29	29	Dependents: Age 17 and over	2	N	140PY, Line 10b	Added TY 2019
29	30	Parents/Ancestors	2	N	140PY, 11a	
30	31	6 Month Extension	1	A	140PY, 82F	X or null
31	32	Part Year Other	1	A	140PY, 12	X or null
32	33	Part Year Active Military	1	A	140PY, 13	X or null
33	34	Dependent Information Additional Space	1	A	140PY, Box 10ab	X or null
34	35	Dependent 1 First Name	10	A	140PY, 10c (a1)	
35	36	Dependent 1 Last Name	10	A	140PY, 10c (a2)	
36	37	Dependent 1 SSN	9	N	140PY, 10c (b)	No hyphens
37	38	Dependent 1 Relationship	12	A	140PY, 10c (c)	
38	39	Dependent 1 Months	2	N	140PY, 10c (d)	Valid Values are (0 - 12)
39	40	Dependent 1 Age included in	1	A	140PY, Box 10c(e1)	X or null, changed name from Dep. Name Not Qualifying to Dep. Age included in
	41	Dependent 1 Age included in	1	A	140PY, Box 10c(e2)	X or null
40	42	Dependent 1 Name Education	1	A	140PY, 10c (f)	X or null
41	43	Dependent 2 First Name	10	A	140PY, 10d (a1)	
42	44	Dependent 2 Last Name	10	A	140PY, 10d (a2)	
43	45	Dependent 2 SSN	9	N	140PY, 10d (b)	No hyphens
44	46	Dependent 2 Relationship	12	A	140PY, 10d (c)	
45	47	Dependent 2 Months	2	N	140PY, 10d (d)	Valid Values are (0 - 12)
46	48	Dependent 2 Age included in	1	A	140PY, Box 10d(e1)	X or null, changed name from Dep. Name Not Qualifying to Dep. Age included in
	49	Dependent 2 Age included in	1	A	140PY, Box 10d(e2)	X or null
47	50	Dependent 2 Name Education	1	A	140PY, 10d (f)	X or null
48	51	Parent Info More Space--Qualifying Ancestors	1	A	140PY, Box 11a	X or null
49	52	Parent 1 First Name	10	A	140PY, 11b (a1)	
50	53	Parent 1 Last Name	10	A	140PY, 11b (a2)	
51	54	Parent 1 SSN	9	N	140PY, 11b (b)	No hyphens
52	55	Parent 1 Relationship	12	A	140PY, 11b (c)	
53	56	Parent 1 Months	2	N	140PY, 11b (d)	Valid Values are (0 - 12)
54	57	Parent 1 Age 65+	1	A	140PY, 11b (e)	X or null
55	58	Parent 1 Deceased In Tax Year	1	A	140PY, 11b (f)	X or null
56	59	Parent 2 First Name	10	A	140PY, 11c (a1)	
57	60	Parent 2 Last Name	10	A	140PY, 11c (a2)	
58	61	Parent 2 SSN	9	N	140PY, 11c (b)	No hyphens
59	62	Parent 2 Relationship	12	A	140PY, 11c (c)	
60	63	Parent 2 Months	2	N	140PY, 11c (d)	Valid Values are (0 - 12)
61	64	Parent 2 Age 65+	1	A	140PY, 11c (e)	X or null
62	65	Parent 2 Deceased In Tax Year	1	A	140PY, 11c (f)	X or null
63	66	Date of AZ Residence	17	N	140PY, 14	MMDDCCYY,MMDDCCYY Comma Delimited
64	67	Wages, Salaries Fed	10	N	140PY, Line 15Fed	
65	68	Wages, Salaries AZ	10	N	140PY, Line 15AZ	
66	69	Interest Fed	10	N	140PY, Line 16Fed	
67	70	Interest AZ	10	N	140PY, Line 16AZ	
68	71	Dividends Fed	10	N	140PY, Line 17Fed	
69	72	Dividends AZ	10	N	140PY, Line 17AZ	

Legend

Blue: Additions for TY2019

Yellow: Changes for TY2019

Dark Orange: Removed Items for TY2019

70	73	AZ Inc Tax Refnd Fed	10	N	140PY, Line 18Fed	
71	74	AZ Inc Tax Refund AZ	10	N	140PY, Line 18AZ	
72	75	Business Inc (C) Fed	10	N	140PY, Line 19Fed	
73	76	Business Inc (C) AZ	10	N	140PY, Line 19AZ	
74	77	Gain/Loss (D) Fed	10	N	140PY, Line 20Fed	
75	78	Gain/Loss (D) AZ	10	N	140PY, Line 20AZ	
76	79	Rents etc (E) Fed	10	N	140PY, Line 21Fed	
77	80	Rents etc (E) AZ	10	N	140PY, Line 21AZ	
78	81	Other Fed Income Fed	10	N	140PY, Line 22Fed	
79	82	Other Fed Income AZ	10	N	140PY, Line 22AZ	
80	83	Total Income Fed	10	N	140PY, Line 23 Fed	Add lines 15-22 FED
81	84	Total Income AZ	10	N	140PY, Line 23AZ	Add lines 15-22 AZ
82	85	Other Fed Adjust Fed	10	N	140PY, Line 24 Fed	
83	86	Other Fed Adjust AZ	10	N	140PY, Line 24 AZ	
84	87	Fed Adjusted Gross	10	N	140PY, Line 25	Subtract lines 24 from line 23 in FEDERAL column
85	88	Arizona Income	10	N	140PY, Line 26	Subtract lines 24 from line 23 in ARIZONA column
86	89	Arizona Income Ratio	5	D(4,3)	140PY, Line 27	Divide line 26 by line 25 Enter 100% as 1.000; 50% as 0.500; 80.63% as 0.806
87	90	Total Depreciation	10	N	140PY, Line 28	
88	91	Net capital (loss) derived from the exchange of legal tender	10	N	140PY, Line 29	
89	92	Other Additions	10	N	140PY, Line 30	Total from page 5 worksheet
90	93	Total Additions	10	N	140PY, Line 31	Add lines 26, 28, 29 and 30
91	94	Total Arizona sourced net capital Gain/Loss	10	N	140PY, Line 32	
92	95	Total Net Short-Term Capital Gains	10	N	140PY, Line 33	
93	96	Total Net Long-Term Capital Gains	10	N	140PY, Line 34	
94	97	Total Capital Gains Assets	10	N	140PY, Line 35	
95	98	Allowable Subtraction Calculation	10	N	140PY, Line 36	Multiply Line 35 by 25% (.25)
96	99	Net Capital Gain - Investment In Qual. Small Business	10	N	140PY, Line 37	
97	100	Net capital (gain) derived from the exchange of legal tender	10	N	140PY, Line 38	
98	101	Subtractions from Income	10	N	140PY, Line 39	Subtract lines 36, 37, and 38 from line 31
99		Total From Line 38	10	N	140PY, 40	
100	102	Recalculated Arizona Depreciation	10	N	140PY, Line 40	
101	103	Contributions To 529 College Savings Plans	10	N	140PY, Line 41	
102	104	Int. Savings Bond	10	N	140PY, Line 42	
103		AZ Lottery Winnings	10	N	140PY, 44	
104	105	US Social Security AZ	10	N	140PY, Line 43	
105	106	Other Subtractions	10	N	140PY, Line 44	Total from page 5 worksheet
106	107	Total Subtractions	10	N	140PY, Line 45	Subtract lines 40 through 44 from line 39
107	108	Age 65 Exempt Amt	10	N	140PY, Line 46	Multiply the number in Box 8 by \$2100
108	109	Blind Exempt Amount	10	N	140PY, Line 47	Multiply the number in Box 9 by \$1500
	110	Total other exemptions	2	N	140PY, Line 48E	Added TY 2019
109	111	Other Exemptions	10	N	140PY, Line 48	Multiply the number in Box 48E by \$2300, changed line name from Dependent exemptions to Other Exemptions
110	112	Qulfy Parent Exempt Amount	10	N	140PY, Line 49	Multiply the number in Box 11a by \$10000
111	113	Total Exemptions	10	N	140PY, Line 50	Add lines 46 through 49
112	114	AZ Exemption Portion	10	N	140PY, Line 51	Multiply line 50 by the Arizona Income Ratio on line 27
113	115	Az Adjusted Gross	10	N	140PY, Line 52	Subtract Line 51 from Line 45 If < zero, enter "0"
114	116	Itemized Deductions	1	A	140PY, 53 I	X or null
115	117	Standard Deductions	1	A	140PY, 53 S	X or null
116	118	Deduction Amount	10	N	140PY, Line 53	ITEMIZED OR PRORATED IF NOT MILITARY Single, Married Filing Separate = \$12,200 Married Filing Jointly = \$24,400 Head of Household = \$18,350
117		Personal Exemptions	10	N	140PY, 56	Single=\$2200, MFJ-0 Dep.=\$4400, MFJ-1+ Dep.=\$6600, HOH=\$4400, MFS-0 Dep.=\$2200, MFS-1+ Dep.=\$3300
	119	Claiming Charitable Deductions	1	A	140PY, Line 54C	X or null
	120	Additional Charitable Deductions	10	N	140PY, Line 54	Total from Line C7, page 3 Qualifying Charitable Deductions
118	121	Az Taxable Income	10	N	140PY, Line 55	Subtract Lines 53 and 54 from Line 52
119	122	Computed Tax	10	N	140PY, Line 56	Compute the Tax using amount on Line 55 and Tax Table X or Y
120	123	Tax from Recapture Credits	10	N	140PY, Line 57	Amount from AZ Credit Form 301 Part 2 Line 35
121	124	Subtotal of tax	10	N	140PY, Line 58	Add lines 56 and 57
	125	Dependent Credit	10	N	140PY, Line 59	Amount calculated from totals in Boxes 10a and 10b
122	126	Family Income Tax Credit	10	N	140PY, Line 60	
123	127	Non-Refundable Credits from AZ Credit Forms	10	N	140PY, Line 61	Amount from AZ Credit Form 301 Part 2 Line 67
124	128	Balance of Tax	10	N	140PY, Line 62	Subtract Lines 59, 60 and 61 from Line 58. If sum is > line 58, enter "0"
125	129	Withholding	10	N	140PY, Line 63	
126	130	Estimated Payments	10	N	140PY, Line 64a	
127	131	Claim of Right	10	N	140PY, Line 64b	
128	132	Total Estimated Payments	10	N	140PY, Line 64c	Add lines 64a and 64b
129	133	Extension Payments	10	N	140PY, Line 65	
130	134	Increased Excise Tax Credit	10	N	140PY, Line 66	Use worksheet to determine amount.
131	135	Refundable Credit Form 308-I	1	A	140PY, 67-1	"X" or null

