

**Arizona 140 - Full Year Resident Return**  
2D Barcode Record Layout

2016 FIELD NO	2017 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	2017
6	6	Tax Year Ending DateYY	8	A	140, 66	MMDDYYYY (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 Name 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 if 1 is % or deceased TP
17	17	City	21	A	140, Line 3	
18	18	State	2	A	140, Line 3	
19	19	Zip Code	9	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	Added TY 2017
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	2	N	140, Line 10	
29	29	Parents/Ancestors	1	N	140, Line 11	
30	30	6 Month Extension	1	A	140, Line 82F	X or null
31	31	Dependent Info More Space--Qualifying Dependents	1	A	140, Box 10	X or null
32	32	Dependent 1 First Name	10	A	140, 10A(A1)	
33	33	Dependent 1 Last Name	10	A	140, 10A(A2)	
34	34	Dependent 1 SSN	9	N	140, 10A(B)	No hyphens
35	35	Dependent 1 Relationship	12	A	140, 10A( C )	
36	36	Dependent 1 Months	2	A	140, 10A(D)	Valid Values are (0 - 12) & S (Stillborn)
37	37	Dependent 1 Name Not Qualifying	1	A	140, Box 10A( E )	X or null
38	38	Dependent 1 Name Education	1	A	140, Box 10A( F )	X or null
39	39	Dependent 2 First Name	10	A	140, 10B(A1)	
40	40	Dependent 2 Last Name	10	A	140, 10B(A2)	
41	41	Dependent 2 SSN	9	N	140, 10B(B)	No hyphens
42	42	Dependent 2 Relationship	12	A	140, 10B( C )	
43	43	Dependent 2 Months	2	A	140, 10B(D)	Valid Values are (0 - 12) & S (Stillborn)
44	44	Dependent 2 Name Not Qualifying	1	A	140, Box 10B( E )	X or null
45	45	Dependent 2 Name Education	1	A	140, Box 10B( F )	X or null
46	46	Dependent 3 First Name	10	A	140, 10C(A1)	
47	47	Dependent 3 Last Name	10	A	140, 10C(A2)	
48	48	Dependent 3 SSN	9	N	140, 10C(B)	No hyphens
49	49	Dependent 3 Relationship	12	A	140, 10C( C )	
50	50	Dependent 3 Months	2	A	140, 10C( D )	Valid Values are (0 - 12) & S (Stillborn)
51	51	Dependent 3 Name Not Qualifying	1	A	140, Box 10C( E )	X or null
52	52	Dependent 3 Name Education	1	A	140, Box 10C( F )	X or null
53	53	Dependent Info More Space--Qualifying Ancestors	1	A	140, Box 11	X or null
54	54	Dependent 1 Qual Anc First Name	10	A	140, Line 11a(a1)	
55	55	Dependent 1 Qual Anc Last Name	10	A	140, Line 11a(a2)	
56	56	Dependent 1 Qual Anc SSN	9	N	140, Line 11a(b)	No hyphens
57	57	Dependent 1 Qual Anc Relationship	12	A	140, Line 11a(c)	
58	58	Dependent 1 Qual Anc Months	2	A	140, Line 11a(d)	Valid Values are (0 - 12) & S (Stillborn)
59	59	Dependent 1 Qual Anc Age 65+	1	A	140, Box 11a( e )	X or null
60	60	Dependent 1 Qual Anc Deceased In Tax Year	1	A	140, Box 11a(f)	X or null
61	61	Dependent 2 Qual Anc First Name	10	A	140, Line 11b(a1)	
62	62	Dependent 2 Qual Anc Last Name	10	A	140, Line 11b(a2)	
63	63	Dependent 2 Qual Anc SSN	9	N	140, Line 11b(b)	No hyphens
64	64	Dependent 2 Qual Anc Relationship	12	A	140, Line 11b(c)	
65	65	Dependent 2 Qual Anc Months	2	A	140, Line 11b(d)	Valid Values are (0 - 12) & S (Stillborn)
66	66	Dependent 2 Qual Anc Age 65+	1	A	140, Box 11b( e )	X or null
67	67	Dependent 2 Qual Anc Deceased In Tax Year	1	A	140, Box 11b(f)	X or null
68	68	Fed Adjusted Gross Income	10	N	140, Line 12	

