

Claim of Right - Individual

FOR CALENDAR YEAR 2024

| | UK FISCA | AL YEAR BEGINI | | this form with | | 1,1V1 D,D Z, | J ₁ 1 , 1 | <u> </u> | ם | | |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|------------------------------------------|-----------------------------------|---------------------------|----------------------|------------|------------|--|
| - | | | | | | | ır Socia | cial Security Number | | | |
| Spouse's Name as shown on Form 140, 140NR, 140PY, 140X, 140-SBI, 140NR-SBI, 140PY-SBI or 140X-SBI (if filing joint) Spouse's | | | | | | ouse's S | 's Social Security Number | | | | |
| explain t | ure your current the amounts repare, ITP 16-1. <i>No</i> | id. See instructio | ons for details. F | or more informat | ion on Arizona's | claim of right p | rovisio | ns, se | ee the dep | oartment's | |
| Part 1 | General Info | ormation | | | | | | | | | |
| 1 | If the amount on | amount of all inc claim of right n line 1 is \$3,000 r a claim of right. | | | | | L | 1 | es No | 00 | |
| 2 | - | mount repaid in 2 I "Yes", you must ach prior taxable | complete and in | nclude with your i | 2024 tax return a | separate Clai | m of | 2 | | | |
| 3 | List each prior to | axable year end 3b | that included inc | come that was inc | cluded in line 1: 3e | 3f | | | | | |
| 4 | Form 140, line 1 | eduction instead of I "Yes", you must 18; or Form 140P Iine 23. If you a i | t include the amo PY, line 31; or Fo | ount on line 1 as rm 140NR, line 3 | an "Other Addition 32; or as an "Addi | ons to Income' itions to Incom | on e" | 4 [| es No | | |
| Part 2 | Decrease in | Prior Year's T | - ax | | | | | | | | |
| 6 | Prior Taxable Ye Enter the amour For the year liste | nt of tax from the | | - | • | | | 5 M | M/DD/ | 00 | |
| | - | in 2024 | | | | | - | 7 8 | | 00 | |
| | Note: If you are Form 140, line 5 Form 140X, line | | e than one Claim Form 140PY, line | of Right form, ac e 64, box 64b; c | dd all amounts on r Form 140NR, li | line 8 and ent | er the t | | | | |
| Part 3 | Explanation | a Small Busine of your clain tered in Part 2 | n of right for | the prior tax y | ear entered o | | | | | | |

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

Part 3 - Continuation Sheet