Legend

Blue: Additions for TY2019

Yellow: Changes for TY2019

Dark Orange: Removed Items for TY2019

132	136	Refundable Credit Form 349	1	A	140PY, 67-2	"X" or null
133	137	Other Refundable Credits	10	N	140PY, Line 67	
134	138	Total Payments	10	N	140PY, Line 68	Add Lines 63 through 67
135	139	Tax Due	10	N	140PY, Line 69	If line 62 > line 68 subtract 68 from 62 and enter tax due
136	140	Overpayment	10	N	140PY, Line 70	If line 68 > line 62 subtract 62 from 68 and enter
137	141	Next Year's Est Pmt	10	N	140PY, Line 71	Amount of Line 70 to be applied to 2020 estimated tax
138	142	Bal of Overpayment	10	N	140PY, Line 72	Subtract Line 71 from 70
139	143	Solutions Teams Assigned To Schools Contrib	10	N	140PY, 73	
140	144	Wildlife Contrib	10	N	140PY, 74	
141	145	Child Abuse Contrib	10	N	140PY, 75	
142	146	Domestic Violence Contrib	10	N	140PY, 76	
143	147	Political Contrib	10	N	140PY, 77	
144	148	Neighbors Helping Contrib	10	N	140PY, 78	
145	149	Special Olympics Contrib	10	N	140PY, 79	
146	150	Veterans' Donation Fund	10	N	140PY, 80	
147	151	I Didn't Pay Enough Fund	10	N	140PY, 81	
148	152	Sustainable State Parks and Road Fund	10	N	140PY, 82	
149	153	Spay/Neuter of Animals	10	N	140PY, 83	
150	154	Democratic Party	1	A	140PY, 84-1	"X" or null
151	155	Green Party	1	A	140PY, 84-2	"X" or null
152	156	Libertarian Party	1	A	140PY, 84-3	"X" or null
153	157	Republican Party	1	A	140PY, 84-4	"X" or null
154	158	Est Pmt Pen	10	N	140PY, 85	
155	159	Annualized Other	1	A	140PY, 86-1	Y or null
156	160	Farmer/Fisherman	1	A	140PY, 86-2	Y or null
157	161	Form 221 Attached	1	A	140PY, 86-3	Y or null
158	162	Tot Contrib/Penalty	10	N	140PY, Line 87	Add lines 73 - 83 and 85
159	163	Refund Amount	10	N	140PY, Line 88	Subtract Line 87 from 72, if < 0, enter amount owed on line 89
160	164	Foreign Account	1	A	140PY, 88A	Y or Null; If "Y", Fields 165-168 should be disabled.
161	165	Dir Dep Routing Nbr	9	N	140PY, 98	For direct deposit; direct debit is not supported.
162	166	Dir Dep Account Nbr	17	A/N	140PY, 98	For direct deposit; direct debit is not supported.
163	167	Dir Dep Checking	1	A	140PY, 98	X or null; direct deposit only
164	168	Dir Dep Savings	1	A	140PY, 98	X or null; direct deposit only
165	169	Amount Owed	10	N	140PY, Line 89	Add lines 69 and 87
166	170	Prior Last Names	20	A	Front Page, 97	Comma delimited
167	171	Primary Occupation	16	A	140PY, pg2	
168	172	Spouse Occupation	16	A	140PY, pg2	
169	173	Preparer Name	35	A/N	140PY, pg2	
170	174	Preparer FEIN	9	N	140PY, pg2	No hyphens
171	175	Preparer Address	35	A/N	140PY, pg2	
172	176	Preparer City	21	A	140PY, pg2	
173	177	Preparer State	2	A	140PY, pg2	
174	178	Preparer Zip Code	9	N	140PY, pg2	
175	179	Paid Preparer Phone Number	10	N	140PY, pg2	
	180	Gifts by Cash or Check	10	N	140PY, pg3, Line C1	
	181	Other than by Cash or Check	10	N	140PY, pg3, Line C2	
	182	Carryover Prior Year	10	N	140PY, pg3, Line C3	
	183	Sum lines C1 thru C3	10	N	140PY, pg3, Line C4	Add lines C1 thru C3
	184	Total Char Ded Claiming a AZ credit	10	N	140PY, pg3, Line C5	
	185	Total Subtraction	10	N	140PY, pg3, Line C6	Subtract line C5 from line C4
	186	Total Increase	10	N	140PY, pg3, Line C7	Multiply line C6 by .25
176	187	Medical/Dental Expenses	10	N	FedSchA(2-D) 1	
177	188	Adjusted Gross Income	10	N	FedSchA(2-D) 2	
178	189	Medical Allowance	10	N	FedSchA(2-D) 3	
179	190	Total Medical/Dental	10	N	FedSchA(2-D) 4	
180	191	State and Local Taxes	10	N	FedSchA(2-D) 5a	
181	192	Real Estate Taxes	10	N	FedSchA(2-D) 5b	
182	193	Personal Property Taxes	10	N	FedSchA(2-D) 5c	
183	194	Other Taxes	10	N	FedSchA(2-D) 6	
184	195	Total Other Taxes	10	N	FedSchA(2-D) 7	
185	196	Mortgage Interest from 1098	10	N	FedSchA(2-D) 8a	
186	197	Other Mortgage Interest	10	N	FedSchA(2-D) 8b	
187	198	Deductible Points	10	N	FedSchA(2-D) 8c	
188		Qualified Mortgage Insurance Premiums	10	N		
189	199	Investment Interest	10	N	FedSchA(2-D) 9	
190	200	Total Interest	10	N	FedSchA(2-D) 10	
191	201	Total Cash/Check Contrib	10	N	FedSchA(2-D) 11	
192	202	Non-Cash/Check Contrib	10	N	FedSchA(2-D) 12	
193	203	Carryover Prior Year	10	N	FedSchA(2-D) 13	
194	204	Total Contrib	10	N	FedSchA(2-D) 14	
195	205	Casualty/Theft Loss	10	N	FedSchA(2-D) 15	
196		Unreimb Emp Exp	10	N		
197		Tax Preparation Fees	10	N		
198		Tot Other Exp	10	N		
199		Gross Misc Ded	10	N		
200		Miscellaneous Allow	10	N		
201		Total Misc Deduct	10	N		
202	206	Tot Other Misc Deduct	10	N	FedSchA(2-D) 16	