Legend

Blue: Additions and Changes for TY2017  
Orange: Deleted Items for TY2017

68	69	Non-AZ Mun Interest	10	N	140, Line 13	
69	70	Partnership Income Adjustment Add	10	N	140, Line 14	Name Change Only
70	71	Total Federal Depreciation	10	N	140, Line 15	
71	72	Other Additions	10	N	140, Line 16	
		Subtotal	10	N	140, Line 17	Use existing "Reported <=> Calculated" TAS suspense rule if the value of Line 17 does not equal the sum of adding lines 12 through 16.
72	73					
73	74	Net Capital Gain/Loss	10	N	140, Line 18	
74	75	Total Net Short-Term Capital Gain/Loss	10	N	140, Line 19	
75	76	Total Net Long-Term Capital Gain/Loss	10	N	140, Line 20	
76	77	Net Long-Term Capital Gain From Assets	10	N	140, Line 21	
77	78	Capital Gain Allowable Subt. Calculation	10	N	140, Line 22	Multiply Line 21 by 25% (.25) and enter the result
78	79	Net Capital Gain - Investment In Qual. Small Business	10	N	140, Line 23	
79	80	Recalculated Arizona Depreciation	10	N	140, Line 24	
80	81	Partnership Income Adjustment Sub	10	N	140, Line 25	Name Change Only
81			10	N	140, Line 26	Removed for TY2017
82	82	Int Savings Bond	10	N	140, Line 27	
83	83	Exclusive Govt Pens	10	N	140, Line 28	
84	84	AZ Lottery Winnings	10	N	140, Line 29	
85	85	SS or RR Benefits	10	N	140, Line 30	
86	86	Wages Native American	10	N	140, Line 31	
87	87	Active Duty Military Pay	10	N	140, Line 32	
88	88	Net Operating Loss Adjust	10	N	140, Line 33	
89	89	Contributions To 529 College Savings Plans	10	N	140, Line 34	
90	90	Other Subtractions	10	N	140, Line 35	
91	91	Total Subtractions	10	N	140, Line 36	Subtract lines 22 through 35 from line 17
92	92	Total Subtractions From Additions--Page 2	10	N	140, Line 37	
93	93	Exemption Age 65 or Over	10	N	140, Line 38	Multiply the number in Box 8 by \$2100
94	94	Exemption Blind	10	N	140, Line 39	Multiply the number in Box 9 by \$1500
95	95	Exemption Dependents	10	N	140, Line 40	Multiply the number in Box 10 by \$2300
96	96	Exemption Parents and Grand Parents	10	N	140, Line 41	Multiply the number in Box 11 by \$10000
97	97	AZ Adjusted Gross	10	N	140, Line 42	Subtract Lines 38 through 41 from 37
98	98	Itemized Deduction	1	A	140 Box 43-I	X or null
99	99	Standard Deduction	1	A	140 Box 43-S	X or null
		Deduction Amount	10	N	140 Line 43	Single, Married Filing Separate = \$5,183 Married Filing Jointly, Head of Household = \$10,336
100	100					
		Personal Exemptions	10	N	140 Line 44	Single=\$2150, MFJ-0 Dep.=\$4300, MFJ-1+ Dep.=\$6450, HOH-Unmarried=\$4300, HOH-Married=\$3225, MFS-0 Dep.=\$2150, MFS-1+ Dep.=\$3225
101	101					
102	102	AZ Taxable Income	10	N	140 Line 45	Subtract lines 43 and 44 from line 42
		Compute Tax	10	N	140 Line 46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables
103	103					
104	104	Tax from Recapture Credits	10	N	140 Line 47	
105	105	Subtotal Tax	10	N	140 Line 48	add lines 46 and 47
106	106	Family Income Credit	10	N	140 Line 49	
107	107	Credits from Arizona Credit Forms	10	N	140 Line 50	
		Balance of Tax	10	N	140 Line 51	Subtract lines 49 and 50 from line 48. Cannot be less than Zero
108	108					
109	109	Withholding	10	N	140 Line 52	
110	110	Estimated Payments	10	N	140 Line 53a	
111	111	Claim of Right	10	N	140 Line 53b	
112	112	Total Estimated Payments	10	N	140 Line 53c	
113	113	Extension Amount (Extension Payments)	10	N	140 Line 54	
114	114	Increase Excise Tax Credit	10	N	140 Line 55	Use worksheet to determine amount.
115	115	Property Tax Credit	10	N	140 Line 56	
116	116	Refundable Credit Form 308-I	1	A	140 Line 57-1	value "1" if checked; "0" or null if blank
117	117	Refundable Credit Form 342	1	A	140 Line 57-2	value "2" if checked; "0" or null if blank
118	118	Refundable Credit Form 349	1	A	140 Line 57-3	value "3" if checked; "0" or null if blank
119	119	Other Refundable Credits	10	N	140 Line 57	
120	120	Total Payments	10	N	140 Line 58	"add lines 52 through 57"
121	121	Tax Due	10	N	140 Line 59	"If line 51 is larger than line 58, subtract line 58 from line 51"
122	122	Overpayment	10	N	140 Line 60	If line 58 is larger than line 51, subtract line 51 from line 58"
123	123	Next Year Est Payment	10	N	140 Line 61	Amount of Line 60 to be Applied to 2018 Estimated Tax
124	124	Balance Overpayment	10	N	140 Line 62	"subtract line 61 from line 60"
125	125	Solutions Teams Assigned To Schools Contrib	10	N	140 Line 63	
126	126	AZ Wildlife Contrib	10	N	140 Line 64	
127	127	Child Abuse Contrib	10	N	140 Line 65	
128	128	Domestic Violence Contrib	10	N	140 Line 66	
129	129	Political Gift	10	N	140 Line 67	
130	130	Neighbors Help Contrib	10	N	140 Line 68	
131	131	Spec Olympic Contrib	10	N	140 Line 69	