Legend

Blue: Additions for TY2019

Yellow: Changes for TY2019

Dark Orange: Removed Items for TY2019

203	207	Total Item Deduct	10	N	FedSchA(2-D) 17	
204	208	Medical/Dental Expenses	10	N	AZSchA(PY)/(PYN) 1	
205	209	Taxes Allowed	10	N	AZSchA(PY)/(PYN) 2	
206	210	Interest Expense	10	N	AZSchA(PY)/(PYN) 3	
207	211	Gifts Charity Allowed on Fed	10	N	AZSchA(PY)/(PYN) 4	
208		Casualty loss 1040	10	N	AZSchA(PY)/(PYN) 5	
209	212	Casualty Loss 4684	10	N	AZSchA(PY)/(PYN) 5	Formerly 6
210	213	Amount of Loss AZ	10	N	AZSchA(PY)/(PYN) 6	Formerly 7
211		Casualty Percentage	5	D(4,3)	AZSchA(PY)/(PYN) 8	
212		Casualty Total	10	N	AZSchA(PY)/(PYN) 9	
213	214	Miscellaneous Fed	10	N	AZSchA(PY)/(PYN) 7	Formerly 10
214		Wagering losses	10	N	AZSchA(PY)/(PYN) 11	
215		Tot Gamble Wins AZ	10	N	AZSchA(PY)/(PYN) 12	
216		AllowGamble Subt	10	N	AZSchA(PY)/(PYN) 13	
217		Gamble Loss Deduct	10	N	AZSchA(PY)/(PYN) 14	
218		Gambling Total	10	N	AZSchA(PY)/(PYN) 15	
219		Gambling Calculate	10	N	AZSchA(PY)/(PYN) 16	
220	215	Tot Other Expense Misc	10	N	AZSchA(PY)/(PYN) 8	Add lines 1,2,3,4,6 and 7, Formerly 17
221	216	Part2 Med/Dent Exp	10	N	AZSchA (PYN) 9	Formerly 18a
222	217	Part2 Fed Med Deduct	10	N	AZSchA (PYN) 10	Formerly 18b
223	218	Part2 Med Add Adjust	10	N	AZSchA (PYN) 11	Formerly 19
224	219	Part2 Med Subt Adj	10	N	AZSchA (PYN) 12	Formerly 20
225	220	Part2 Fed Credit Int Paid	10	N	AZSchA (PYN) 13	Formerly 21
226		Part2 WagerLossFed	10	N	AZSchA (PYN) 22	
227		Part2 Gamble Win	10	N	AZSchA (PYN) 23	
228		Part2 AZ Lottery Subt	10	N	AZSchA (PYN) 24	
229		Part2 Max Gamble Loss Deduct	10	N	AZSchA (PYN) 25	
230		Part2 Gambling Subt Adj	10	N	AZSchA (PYN) 26	
231	221	Part2 Contrib Ad	10	N	AZSchA (PYN) 14	Formerly 27
232	222	Part2 Sum Add Adj	10	N	AZSchA (PYN) 15	Formerly 28
233	223	Part2 Sum Subt Adj	10	N	AZSchA (PYN) 16	Formerly 29
234	224	Part2 Tot Fed Item Deductions	10	N	AZSchA (PYN) 17	Formerly 30
235		Part2 Sum line 43	10	N	AZSchA (PYN) 31	
236	225	Part2 SumTotAzItem Deduct	10	N	AZSchA (PYN) 19	Formerly 32
237		Part2 Adj ItemDeduct	10	N	AZSchA (PYN) 33	
238	226	Part2 Subt Subtotal	10	N	AZSchA (PYN) 21	Formerly 34
		Part2 Tot Line 23	10	N	AZSchA (PYN) 49	
239	227	Part2 Subt Sum	10	N	AZSchA (PYN) 22	Formerly 35
240	228	Part2 Az Percentage	5	D(4,3)	AZSchA (PYN) 23	Formerly 36
241	229	Part2 Multi Sum	10	N	AZSchA (PYN) 24	Formerly 37
242	230	Part2 Az Item Deduct	10	N	AZSchA (PYN) 25	Formerly 38
243	231	Employer ID (1)	9	N	W-2 (1st Wage Statement)	No hyphens
244	232	Employees SSN (1)	9	N	W-2 (1st Wage Statement)	No hyphens
245	233	Arizona Wages (1)	10	N	W-2 (1st Wage Statement)	
246	234	Arizona Withholding (1)	10	N	W-2 (1st Wage Statement)	
247	235	Employer ID (2)	9	N	W-2 (2nd Wage Statement)	No hyphens
248	236	Employees SSN (2)	9	N	W-2 (2nd Wage Statement)	No hyphens
249	237	Arizona Wages (2)	10	N	W-2 (2nd Wage Statement)	
250	238	Arizona Withholding (2)	10	N	W-2 (2nd Wage Statement)	
251	239	Employer ID (3)	9	N	W-2 (3rd Wage Statement)	No hyphens
252	240	Employees SSN (3)	9	N	W-2 (3rd Wage Statement)	No hyphens
253	241	Arizona Wages (3)	10	N	W-2 (3rd Wage Statement)	
254	242	Arizona Withholding (3)	10	N	W-2 (3rd Wage Statement)	
255	243	Employer ID (4)	9	N	W-2 (4th Wage Statement)	No hyphens
256	244	Employees SSN (4)	9	N	W-2 (4th Wage Statement)	No hyphens
257	245	Arizona Wages (4)	10	N	W-2 (4th Wage Statement)	
258	246	Arizona Withholding (4)	10	N	W-2 (4th Wage Statement)	
259	247	Payer's ID (1)	9	N	1099-R (1st Statement)	No hyphens
260	248	Recipient's SSN (1)	9	N	1099-R (1st Statement)	No hyphens
261	249	1099 Gross Amt (1)	10	N	1099-R (1st Statement)	
262	250	1099 Taxable Amount (1)	10	N	1099-R (1st Statement)	
263	251	1099 Az WH (1)	10	N	1099-R (1st Statement)	
264	252	Payer's ID (2)	9	N	1099-R (2nd Statement)	No hyphens
265	253	Recipient's SSN (2)	9	N	1099-R (2nd Statement)	No hyphens
266	254	1099 Gross Amt (2)	10	N	1099-R (2nd Statement)	
267	255	1099 Taxable Amount (2)	10	N	1099-R (2nd Statement)	
268	256	1099 Az WH (2)	10	N	1099-R (2nd Statement)	
269		Enterprise Zone Credit b	10	N	301, Line 1b (Form 304)	
270		Enterprise Zone Credit c	10	N	301, Line 1c (Form 304)	
271	257	Environ Tech Fac Credit a	10	N	301, Line 1a (Form 305)	
272	258	Environ Tech Fac Credit b	10	N	301, Line 1b (Form 305)	
273	259	Environ Tech Fac Credit c	10	N	301, Line 1c (Form 305)	
274	260	Military Reuse Zone Credit b	10	N	301, Line 2b (Form 306)	
275	261	Military Reuse Zone Credit c	10	N	301, Line 2c (Form 306)	
276	262	Increased Research Act Ind Credit a	10	N	301, Line 3a (Form 308-l)	
277	263	Increased Research Act Ind Credit b	10	N	301, Line 3b (Form 308-l)	
278	264	Increased Research Act Ind Credit c	10	N	301, Line 3c (Form 308-l)	
279	265	Tax Paid Other State Cntry Credit a	10	N	301, Line 4a (Form 309)	
280	266	Tax Paid Other State Cntry Credit c	10	N	301, Line 4c (Form 309)	
281	267	Solar Energy Devices Credit a	10	N	301, Line 5a (Form 310)	

Legend

Blue: Additions for TY2019

Yellow: Changes for TY2019

Dark Orange: Removed Items for TY2019

282	268	Solar Energy Devices Credit b	10	N	301, Line 5b (Form 310)	
283	269	Solar Energy Devices Credit c	10	N	301, Line 5c (Form 310)	
284	270	Agri Water Conserv Sys Credit a	10	N	301, Line 6a (Form 312)	
285	271	Agri Water Conserv Sys Credit b	10	N	301, Line 6b (Form 312)	
286	272	Agri Water Conserv Sys Credit c	10	N	301, Line 6c (Form 312)	
287	273	Polution Control Credit a	10	N	301, Line 7a (Form 315)	
288	274	Polution Control Credit b	10	N	301, Line 7b (Form 315)	
289	275	Polution Control Credit c	10	N	301, Line 7c (Form 315)	
290	276	Solar Heat and Elect Veh Outlets Credit b	10	N	301, Line 8b (Form 319)	
291	277	Solar Heat and Elect Veh Outlets Credit c	10	N	301, Line 8c (Form 319)	
292	278	Employ TANF Recipients Credit a	10	N	301, Line 9a (Form 320)	
293	279	Employ TANF Recipients Credit b	10	N	301, Line 9b (Form 320)	
294	280	Employ TANF Recipients Credit c	10	N	301, Line 9c (Form 320)	
295	281	Contrib Qual Chart Orgns Credit a	10	N	301, Line 10a (Form 321)	
296	282	Contrib Qual Chart Orgns Credit b	10	N	301, Line 10b (Form 321)	
297	283	Contrib Qual Chart Orgns Credit c	10	N	301, Line 10c (Form 321)	
298	284	Contrib Fees Paid Pub Schs Credit a	10	N	301, Line 11a (Form 322)	
299	285	Contrib Fees Paid Pub Schs Credit b	10	N	301, Line 11b (Form 322)	
300	286	Contrib Fees Paid Pub Schs Credit c	10	N	301, Line 11c (Form 322)	
301	287	Contrib Priv Sch Tuit Orgns Credit a	10	N	301, Line 12a (Form 323)	
302	288	Contrib Priv Sch Tuit Orgns Credit b	10	N	301, Line 12b (Form 323)	
303	289	Contrib Priv Sch Tuit Orgns Credit c	10	N	301, Line 12c (Form 323)	
304	290	Agri Pol Cntrl Equip Credit a	10	N	301, Line 13a (Form 325)	
305	291	Agri Pol Cntrl Equip Credit b	10	N	301, Line 13b (Form 325)	
306	292	Agri Pol Cntrl Equip Credit c	10	N	301, Line 13c (Form 325)	
307	293	Donation School Site Credit a	10	N	301, Line 14a (Form 331)	
308	294	Donation School Site Credit b	10	N	301, Line 14b (Form 331)	
309	295	Donation School Site Credit c	10	N	301, Line 14c (Form 331)	
310	296	Healthy Forest Enterprises Credit a	10	N	301, Line 15a (Form 332)	
311	297	Healthy Forest Enterprises Credit b	10	N	301, Line 15b (Form 332)	
312	298	Healthy Forest Enterprises Credit c	10	N	301, Line 15c (Form 332)	
313	299	Employ Natl Guard Members Credit a	10	N	301, Line 16a (Form 333)	
314	300	Employ Natl Guard Members Credit b	10	N	301, Line 16b (Form 333)	
315	301	Employ Natl Guard Members Credit c	10	N	301, Line 16c (Form 333)	
316	302	Business Contrib School Tuition Org a	10	N	301, Line 17a (Form 335-I)	
317	303	Business Contrib School Tuition Org b	10	N	301, Line 17b (Form 335-I)	
318	304	Business Contrib School Tuition Org c	10	N	301, Line 17c (Form 335-I)	
319		Solar Energy Devices Comm Ind Credit a	10	N	301, Line 19a (Form 336)	
320	305	Solar Energy Devices Comm Ind Credit b	10	N	301, Line 18b (Form 336)	
321	306	Solar Energy Devices Comm Ind Credit c	10	N	301, Line 18c (Form 336)	
322	307	Invest Qual Small Bus Credit a	10	N	301, Line 19a (Form 338)	
323	308	Invest Qual Small Bus Credit b	10	N	301, Line 19b (Form 338)	
324	309	Invest Qual Small Bus Credit c	10	N	301, Line 19c (Form 338)	
325	310	Military Fam Relf Fnd Credit a	10	N	301, Line 20a (Form 340)	
326	311	Military Fam Relf Fnd Credit c	10	N	301, Line 20c (Form 340)	
327	312	Business Contrib School Tuition Disabled a	10	N	301, Line 21a (Form 341-I)	
328	313	Business Contrib School Tuition Disabled b	10	N	301, Line 21b (Form 341-I)	
329	314	Business Contrib School Tuition Disabled c	10	N	301, Line 21c (Form 341-I)	
330	315	Renew Energy Prod Tax Credit a	10	N	301, Line 22a (Form 343)	
331	316	Renew Energy Prod Tax Credit b	10	N	301, Line 22b (Form 343)	
332	317	Renew Energy Prod Tax Credit c	10	N	301, Line 22c (Form 343)	
333	318	New Employment Credit a	10	N	301, Line 23a (Form 345)	
334	319	New Employment Credit b	10	N	301, Line 23b (Form 345)	
335	320	New Employment Credit c	10	N	301, Line 23c (Form 345)	
336	321	Increased Resrch Act Basic Resrch Credit a	10	N	301, Line 24a (Form 346)	
337	322	Incres Resrch Act Basic Resrch Credit b	10	N	301, Line 24b (Form 346)	
338	323	Incres Resrch Act Basic Resrch Credit c	10	N	301, Line 24c (Form 346)	
339	324	Contrib Cert Schl Tuit Orgns Credit a	10	N	301, Line 25a (Form 348)	
340	325	Contrib Cert Schl Tuit Orgns Credit b	10	N	301, Line 25b (Form 348)	
341	326	Contrib Cert Schl Tuit Orgns Credit c	10	N	301, Line 25c (Form 348)	
342		Renew Energy Invest Prod Slf Consum Credit a	10	N	301, Line 26a (Form 351)	Credit repealed, still on the form
343		Renew Energy Invest Prod Slf Consum Credit b	10	N	301, Line 26b (Form 351)	Credit repealed, still on the form
344		Renew Energy Invest Prod Slf Consum Credit c	10	N	301, Line 26c (Form 351)	Credit repealed, still on the form
345	327	Contrib Qual Foster Care Char Orgns Credit a	10	N	301, Line 27a (Form 352)	
346	328	Contrib Qual Foster Care Char Orgns Credit b	10	N	301, Line 27b (Form 352)	
347	329	Contrib Qual Foster Care Char Orgns Credit c	10	N	301, Line 27c (Form 352)	
348	330	Total Available Nonrefundable Tax Credits	10	N	301, Line 29	Add Lines 1 through 27 Column c Only
349	331	Total AZ Tax	10	N	301, Line 30	Tax From F140 L46 or F140PY L56 or F140NR L56 or F140X L35
350	332	Tax Recap Environ Tech Fac Credit	10	N	301, Line 31	From AZ Credit Form 305 Part 5 Line 21
351	333	Tax Recap Credits Hlthy Forest Entrs	10	N	301, Line 32	From AZ Credit Form 332 Part 10 Line 40 and Part 11 Line 46
352	334	Tax Recap Credits Qual Facs	10	N	301, Line 33	From AZ Credit Form 349 Part 7 Line 19
353		Tax Recap Crdts Renew Enegy Invest Prod Slf Cons	10	N	301, Line 34	Do not enter an amount here
354	335	Total Recapture of Credits	10	N	301, Line 35	Add Lines 31 through 33. Enter here and on F140 L47, F140PY L57, F140NR L57, F140X L36
355	336	Subtotal Tax Credits and Recap Credits	10	N	301, Line 36	Add Lines 30 and 35
356	337	Family Income Tax Credit	10	N	301, Line 37	From F140 L50 or F140PY L60 or F140X L38 PLUS Dependent Tax Credit from F140 L49 or F140PY L59 or F140NR L59 or F140X L38b

Legend

Blue: Additions for TY2019

Yellow: Changes for TY2019

Dark Orange: Removed Items for TY2019

357	338	Total Tax Credits and Recap Credits	10	N	301, Line 38	Subtract Line 37 from Line 36. If < 0 Enter "0"
358		Enterprise Zone Credit Used	10	N	301, Line 40 (Form 304)	
359	339	Environ Tech Fac Credit Used	10	N	301, Line 39 (Form 305)	
360	340	Military Reuse Zone Credit Used	10	N	301, Line 40 (Form 306)	
361	341	Increased Research Act Indiv Credit Used	10	N	301, Line 41 (Form 308-I)	
362	342	Tax Paid Other State Ctry Credit Used	10	N	301, Line 42 (Form 309)	
363	343	Solar Energy Devices Credit Used	10	N	301, Line 43 (Form 310)	
364	344	Agri Water Conserv Sys Credit Used	10	N	301, Line 44 (Form 312)	
365	345	Polution Control Credit Used	10	N	301, Line 45 (Form 315)	
366	346	Solar Heat and Elect Veh Outlets Credit Used	10	N	301, Line 46 (Form 319)	
367	347	Employ TANF Recipients Credit Used	10	N	301, Line 47 (Form 320)	
368	348	Contrib Qual Chart Orgns Credit Used	10	N	301, Line 48 (Form 321)	
369	349	Contrib Fees Paid Pub Schs Credit Used	10	N	301, Line 49 (Form 322)	
370	350	Contrib Priv Sch Tuit Orgns Credit Used	10	N	301, Line 50 (Form 323)	
371	351	Agri Pol Cntrl Equip Credit Used	10	N	301, Line 51 (Form 325)	
372	352	Donation School Site Credit Used	10	N	301, Line 52 (Form 331)	
373	353	Healthy Forest Enterprises Credit Used	10	N	301, Line 53 (Form 332)	
374	354	Employ Natl Guard Members Credit Used	10	N	301, Line 54 (Form 333)	
375	355	Business Contrib School Tuition Org Used	10	N	301, Line 55 (Form 335-I)	
376	356	Solar Energy Devices Comm Indus Used	10	N	301, Line 56 (Form 336)	
377	357	Invest Qual Small Bus Credit Used	10	N	301, Line 57 (Form 338)	
378	358	Donations Military Fam Relf Fnd Credit Used	10	N	301, Line 58 (Form 340)	
379	359	Business Contrib School Tuition Disabled a	10	N	301, Line 59 (Form 341-I)	
380	360	Renew Energy Prod Tax Credit Used	10	N	301, Line 60 (Form 343)	
381	361	New Employment Credit Used	10	N	301, Line 61 (Form 345)	
382	362	Incres Resrch Act Basic Resrch Credit Used	10	N	301, Line 62 (Form 346)	
383	363	Contrib Cert Schl Tuit Orgns Credit Used	10	N	301, Line 63 (Form 348)	
384		Renew Energy Invest Prod Slf Consum Credit Used	10	N	301, Line 64 (Form 351)	
385	364	Contrib Qual Foster Care Char Orgns Credit Used	10	N	301, Line 65 (Form 352)	
386	365	Total Nonrefundable Tax Credits Used	10	N	301, Line 67	Add Lines 39 through 65. Total Cannot be more than 38. Enter this amount on Form 140 L51, 140PY L61, 140NR L60, or 140X L39
387	366	Description of Income Items a	30	A	309, Line 1a	
388	367	Description of Income Items b	30	A	309, Line 1b	
389	368	Description of Income Items c	30	A	309, Line 1c	
390	369	Amt Income Listed Report AZ Oth St Cntry a	10	N	309, Line 2a	
391	370	Amt Income Listed Report AZ Oth St Cntry b	10	N	309, Line 2b	
392	371	Amt Income Listed Report AZ Oth St Cntry c	10	N	309, Line 2c	
393	372	Amt Income Include AZ Adj Gross a	10	N	309, Line 3a	
394	373	Amt Income Include AZ Adj Gross b	10	N	309, Line 3b	
395	374	Amt Income Include AZ Adj Gross c	10	N	309, Line 3c	
396	375	Amt Income Include Oth Adj Gross a	10	N	309, Line 4a	
397	376	Amt Income Include Oth Adj Gross b	10	N	309, Line 4b	
398	377	Amt Income Include Oth Adj Gross c	10	N	309, Line 4c	
399	378	Amt Income Taxable by Both AZ Oth a	10	N	309, Line 5a	Enter smaller of Line 3 or 4
400	379	Amt Income Taxable by Both AZ Oth b	10	N	309, Line 5b	Enter smaller of Line 3 or 4
401	380	Amt Income Taxable by Both AZ Oth c	10	N	309, Line 5c	Enter smaller of Line 3 or 4
402	381	Tot Income Taxable by Both AZ Other	10	N	309, Line 6	Add Line 5 a, b, and c
403	382	AZ Tax Liabie Less Credits	10	N	309, Line 7	
404	383	Amt Part1 Line6	10	N	309, Line 8	Amount from Part 1 L6
405	384	Amt AZ Income Tax Imposed	10	N	309, Line 9	
406	385	Pct Income Taxable by Both AZ Oth1	6	D(4,3)	309, Line 10	Divide Line 8 by Line 9 (Cannot be greater than 1.000)
407	386	Amt AZ Tax Liability After Credits	10	N	309, Line 11	Multiply Line 7 by the Decimal on Line 10
408	387	Amt Income Tax Paid St or Cntry	10	N	309, Line 12b	
409	388	Tot Income Taxable By Both	10	N	309, Line 13	Amount from Part 1 L6
410	389	Tot Income Taxable By Other	10	N	309, Line 14	
411	390	Pct Income Taxable by Other	6	D(4,3)	309, Line 15	Divide Line 13 by Line 14 (Cannot be greater than 1.000)
412	391	Tot Amt Tax Paid Other	10	N	309, Line 16	Multiply Line 12 by the Decimal on Line 15
413	392	Credit Allow Tax Paid Other	10	N	309, Line 17	Enter smaller of Line 11 or 16 and on Form 301, Part 1, line 4, column a
414	393	Description of Income Items a	30	A	309, Line 1a (2)	
415	394	Description of Income Items b	30	A	309, Line 1b (2)	
416	395	Description of Income Items c	30	A	309, Line 1c (2)	
417	396	Amt Income Listed Report AZ Oth St Cntry a	10	N	309, Line 2a (2)	
418	397	Amt Income Listed Report AZ Oth St Cntry b	10	N	309, Line 2b (2)	
419	398	Amt Income Listed Report AZ Oth St Cntry c	10	N	309, Line 2c (2)	
420	399	Amt Income Include AZ Adj Gross a	10	N	309, Line 3a (2)	
421	400	Amt Income Include AZ Adj Gross b	10	N	309, Line 3b (2)	
422	401	Amt Income Include AZ Adj Gross c	10	N	309, Line 3c (2)	
423	402	Amt Income Include Oth Adj Gross a	10	N	309, Line 4a (2)	
424	403	Amt Income Include Oth Adj Gross b	10	N	309, Line 4b (2)	
425	404	Amt Income Include Oth Adj Gross c	10	N	309, Line 4c (2)	
426	405	Amt Income Taxable by Both AZ Oth a	10	N	309, Line 5a (2)	Enter smaller of Line 3 or 4
427	406	Amt Income Taxable by Both AZ Oth b	10	N	309, Line 5b (2)	Enter smaller of Line 3 or 4
428	407	Amt Income Taxable by Both AZ Oth c	10	N	309, Line 5c (2)	Enter smaller of Line 3 or 4
429	408	Tot Income Taxable by Both AZ Other	10	N	309, Line 6 (2)	Add Line 5 a, b, and c
430	409	AZ Tax Liabie Less Credits	10	N	309, Line 7 (2)	
431	410	Amt Part1 Line6	10	N	309, Line 8 (2)	Amount from Part 1 L6
432	411	Amt AZ Income Tax Imposed	10	N	309, Line 9 (2)	
433	412	Pct Income Taxable by Both AZ Oth1	6	D(4,3)	309, Line 10 (2)	Divide Line 8 by Line 9 (Cannot be greater than 1.000)