Legend

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132	132	Veterans' Donations Fund	10	N	140 Line 70	
133	133	I Didn't Pay Enough Fund	10	N	140 Line 71	
134	134	Sustainable State Parks and Road Fund	10	N	140 Line 72	
	135	Spay/Neuter of Animals	10	N	140 Line 73	Added TY 2017
135	136	Democratic Party	1	A	140 Line 74-1	"2" or null
136	137	Green Party	1	A	140 Line 74-2	"3" or null - Name Change Only
137	138	Libertarian Party	1	A	140 Line 74-3	"4" or null
138	139	Republican Party	1	A	140 Line 74-4	"5" or null
139	140	Est Payment / MSA / AZLTHSA Penalties	10	N	140 Line 75	
140	141	Annualized Other	1	A	140 Line 76-1	Y or null
141	142	Farmer/Fisherman	1	A	140 Line 76-2	Y or null
142	143	Form 221 Attached	1	A	140 Line 76-3	Y or null
143	144	AZLTHSA Penalty	1	A	140 Line 76-4	Y or null
144	145	Total Contributions & Penalty	10	N	140 Line 77	Add lines 63 through 73 and 75
145	146	Refund Amount	10	N	140 Line 78	subtract line 77 from line 62
146	147	Foreign Account	1	A	140 Line 78A	Y or Null; If "Y", Fields 147-150 should be disabled
147	148	Dir Dep Routing Nbr	9	N	140 Line 98	For direct deposit; direct debit is not supported
148	149	Dir Dep Account Nbr	17	A/N	140 Line 98	For direct deposit; direct debit is not supported
149	150	Dir Dep Checking	1	A	140 Line 98	X or null; direct deposit only
150	151	Dir Dep Savings	1	A	140 Line 98	X or null; direct deposit only
151	152	Amount Owed	10	N	140 Line 79	add lines 59 and 77
152	153	Primary Occupation	16	A	140, pg2	
153	154	Spouse Occupation	16	A	140, pg2	
154	155	Preparer Name	35	A/N	140, pg2	
155	156	Preparer FEIN	9	N	140, pg2	No hyphens
156	157	Preparer Address	35	A/N	140, pg2	
157	158	Preparer City	21	A	140, pg2	
158	159	Preparer State	2	A	140, pg2	
159	160	Preparer Zip Code	9	N	140, pg2	
160	161	Paid Preparer Phone Number	10	N	140, pg2	
161	162	Prior Last Names	20	A	Front Page Line 97	Comma Delimited
162	163	Medical/Dental Expenses	10	N	FedSchA(2-D) 1	
163	164	Adjusted Gross Income	10	N	FedSchA(2-D) 2	
164	165	Medical Allowance	10	N	FedSchA(2-D) 3	
165	166	Total Medical/Dental	10	N	FedSchA(2-D) 4	
166	167	State and Local Taxes	10	N	FedSchA(2-D) 5	
167	168	Real Estate Taxes	10	N	FedSchA(2-D) 6	
168	169	Personal Property Taxes	10	N	FedSchA(2-D) 7	
169	170	Other Taxes	10	N	FedSchA(2-D) 8	
170	171	Total Other Taxes	10	N	FedSchA(2-D) 9	
171	172	Mortgage Interest from 1098	10	N	FedSchA(2-D) 10	
172	173	Other Mortgage Interest	10	N	FedSchA(2-D) 11	
173	174	Deductible Points	10	N	FedSchA(2-D) 12	
174	175	Qualified Mortgage Insurance Premiums	10	N	FedSchA(2-D) 13	
175	176	Investment Interest	10	N	FedSchA(2-D) 14	
176	177	Total Interest	10	N	FedSchA(2-D) 15	
177	178	Total Cash/Check Contrib	10	N	FedSchA(2-D) 16	
178	179	Non-Cash/Check Contrib	10	N	FedSchA(2-D) 17	
179	180	Carryover Prior Year	10	N	FedSchA(2-D) 18	
180	181	Total Contrib	10	N	FedSchA(2-D) 19	
181	182	Casualty/Theft Loss	10	N	FedSchA(2-D) 20	
182	183	Unreimb Emp Exp	10	N	FedSchA(2-D) 21	
183	184	Tax Preparation Fees	10	N	FedSchA(2-D) 22	
184	185	Tot Other Exp	10	N	FedSchA(2-D) 23	
185	186	Gross Misc Ded	10	N	FedSchA(2-D) 24	
186	187	Miscellaneous Allow	10	N	FedSchA(2-D) 26	
187	188	Total Misc Deduct	10	N	FedSchA(2-D) 27	
188	189	Tot Other Misc Deduct	10	N	FedSchA(2-D) 28	
189	190	Total Item Deduct	10	N	FedSchA(2-D) 29	
190	191	Med/Dent Expenses	10	N	AzSchA 1	
191	192	MSA Distribut Used	10	N	AzSchA 2	
192	193	Fed Med Deductions	10	N	AzSchA 3	
193	194	Total Med Deducts	10	N	AzSchA 4	
194	195	Medical Add Adjust	10	N	AzSchA 5	
195	196	Medical Subt Adjust	10	N	AzSchA 6	
196	197	Fed Credit Int Paid	10	N	AzSchA 7	
197	198	Wagering Loss Fed	10	N	AzSchA 8	
198	199	Gambling Winnings	10	N	AzSchA 9	
199	200	AZ Lottery Subt	10	N	AzSchA 10	
200	201	Max Gamble Loss Deduct	10	N	AzSchA 11	
201	202	Gamble Subt Adjust	10	N	AzSchA 12	
202	203	Contribution Adjust	10	N	AzSchA 13	
203	204	Other Adjustments	10	N	AzSchA 14	
204	205	Sum Add Adjust	10	N	AzSchA 15	
205	206	Sum Subt Adjust	10	N	AzSchA 16	
206	207	Tot Fed Item Deduct	10	N	AzSchA 17	