Legend
Blue: Additions for TY2019
Yellow: Changes for TY2019
Dark Orange: Removed Items for TY2019

434	413	Amt AZ Tax Liability After Credits	10	N	309, Line 11 (2)	Multiply Line 7 by the Decimal on Line 10
435	414	Amt Income Tax Paid St or Cntry	10	N	309, Line 12b (2)	
436	415	Tot Income Taxable By Both	10	N	309, Line 13 (2)	Amount from Part 1 L6
437	416	Tot Income Taxable By Other	10	N	309, Line 14 (2)	
438	417	Pct Income Taxable by Other	6	D(4,3)	309, Line 15 (2)	Divide Line 13 by Line 14. (Cannot be greater than 1.000)
439	418	Tot Amt Tax Paid Other	10	N	309, Line 16 (2)	Multiply Line 12 by the Decimal on Line 15
440	419	Credit Allow Tax Paid Other	10	N	309, Line 17 (2)	Enter smaller of Line 11 or 16 and on Form 301, Part 1, line 4, column a and c
441	420	Address of Solar Energy Device	35	A/N	310, Line 1a	
442	421	City of Solar Energy Device	21	A	310, Line 1b	
443	422	State of Solar Energy Device	2	A	310, Line 1c	
444	423	Zip Code of Solar Energy Device	9	N	310, Line 1d	Include zip plus 4 in last 4 digits or zero fill if not available
445	424	Cost of Solar Energy Device	10	N	310, Line 2	
446	425	Percentage of Cost Solar Energy Device	10	N	310, Line 3	AZ Credit Form 310 Multiply Line 2 by .25 (25%)
447	426	Enter Lesser of Line 3 or \$1000	10	N	310, Line 4	
448	427	Amt Credit Prior Years	10	N	310, Line 5	
449	428	Total Credit Current Prior Years	10	N	310, Line 6	Add Lines 4 and 5
450	429	Enter Lesser of Line 6 or \$1000	10	N	310, Line 7	
451	430	Subtotal Allowable Credit	10	N	310, Line 8	Subtract Line 5 from Line 7
452	431	Total Allowable Credit	10	N	310, Line 9	Enter smaller of Line 4 or Line 8
453	432	Original Credit Amount 10b	10	N	310, Line 10b	Enter Amount from Prior Year 5
454	433	Previous Used Amount 10c	10	N	310, Line 10c	Enter Amount from Prior Year 5
455	434	Available Carryover Amount 10d	10	N	310, Line 10d	Enter Amount from Prior Year 5
456	435	Original Credit Amount 11b	10	N	310, Line 11b	Enter Amount from Prior Year 4
457	436	Previous Used Amount 11c	10	N	310, Line 11c	Enter Amount from Prior Year 4
458	437	Available Carryover Amount 11d	10	N	310, Line 11d	Enter Amount from Prior Year 4
459	438	Original Credit Amount 12b	10	N	310, Line 12b	Enter Amount from Prior Year 3
460	439	Previous Used Amount 12c	10	N	310, Line 12c	Enter Amount from Prior Year 3
461	440	Available Carryover Amount 12d	10	N	310, Line 12d	Enter Amount from Prior Year 3
462	441	Original Credit Amount 13b	10	N	310, Line 13b	Enter Amount from Prior Year 2
463	442	Previous Used Amount 13c	10	N	310, Line 13c	Enter Amount from Prior Year 2
464	443	Available Carryover Amount 13d	10	N	310, Line 13d	Enter Amount from Prior Year 2
465	444	Original Credit Amount 14b	10	N	310, Line 14b	Enter Amount from Prior Year 1
466	445	Previous Used Amount 14c	10	N	310, Line 14c	Enter Amount from Prior Year 1
467	446	Available Carryover Amount 14d	10	N	310, Line 14d	Enter Amount from Prior Year 1
468	447	Total Available Carryover	10	N	310, Line 15	Add Lines 10 through 14 column d
469	448	Current Year Credit	10	N	310, Line 16	Amount from Part 1 L6 and enter on Form 301, Part 1, line 5, column a
470	449	Current Available Carryover	10	N	310, Line 17	Amount from Part 2 L15 and enter on Form 301, Part 1, line 5, column b
471	450	Total Available Credit	10	N	310, Line 18	Add Lines 16 and 17 and enter on Form 301, Part 1, line 5, column c
472	451	Qualifying Charity Code 1	5	N	321, Line 1a	
473	452	Name of Qualifying Charity 1	30	A	321, Line 1b	
474	453	Amt Contributed 1	10	N	321, Line 1c	
475	454	Qualifying Charity Code 2	5	N	321, Line 2a	
476	455	Name of Qualifying Charity 2	30	A	321, Line 2b	
477	456	Amount Contributed 2	10	N	321, Line 2c	
478	457	Qualifying Charity Code 3	5	N	321, Line 3a	
479	458	Name of Qualifying Charity 3	30	A	321, Line 3b	
480	459	Amount Qualifying Charity Contributed 3	10	N	321, Line 3c	
481	460	Continuation Sheet 4h or Zero	10	N	321, Line 4	
482	461	Total Charitable Organizations	10	N	321, Line 5	Add lines 1-4 Column c
483	462	Qualifying Charity Code 4	5	N	321, Line 6a	
484	463	Name of Qualifying Charity 4	30	A	321, Line 6b	
485	464	Amt Contributed 4	10	N	321, Line 6c	
486	465	Qualifying Charity Code 5	5	N	321, Line 7a	
487	466	Name of Qualifying Charity 5	30	A	321, Line 7b	
488	467	Amount Contributed 5	10	N	321, Line 7c	
489	468	Qualifying Charity Code 6	5	N	321, Line 8a	
490	469	Name of Qualifying Charity 6	30	A	321, Line 8b	
491	470	Amount Qualifying Charity Contributed 6	10	N	321, Line 8c	
492	471	Continuation Sheet 9h or Zero	10	N	321, Line 9	
493	472	Total Qualifying Charity2	10	N	321, Line 10	Add lines 6-9 Column c
494	473	Total Cash Contri Qual Charity	10	N	321, Line 11	AZ Credit Form 321 Add Lines 5 and 10
495	474	Allowable Charity Credit	10	N	321, Line 12	AZ Credit Form 321 Single Taxpayer or Heads of Household Enter \$400 Married Taxpayer Enter \$800
496	475	Current Year's Qualifying Charity Credit	10	N	321, Line 13	Enter smaller of Line 11 or Line 12
497	476	Original Credit Amount 14b	10	N	321, Line 14b	Enter Amount from Prior Year 5
498	477	Previous Used Amount 14c	10	N	321, Line 14c	Enter Amount from Prior Year 5
499	478	Available Credit Carryover 14d	10	N	321, Line 14d	Enter Amount from Prior Year 5
500	479	Original Credit Amount 15b	10	N	321, Line 15b	Enter Amount from Prior Year 4
501	480	Previous Used Amount 15c	10	N	321, Line 15c	Enter Amount from Prior Year 4
502	481	Previous Used Amount 15d	10	N	321, Line 15d	Enter Amount from Prior Year 4
503	482	Original Credit Amount 16b	10	N	321, Line 16b	Enter Amount from Prior Year 3
504	483	Previous Used Amount 16c	10	N	321, Line 16c	Enter Amount from Prior Year 3
505	484	Available Credit Carryover 16d	10	N	321, Line 16d	Enter Amount from Prior Year 3
506	485	Original Credit Amount 17b	10	N	321, Line 17b	Enter Amount from Prior Year 2
507	486	Previous Used Amount 17c	10	N	321, Line 17c	Enter Amount from Prior Year 2