Legend

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207	208	Sum Az Item Deduct	10	N	AzSchA 19	
208	209	Az Item Deductions	10	N	AzSchA 21	
209	210	Employer ID (1)	10	N	W-2 (1st Wage Statement)	
210	211	Employee SSN (1)	10	N	W-2 (1st Wage Statement)	
211	212	Arizona Wages (1)	10	N	W-2 (1st Wage Statement)	
212	213	Arizona Withholding (1)	10	N	W-2 (1st Wage Statement)	
213	214	Employer ID (2)	10	N	W-2 (2nd Wage Statement)	
214	215	Employee SSN (2)	10	N	W-2 (2nd Wage Statement)	
215	216	Arizona Wages (2)	10	N	W-2 (2nd Wage Statement)	
216	217	Arizona Withholding (2)	10	N	W-2 (2nd Wage Statement)	
217	218	Employer ID (3)	9	N	W-2 (3rd Wage Statement)	
218	219	Employee SSN (3)	9	N	W-2 (3rd Wage Statement)	
219	220	Arizona Wages (3)	10	N	W-2 (3rd Wage Statement)	
220	221	Arizona Withholding (3)	10	N	W-2 (3rd Wage Statement)	
221	222	Employer ID (4)	9	N	W-2 (4th Wage Statement)	
222	223	Employee SSN (4)	9	N	W-2 (4th Wage Statement)	
223	224	Arizona Wages (4)	10	N	W-2 (4th Wage Statement)	
224	225	Arizona Withholding (4)	10	N	W-2 (4th Wage Statement)	
225	226	Payer's ID (1)	9	N	1099-R (1st Statement)	
226	227	Recipient's SSN (1)	9	N	1099-R (1st Statement)	
227	228	1099 Gross Amt (1)	10	N	1099-R (1st Statement)	
228	229	1099 Taxable Amount (1)	10	N	1099-R (1st Statement)	
229	230	1099 Az WH (1)	10	N	1099-R (1st Statement)	
230	231	Payer's ID (2)	9	N	1099-R (2nd Statement)	
231	232	Recipient's SSN (2)	9	N	1099-R (2nd Statement)	
232	233	1099 Gross Amt (2)	10	N	1099-R (2nd Statement)	
233	234	1099 Taxable Amount (2)	10	N	1099-R (2nd Statement)	
234	235	1099 Az WH (2)	10	N	1099-R (2nd Statement)	
235	236	Enterprise Zone Credit b	10	N	301, Line 1b (Form 304)	
236	237	Enterprise Zone Credit c	10	N	301, Line 1c (Form 304)	
237	238	Environ Tech Fac Credit a	10	N	301, Line 2a (Form 305)	
238	239	Environ Tech Fac Credit b	10	N	301, Line 2b (Form 305)	
239	240	Environ Tech Fac Credit c	10	N	301, Line 2c (Form 305)	
240	241	Military Reuse Zone Credit a	10	N	301, Line 3a (Form 306)	
241	242	Military Reuse Zone Credit b	10	N	301, Line 3b (Form 306)	
242	243	Military Reuse Zone Credit c	10	N	301, Line 3c (Form 306)	
243	244	Recycling Equipment Credit b	10	N	301, Line 4b (Form 307)	
244	245	Recycling Equipment Credit c	10	N	301, Line 4c (Form 307)	
245	246	Increased Research Act Ind Credit a	10	N	301, Line 5a (Form 308-l)	
246	247	Increased Research Act Ind Credit b	10	N	301, Line 5b (Form 308-l)	
247	248	Increased Research Act Ind Credit c	10	N	301, Line 5c (Form 308-l)	
248	249	Tax Paid Other State Cntry Credit a	10	N	301, Line 6a (Form 309)	
249	250	Tax Paid Other State Cntry Credit c	10	N	301, Line 6c (Form 309)	
250	251	Solar Energy Devices Credit a	10	N	301, Line 7a (Form 310)	
251	252	Solar Energy Devices Credit b	10	N	301, Line 7b (Form 310)	
252	253	Solar Energy Devices Credit c	10	N	301, Line 7c (Form 310)	
253	254	Agri Water Conserv Sys Credit a	10	N	301, Line 8a (Form 312)	
254	255	Agri Water Conserv Sys Credit b	10	N	301, Line 8b (Form 312)	
255	256	Agri Water Conserv Sys Credit c	10	N	301, Line 8c (Form 312)	
256	257	Polution Control Credit a	10	N	301, Line 9a (Form 315)	
257	258	Polution Control Credit b	10	N	301, Line 9b (Form 315)	
258	259	Polution Control Credit c	10	N	301, Line 9c (Form 315)	
259	260	Solar Heat and Elect Veh Outlets Credit a	10	N	301, Line 10a (Form 319)	
260	261	Solar Heat and Elect Veh Outlets Credit b	10	N	301, Line 10b (Form 319)	
261	262	Solar Heat and Elect Veh Outlets Credit c	10	N	301, Line 10c (Form 319)	
262	263	Employ TANF Recipients Credit a	10	N	301, Line 11a (Form 320)	
263	264	Employ TANF Recipients Credit b	10	N	301, Line 11b (Form 320)	
264	265	Employ TANF Recipients Credit c	10	N	301, Line 11c (Form 320)	
265	266	Contrib Qual Chart Orgns Credit a	10	N	301, Line 12a (Form 321)	
266	267	Contrib Qual Chart Orgns Credit b	10	N	301, Line 12b (Form 321)	
267	268	Contrib Qual Chart Orgns Credit c	10	N	301, Line 12c (Form 321)	
268	269	Contrib Fees Paid Pub Schs Credit a	10	N	301, Line 13a (Form 322)	
269	270	Contrib Fees Paid Pub Schs Credit b	10	N	301, Line 13b (Form 322)	
270	271	Contrib Fees Paid Pub Schs Credit c	10	N	301, Line 13c (Form 322)	
271	272	Contrib Priv Sch Tuit Orgns Credit a	10	N	301, Line 14a (Form 323)	
272	273	Contrib Priv Sch Tuit Orgns Credit b	10	N	301, Line 14b (Form 323)	
273	274	Contrib Priv Sch Tuit Orgns Credit c	10	N	301, Line 14c (Form 323)	
274	275	Agri Pol Cntrl Equip Credit a	10	N	301, Line 15a (Form 325)	
275	276	Agri Pol Cntrl Equip Credit b	10	N	301, Line 15b (Form 325)	
276	277	Agri Pol Cntrl Equip Credit c	10	N	301, Line 15c (Form 325)	
277	278	Donation School Site Credit a	10	N	301, Line 16a (Form 331)	
278	279	Donation School Site Credit b	10	N	301, Line 16b (Form 331)	
279	280	Donation School Site Credit c	10	N	301, Line 16c (Form 331)	
280	281	Healthy Forest Enterprises Credit a	10	N	301, Line 17a (Form 332)	
281	282	Healthy Forest Enterprises Credit b	10	N	301, Line 17b (Form 332)	
282	283	Healthy Forest Enterprises Credit c	10	N	301, Line 17c (Form 332)	