Legend

Blue: Additions for TY2019

Yellow: Changes for TY2019

Dark Orange: Removed Items for TY2019

508	487	Available Credit Carryover 17d	10	N	321, Line 17d	Enter Amount from Prior Year 2
509	488	Original Credit Amount 18b	10	N	321, Line 18b	Enter Amount from Prior Year 1
510	489	Previous Used Amount 18c	10	N	321, Line 18c	Enter Amount from Prior Year 1
511	490	Available Credit Carryover 18d	10	N	321, Line 18d	Enter Amount from Prior Year 1
512	491	Total Available Credit Carryover	10	N	321, Line 19	Add Lines 14 through 18 Column d
513	492	Current Yr's Credit	10	N	321, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 10, column a
514	493	Available Carryover	10	N	321, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 10, column b
515	494	Total Available Credit	10	N	321, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 10, column c
516	495	CTDS Code 1	9	N	322, Line 1a	
517	496	Name of Public School 1	30	A	322, Line 1b	
518	497	School District Name/Number 1	30	A	322, Line 1c	
519	498	Amt of Fees Paid 1	10	N	322, Line 1d	
520	499	CTDS Code 2	9	N	322, Line 2a	
521	500	Name of Public School 2	30	A	322, Line 2b	
522	501	School District Name/Number 2	30	A	322, Line 2c	
523	502	Amt of Fees Paid 2	10	N	322, Line 2d	
524	503	CTDS Code 3	9	N	322, Line 3a	
525	504	Name of Public School 3	30	A	322, Line 3b	
526	505	School District Name/Number 3	30	A	322, Line 3c	
527	506	Amt of Fees Paid 3	10	N	322, Line 3d	
528	507	Continuation Sheet 4h or Zero	10	N	322, Line 4	
529	508	Cash Contributions Public Schools	10	N	322, Line 5	Add lines 1-4 Column d
530	509	CTDS Code 4	9	N	322, Line 6a	
531	510	Name of Public School 4	30	A	322, Line 6b	
532	511	School District Name/Number 4	30	A	322, Line 6c	
533	512	Amt of Fees Paid 4	10	N	322, Line 6d	
534	513	CTDS Code 5	9	N	322, Line 7a	
535	514	Name of Public School 5	30	A	322, Line 7b	
536	515	School District Name/Number 5	30	A	322, Line 7c	
537	516	Amt of Fees Paid 5	10	N	322, Line 7d	
538	517	CTDS Code 6	9	N	322, Line 8a	
539	518	Name of Public School 6	30	A	322, Line 8b	
540	519	School District Name/Number 6	30	A	322, Line 8c	
541	520	Amt of Fees Paid 6	10	N	322, Line 8d	
542	521	Continuation Sheet 9h or Zero	10	N	322, Line 9	
543	522	Cash Contributions Public Schools2	10	N	322, Line 10	Add lines 6-9 Column d
544	523	Total Cash and Credit Contri Pub Schools	10	N	322, Line 11	Add Lines 5 and 10
545	524	Allowable Cash Contributions Public Schools	10	N	322, Line 12	Single Taxpayer or Heads of Household Enter \$200 Married Taxpayer Enter \$400
546	525	Current Year's Credit	10	N	322, Line 13	Enter smaller of Line 11 or Line 12
547	526	Original Credit Amount 14	10	N	322, Line 14b	Enter Amount from Prior Year 5
548	527	Previous Used Amount 14	10	N	322, Line 14c	Enter Amount from Prior Year 5
549	528	Available Credit Carryover 14	10	N	322, Line 14d	Enter Amount from Prior Year 5
550	529	Original Credit Amount 15	10	N	322, Line 15b	Enter Amount from Prior Year 4
551	530	Previous Used Amount 15	10	N	322, Line 15c	Enter Amount from Prior Year 4
552	531	Available Credit Carryover 15	10	N	322, Line 15d	Enter Amount from Prior Year 4
553	532	Original Credit Amount 16	10	N	322, Line 16b	Enter Amount from Prior Year 3
554	533	Previous Used Amount 16	10	N	322, Line 16c	Enter Amount from Prior Year 3
555	534	Available Credit Carryover 16	10	N	322, Line 16d	Enter Amount from Prior Year 3
556	535	Original Credit Amount 17	10	N	322, Line 17b	Enter Amount from Prior Year 2
557	536	Previous Used Amount 17	10	N	322, Line 17c	Enter Amount from Prior Year 2
558	537	Available Credit Carryover 17	10	N	322, Line 17d	Enter Amount from Prior Year 2
559	538	Original Credit Amount 18	10	N	322, Line 18b	Enter Amount from Prior Year 1
560	539	Previous Used Amount 18	10	N	322, Line 18c	Enter Amount from Prior Year 1
561	540	Available Credit Carryover 18	10	N	322, Line 18d	Enter Amount from Prior Year 1
562	541	Total Available Carryover	10	N	322, Line 19	Add lines 14-18 Column d
563	542	Current Year's Total Credit	10	N	322, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 11, column a
564	543	Available Credit Carryover	10	N	322, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 11, column b
565	544	Total Available Credit	10	N	322, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 11, column c
566	545	Name of School 1	30	A	323, Line 1a	
567	546	Street Address of School 1	30	A/N	323, Line 1b	
568	547	City State of School 1	30	A	323, Line 1c	
569	548	Amt of Contribution School 1	10	N	323, Line 1d	
570	549	Name of School 2	30	A	323, Line 2a	
571	550	Street Address of School 2	30	A/N	323, Line 2b	
572	551	City State of School 2	30	A	323, Line 2c	
573	552	Amt of Contribution School 2	10	N	323, Line 2d	
574	553	Name of School 3	30	A	323, Line 3a	
575	554	Street Address of School 3	30	A/N	323, Line 3b	
576	555	City State of School 3	30	A	323, Line 3c	
577	556	Amt of Contribution School 3	10	N	323, Line 3d	
578	557	Continuation Sheet 4h or Zero	10	N	323, Line 4	Amount from line 4h of Continuation Sheet or Zero.
579	558	Total Contributions School Prev Tuition	10	N	323, Line 5	Add lines 1-4 Column d

Legend

Blue: Additions for TY2019

Yellow: Changes for TY2019

Dark Orange: Removed Items for TY2019

580	559	Name of School 4	30	A	323, Line 6a	
581	560	Street Address of School 4	30	A/N	323, Line 6b	
582	561	City State of School 4	30	A	323, Line 6c	
583	562	Amt of Contribution School 4	10	N	323, Line 6d	
584	563	Name of School 5	30	A	323, Line 7a	
585	564	Street Address of School 5	30	A/N	323, Line 7b	
586	565	City State of School 5	30	A	323, Line 7c	
587	566	Amt of Contribution School 5	10	N	323, Line 7d	
588	567	Name of School 6	30	A	323, Line 8a	
589	568	Street Address of School 6	30	A/N	323, Line 8b	
590	569	City State of School 6	30	A	323, Line 8c	
591	570	Amt of Contribution School 6	10	N	323, Line 8d	
592	571	Continuation Sheet 9h or Zero			323, Line 9	Amount from line 9h of Continuation Sheet or Zero.
593	572	Total Contributions School Tuition	10	N	323, Line 10	Add lines 6-9 Column d
594	573	Total Amt of Contribution	10	N	323, Line 11	Add Lines 5 and 10
595	574	Allowable Contributions School Tuition	10	N	323, Line 12	Single Taxpayer or Heads of Household Enter \$569 Married Taxpayer Enter \$1138
596	575	Current Year's Credit	10	N	323, Line 13	Enter smaller of Line 11 or Line 12
597	576	Original Credit Amount 14	10	N	323, Line 14b	Enter Amount from Prior Year 5
598	577	Previous Used Amount 14	10	N	323, Line 14c	Enter Amount from Prior Year 5
599	578	Available Credit Carryover 14	10	N	323, Line 14d	Enter Amount from Prior Year 5
600	579	Original Credit Amount 15	10	N	323, Line 15b	Enter Amount from Prior Year 4
601	580	Previous Used Amount 15	10	N	323, Line 15c	Enter Amount from Prior Year 4
602	581	Available Credit Carryover 15	10	N	323, Line 15d	Enter Amount from Prior Year 4
603	582	Original Credit Amount 16	10	N	323, Line 16b	Enter Amount from Prior Year 3
604	583	Previous Used Amount 16	10	N	323, Line 16c	Enter Amount from Prior Year 3
605	584	Available Credit Carryover 16	10	N	323, Line 16d	Enter Amount from Prior Year 3
606	585	Original Credit Amount 17	10	N	323, Line 17b	Enter Amount from Prior Year 2
607	586	Previous Used Amount 17	10	N	323, Line 17c	Enter Amount from Prior Year 2
608	587	Available Credit Carryover 17	10	N	323, Line 17d	Enter Amount from Prior Year 2
609	588	Original Credit Amount 18	10	N	323, Line 18b	Enter Amount from Prior Year 1
610	589	Previous Used Amount 18	10	N	323, Line 18c	Enter Amount from Prior Year 1
611	590	Available Credit Carryover 18	10	N	323, Line 18d	Enter Amount from Prior Year 1
612	591	Total Available Carryover	10	N	323, Line 19	Add lines 14-18 Column d
613	592	Current Year's Total Credit	10	N	323, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 12, column a
614	593	Available Credit Carryover	10	N	323, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 12, column b
615	594	Total Available Credit	10	N	323, Line 22	Add lines 20 and 21 and enter on Form 301, Part 1, line 12, column c
616	595	Total Contribs Current Tx Yr	10	N	323, Line 23	
617	596	Max Credit Allow CR323	10	N	323, Line 24	Single Taxpayer or Heads of Household Enter \$569 Married Taxpayer Enter \$1138
618	597	Total Excess Contributions	10	N	323, Line 25	Subtract line 24 from line 23 or zero
619	598	ADVS Receipt Yes	1	A	340, Box 1-YES	X or null
620	599	ADVS Receipt No	1	A	340, Box 1-NO	X or null
621	600	Qualified Donations pre-9/11	10	N	340, Line 2	
622	601	Qualified Donations post-9/11	10	N	340, Line 3	
623	602	Total Qualified Donations	10	N	340, Line 4	Add lines 2 and 3
624	603	Allowable Qualified Donations	10	N	340, Line 5	Single Taxpayer or Heads of Household Enter \$200 Married Taxpayer Enter \$400
625	604	Current Year's Credit	10	N	340, Line 6	Enter smaller of Line 4 or Line 5 and on Form 301, Part 1, line 21, column a and c
626	605	Claiming School Credit Form 323 Yes	1	A	348, Box 1a-YES	X or null
627	606	Claiming School Credit Form 323 No	1	A	348, Box 1a-NO	X or null
628	607	Excess School Credit Form 323 Yes	1	A	348, Box 1b-YES	X or null
629	608	Excess School Credit Form 323 No	1	A	348, Box 1b-NO	X or null
630	609	Claiming Carryover Only Yes	1	A	348, Box 1c-YES	X or null
631	610	Claiming Carryover Only No	1	A	348, Box 1c-NO	X or null
632	611	Name of School 1	30	A	348, Line 2a	
633	612	Address of School 1	30	A/N	348, Line 2b	
634	613	City State of School 1	30	A	348, Line 2c	
635	614	Amt of Contribution 1	10	N	348, Line 2d	
636	615	Name of School 2	30	A	348, Line 3a	
637	616	Address of School 2	30	A/N	348, Line 3b	
638	617	City State of School 2	30	A	348, Line 3c	
639	618	Amt of Contribution 2	10	N	348, Line 3d	
640	619	Name of School 3	30	A	348, Line 4a	
641	620	Address of School 3	30	A/N	348, Line 4b	
642	621	City State of School 3	30	A	348, Line 4c	
643	622	Amt of Contribution 3	10	N	348, Line 4d	
644	623	Amount from line 5h of Continuation Sheet or Zero.	10	N	348, Line 5	Amount from line 5h of Continuation Sheet or Zero.
645	624	Total Contributions Certified School Tuition Prev Yr	10	N	348, Line 6	Add lines 2-5 Column d
646	625	Name of School 4	30	A	348, Line 7a	
647	626	Address of School 4	30	A/N	348, Line 7b	
648	627	City State of School 4	30	A	348, Line 7c	
649	628	Amt of Contribution 4	10	N	348, Line 7d	
650	629	Name of School 5	30	A	348, Line 8a	
651	630	Address of School 5	30	A/N	348, Line 8b	
652	631	City State of School 5	30	A	348, Line 8c	

Legend

Blue: Additions for TY2019

Yellow: Changes for TY2019

Dark Orange: Removed Items for TY2019

653	632	Amt of Contribution 5	10	N	348, Line 8d	
654	633	Name of School 6	30	A	348, Line 9a	
655	634	Address of School 6	30	A/N	348, Line 9b	
656	635	City State of School 6	30	A	348, Line 9c	
657	636	Amt of Contribution 6	10	N	348, Line 9d	
658	637	Amount from line 10h of Continuation Sheet or Zero.	10	N	348, Line 10	Amount from line 10h of Continuation Sheet or Zero.
659	638	Total Contributions Certified School Tuition	10	N	348, Line 11	Add lines 7-10 Column d
660	639	Total Contributions Prev and Curr	10	N	348, Line 12	Add Line 6 and 11
661	640	Allowable Credit Claimed Form 323	10	N	348, Line 13	Single Taxpayer or Heads of Household Enter \$569 Married Taxpayer Enter \$1138
662	641	Potential Credit	10	N	348, Line 14	Subtract Line 13 from Line 12
663	642	Allowable Max Credit	10	N	348, Line 15	Single Taxpayer or Heads of Household Enter \$566 Married Taxpayer Enter \$1131
664	643	Current Year's Credit	10	N	348, Line 16	Enter the smaller of Line 14 or Line 15
665	644	Original Credit Amount 17b	10	N	348, Line 17b	Enter Amount from Prior Year 5
666	645	Previous Used Amount 17c	10	N	348, Line 17c	Enter Amount from Prior Year 5
667	646	Available Credit Carryover 17d	10	N	348, Line 17d	Enter Amount from Prior Year 5
668	647	Original Credit Amount 18b	10	N	348, Line 18b	Enter Amount from Prior Year 4
669	648	Previous Used Amount 18c	10	N	348, Line 18c	Enter Amount from Prior Year 4
670	649	Available Credit Carryover 18d	10	N	348, Line 18d	Enter Amount from Prior Year 4
671	650	Original Credit Amount 19b	10	N	348, Line 19b	Enter Amount from Prior Year 3
672	651	Previous Used Amount 19c	10	N	348, Line 19c	Enter Amount from Prior Year 3
673	652	Available Credit Carryover 19d	10	N	348, Line 19d	Enter Amount from Prior Year 3
674	653	Original Credit Amount 20b	10	N	348, Line 20b	Enter Amount from Prior Year 2
675	654	Previous Used Amount 20c	10	N	348, Line 20c	Enter Amount from Prior Year 2
676	655	Available Credit Carryover 20d	10	N	348, Line 20d	Enter Amount from Prior Year 2
677	656	Original Credit Amount 21b	10	N	348, Line 21b	Enter Amount from Prior Year 1
678	657	Previous Used Amount 21c	10	N	348, Line 21c	Enter Amount from Prior Year 1
679	658	Available Credit Carryover 21d	10	N	348, Line 21d	Enter Amount from Prior Year 1
680	659	Total Available Carryover	10	N	348, Line 22	Add lines 17-21 column d
681	660	Current Year's Total Credit	10	N	348, Line 23	Amount from Part 1 L16 and enter on Form 301, Part 1, line 25, column a
682	661	Available Credit Carryover	10	N	348, Line 24	Amount from Part 2 L22 and enter on Form 301, Part 1, line 25, column b
683	662	Total Available Credit	10	N	348, Line 25	Add lines 23 and 24 and enter on Form 301, Part 1, line 25, column c
684	663	Foster Care Charity Code 1	5	N	352, Line 1a	
685	664	Name of Qualifying Foster Care Charity 1	30	A	352, Line 1b	
686	665	Amt Contributed 1	10	N	352, Line 1c	
687	666	Foster Care Charity Code 2	5	N	352, Line 2a	
688	667	Name of Qualifying Foster Care Charity 2	30	A	352, Line 2b	
689	668	Amount Contributed 2	10	N	352, Line 2c	
690	669	Foster Care Charity Code 3	5	N	352, Line 3a	
691	670	Name of Qualifying Foster Care Charity 3	30	A	352, Line 3b	
692	671	Amt Contributed 3	10	N	352, Line 3c	
693	672	Continuation Sheet 4h or Zero	10	N	352, Line 4	
694	673	Total Qualifying Foster Care Charity	10	N	352, Line 5	Add lines 1-4 Column c
695	674	Foster Care Charity Code 4	5	N	352, Line 6a	
696	675	Name of Qualifying Foster Care Charity 4	30	A	352, Line 6b	
697	676	Amt Contributed 4	10	N	352, Line 6c	
698	677	Foster Care Charity Code 5	5	N	352, Line 7a	
699	678	Name of Qualifying Foster Care Charity 5	30	A	352, Line 7b	
700	679	Amount Contributed 5	10	N	352, Line 7c	
701	680	Foster Care Charity Code 6	5	N	352, Line 8a	
702	681	Name of Qualifying Foster Care Charity 6	30	A	352, Line 8b	
703	682	Amt Contributed 6	10	N	352, Line 8c	
704	683	Continuation Sheet 9h or Zero	10	N	352, Line 9	
705	684	Total Qualifying Charity2	10	N	352, Line 10	Add lines 6-9 Column c
706	685	Total Cash Contri Qual Charity	10	N	352, Line 11	Add lines 5 and 10
707	686	Allowable Charity Credit	10	N	352, Line 12	Single Taxpayer or Heads of Household Enter \$500 Married Taxpayer Enter \$1000
708	687	Current Year's Qualifying Charity Credit	10	N	352, Line 13	Enter smaller of Line 11 or Line 12
709	688	Original Credit Amount 14b	10	N	352, Line 14b	Enter Amount from Prior Year 3
710	689	Previous Used Amount 14c	10	N	352, Line 14c	Enter Amount from Prior Year 3
711	690	Available Credit Carryover 14d	10	N	352, Line 14d	Enter Amount from Prior Year 3
712	691	Original Credit Amount 15b	10	N	352, Line 15b	Enter Amount from Prior Year 2
713	692	Previous Used Amount 15c	10	N	352, Line 15c	Enter Amount from Prior Year 2
714	693	Available Credit Carryover 15d	10	N	352, Line 15d	Enter Amount from Prior Year 2
715	694	Original Credit Amount 16b	10	N	352, Line 16b	Enter Amount from Prior Year 1
716	695	Previous Used Amount 16c	10	N	352, Line 16c	Enter Amount from Prior Year 1
717	696	Available Credit Carryover 16d	10	N	352, Line 16d	Enter Amount from Prior Year 1
718	697	Original Credit Amount 17b	10	N	352, Line 17b	Enter Amount from Prior Year 0
719	698	Previous Used Amount 17c	10	N	352, Line 17c	Enter Amount from Prior Year 0
720	699	Available Credit Carryover 17d	10	N	352, Line 17d	Enter Amount from Prior Year 0
721	700	Original Credit Amount 18b	10	N	352, Line 18b	Enter Amount from Prior Year 0
722	701	Previous Used Amount 18c	10	N	352, Line 18c	Enter Amount from Prior Year 0
723	702	Available Credit Carryover 18d	10	N	352, Line 18d	Enter Amount from Prior Year 0
724	703	Total Available Credit Carryover	10	N	352, Line 19	Add Lines 14 through 18 Column d

Legend

Blue: Additions for TY2019

Yellow: Changes for TY2019

Dark Orange: Removed Items for TY2019

725	704	Current Yr's Credit	10	N	352, Line 20	Amount from Part 1 L13 and enter on Form 301, Part 1, line 27, column a
726	705	Available Carryover	10	N	352, Line 21	Amount from Part 2 L19 and enter on Form 301, Part 1, line 27, column b

Arizona 140PTC - Property Tax Credit						
2D Barcode Record Layout						
2018 FIELD NO	2019 FIELD NO	FIELD NAME	LENGTH	TYPE	FORM & Line Number	BUSINESS RULE
1	1	Header version	2	A		T1
2	2	Software Developer Code	4	N		NACTP assigned code
3	3	Version Number	2	N		01: use 2 digits (leading zero)
4	4	Form Type	6	A		140PTC
5	5	Form Year	4	N	140PTC_TOP	2019
6	6	Primary First Name	10	A	140PTC, 1	
7	7	Primary Middle Initial	1	A	140PTC, 1	
8	8	Primary Last Name	35	A	140PTC, 1	
9	9	Primary SSN	9	N	140PTC, 1	No hyphens
10	10	Spouse First Name	10	A	140PTC, 1	Spouse Name required when MFJ or MFS
11	11	Spouse Middle Initial	1	A	140PTC, 1	Spouse Name required when MFJ or MFS
12	12	Spouse Last Name	35	A	140PTC, 1	Spouse Name required when MFJ or MFS
13	13	Spouse SSN	9	N	140PTC, 1	Spouse SSN required when MFJ or MFS; No hyphens
14	14	Address line 1	35	A/N	140PTC, 2	Address line 1 or % (care of) line or recipient name if TP is deceased
15	15	Address line 2	35	A/N	140PTC, 2	Address line 2 or Address line if 1 is % or deceased TP
16	16	City	21	A	140PTC, 3	
17	17	State	2	A	140PTC, 3	
18	18	Zip Code	9	N	140PTC, 3	Include zip plus 4 in last 4 digits or zero fill if not available
19	19	Daytime Number	10	N	140PTC, 94	
20	20	Date of Birth	8	N	140PTC, 79	MMDDCCYY
21	21	6 Month Extension	1	A	140 PTC, 82F	X or null
22	22	Rent Yes	1	A	140 PTC, 4	X or null
23	23	Own Yes	1	A	140 PTC, 4	X or null
24	24	Full Year Resident Yes	1	A	140 PTC, 5	X or null
25	25	Full Year Resident No	1	A	140 PTC, 5	X or null
26	26	Property Tax Paid Yes	1	A	140 PTC, 6	X or null
27	27	Property Tax Paid No	1	A	140 PTC, 6	X or null
28	28	PTR per household Yes	1	A	140 PTC, 7	X or null
29	29	PTR per household No	1	A	140 PTC, 7	X or null
30	30	Over 65 Yes	1	A	140 PTC, 8	X or null
31	31	Over 65 No	1	A	140 PTC, 8	X or null
32	32	Title 16 Yes	1	A	140 PTC, 9	X or null
33	33	Title 16 No	1	A	140 PTC, 9	X or null
34	34	Income	10	N	140 PTC, Line 10	
35	35	Live Alone Yes	1	A	140 PTC, 11a	X or null
36	36	Live Alone No	1	A	140 PTC, 11b	X or null
37	37	Tax Credit	10	N	140 PTC, Line 11	
38	38	Amt Property Tax Own	10	N	140 PTC, Line 12	
39	39	Amt Property Tax Rent	10	N	140 PTC, Line 13	
40	40	Tot Property Tax Paid	10	N	140 PTC, Line 14	Add lines 12 and 13
41	41	SubTotal Credit	10	N	140 PTC, Line 15	Smaller of line 11 or 14
42	42	Taxpayer Name	35	A	140 PTC, 16	Comma Delimited
43	43	Taxpayer SSN	9	N	140 PTC, 16	No hyphens
44	44	Address City State Zip	35	A/N	140 PTC, 16	Comma Delimited
45	45	Excise Tax Credit	10	N	140 PTC, Line 17	From page 2, Part 2, line 6
46	46	Total Dependents	10	N	140 PTC, Line 18	From page 2, Part 2, line 2
47	47	Total Credit	10	N	140 PTC, Line 19	Add lines 15 and 17
48	48	Foreign Account	1	A	140 PTC, 19A	Y or Null; If "Y", Fields 49-52 should be disabled.
49	49	Dir Dep Routing Nbr	9	N	140 PTC, 98	For direct deposit; direct debit is not supported.
50	50	Dir Dep Account Nbr	17	A/N	140 PTC, 98	For direct deposit; direct debit is not supported.
51	51	Dir Dep Checking	1	A	140 PTC, 98	X or null; direct deposit only
52	52	Dir Dep Savings	1	A	140 PTC, 98	X or null; direct deposit only
53	53	Wages You	10	N	140 PTCPart1A1	
54	54	Wages Spouse	10	N	141 PTCPart1A2	
55	55	Wages Other	10	N	142 PTCPart1A3	
56	56	Total Wages	10	N	143 PTCPart1A4	Total of (A1+A2+A3)
57	57	Div & Int You	10	N	140 PTCPart1B1	
58	58	Div & Int Spouse	10	N	141 PTCPart1B2	
59	59	Div & Int Other	10	N	142 PTCPart1B3	
60	60	Total Div & Int	10	N	143 PTCPart1B4	Total of (B1+B2+B3)
61	61	Bus Farm Income You	10	N	140 PTCPart1C1	
62	62	Bus Farm Inc Spouse	10	N	140 PTCPart1C2	
63	63	Bus Farm Inc Other	10	N	140 PTCPart1C3	
64	64	Total Bus Farm Inc	10	N	140 PTCPart1C4	Total of (C1+C2+C3)
65	65	Gain/Loss Prop You	10	N	140PTCPart1D1	
66	66	GainLoss Prop Spouse	10	N	140PTCPart1D2	
67	67	GainLoss Prop Other	10	N	140PTCPart1D3	
68	68	TotalGainLoss Prop	10	N	140PTCPart1D4	Total of (D1+D2+D3)
69	69	Pension You	10	N	140PTCPart1E1	
70	70	Pension Spouse	10	N	140PTCPart1E2	
71	71	Pension Other	10	N	140PTCPart1E3	
72	72	Total Pension	10	N	140PTCPart1E4	Total of (E1+E2+E3)
73	73	RentRoyalty IncYou	10	N	140PTCPart1F1	
74	74	RentRoyaltyInc Spous	10	N	140PTCPart1F2	
75	75	RentRoyalty Inc Other	10	N	140PTCPart1F3	
76	76	Total RentRoyalty Inc	10	N	140PTCPart1F4	Total of (F1+F2+F3)
77	77	Part, Estate, Trust You	10	N	140PTCPart1G1	
78	78	PartEstateTrt Spouse	10	N	140PTCPart1G2	
79	79	PartEstateTrt Other	10	N	140PTCPart1G3	
80	80	Tot PartEstateTrt Inc	10	N	140PTCPart1G4	Total of (G1+G2+G3)
81	81	Alimony You	10	N	140PTCPart1H1	
82	82	Alimony Spouse	10	N	140PTCPart1H2	
83	83	Alimony Other	10	N	140PTCPart1H3	
84	84	Total Alimony	10	N	140PTCPart1H4	Total of (H1+H2+H3)
85	85	Other Income You	10	N	140PTCPart1I1	
86	86	Other Income Spouse	10	N	140PTCPart1I2	
87	87	Other Income Other	10	N	140PTCPart1I3	
88	88	Total Other Income	10	N	140PTCPart1I4	Total of (I1+I2+I3)

Legend

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89	89	Tot Household Income	10	N	140PTCPart1J	Add lines A - I in column 4
90	90	Dependent 1 Name	20	A	140PTC Part2, 1a	
91	91	Dependent 1 SSN	9	N	140PTC Part2, 1a	No hyphens
92	92	Dep 1 Relationship	12	A	140PTC Part2, 1a	
93	93	Dependent 1 Months	2	N	140PTC Part2, 1a	
94	94	Dependent 2 Name	20	A	140PTC Part2, 1b	
95	95	Dependent 2 SSN	9	N	140PTC Part2, 1b	No hyphens
96	96	Dep 2 Relationship	12	A	140PTC Part2, 1b	
97	97	Dependent 2 Months	2	N	140PTC Part2, 1b	
98	98	Dependent 3 Name	20	A	140PTC Part2, 1c	
99	99	Dependent 3 SSN	9	N	140PTC Part2, 1c	No hyphens
100	100	Dep 3 Relationship	12	A	140PTC Part2, 1c	
101	101	Dependent 3 Months	2	N	140PTC Part2, 1c	
102	102	Total Dependents	2	N	140PTC Part2, 2	total number of dependents listed on 1a - 1c
103	103	MFJ Claim	1	N	140PTC Part2, 3	
104	104	Household Population	2	N	140PTC Part2, 4	Add lines 2 and 3
105	105	Calculate Credit	10	N	140PTC Part2, 5	Multiply amount on line 4 by \$25
106	106	Total Allowable Credit	10	N	140PTC Part2, 6	Enter smaller of line 5 or \$100
107	107	Primary Occupation	16	A	140PTC, bkpg	
108	108	Spouse Occupation	16	A	140PTC, bkpg	
109	109	Preparer Name	35	A/N	140PTC, bkpg	
110	110	Preparer Address	35	A/N	140PTC, bkpg	
111	111	Preparer City	21	A	140PTC, bkpg	
112	112	Preparer State	2	A	140PTC, bkpg	
113	113	Preparer Zip Code	9	N	140PTC, bkpg	
114	114	Paid Preparer Phone Number	10	N	140PTC, bkpg	
115	115	Preparer FEIN	9	N	140PTC, bkpg	No hyphens
116	116	Trailer	5	A	*EOD*	

Legend

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