## Legend

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Orange: Deleted Items for TY2017

283	284	Employ Natl Guard Members Credit a	10	N	301, Line 18a (Form 333)	
284	285	Employ Natl Guard Members Credit b	10	N	301, Line 18b (Form 333)	
285	286	Employ Natl Guard Members Credit c	10	N	301, Line 18c (Form 333)	
286	287	Business Contrib School Tuition Org a	10	N	301, Line 19a (Form 335-l)	
287	288	Business Contrib School Tuition Org b	10	N	301, Line 19b (Form 335-l)	
288	289	Business Contrib School Tuition Org c	10	N	301, Line 19c (Form 335-l)	
289	290	Solar Energy Devices Comm Ind Credit a	10	N	301, Line 20a (Form 336)	
290	291	Solar Energy Devices Comm Ind Credit b	10	N	301, Line 20b (Form 336)	
291	292	Solar Energy Devices Comm Ind Credit c	10	N	301, Line 20c (Form 336)	
292	293	Invest Qual Small Bus Credit a	10	N	301, Line 21a (Form 338)	
293	294	Invest Qual Small Bus Credit b	10	N	301, Line 21b (Form 338)	
294	295	Invest Qual Small Bus Credit c	10	N	301, Line 21c (Form 338)	
295		Water Conserv Sys Credit b	10	N	301, Line 22b (Form 339)	Removed for TY2017
296		Water Conserv Sys Credit c	10	N	301, Line 22c (Form 339)	Removed for TY2017
297	296	Military Fam Relf Fnd Credit a	10	N	301, Line 22a (Form 340)	
298	297	Military Fam Relf Fnd Credit c	10	N	301, Line 22c (Form 340)	
299	298	Business Contrib School Tuition Disabled a	10	N	301, Line 23a (Form 341-l)	
300	299	Business Contrib School Tuition Disabled b	10	N	301, Line 23b (Form 341-l)	
301	300	Business Contrib School Tuition Disabled c	10	N	301, Line 23c (Form 341-l)	
302	301	Renew Energy Prod Tax Credit a	10	N	301, Line 24a (Form 343)	
303	302	Renew Energy Prod Tax Credit b	10	N	301, Line 24b (Form 343)	
304	303	Renew Energy Prod Tax Credit c	10	N	301, Line 24c (Form 343)	
305	304	Solar Liquid Fuel Credit a	10	N	301, Line 25a (Form 344)	
306	305	Solar Liquid Fuel Credit c	10	N	301, Line 25c (Form 344)	
307	306	New Employment Credit a	10	N	301, Line 26a (Form 345)	
308	307	New Employment Credit b	10	N	301, Line 26b (Form 345)	
309	308	New Employment Credit c	10	N	301, Line 26c (Form 345)	
310	309	Increased Resrch Act Basic Resrch Credit a	10	N	301, Line 27a (Form 346)	
311	310	Ingres Resrch Act Basic Resrch Credit b	10	N	301, Line 27b (Form 346)	
312	311	Ingres Resrch Act Basic Resrch Credit c	10	N	301, Line 27c (Form 346)	
313	312	Qual Hlth Ins Plan Credit b	10	N	301, Line 28b (Form 347)	
314	313	Qual Hlth Ins Plan Credit c	10	N	301, Line 28c (Form 347)	
315	314	Contrib Cert Schl Tuit Orgns Credit a	10	N	301, Line 29a (Form 348)	
316	315	Contrib Cert Schl Tuit Orgns Credit b	10	N	301, Line 29b (Form 348)	
317	316	Contrib Cert Schl Tuit Orgns Credit c	10	N	301, Line 29c (Form 348)	
318	317	Renew Energy Invest Prod Sif Consum Credit a	10	N	301, Line 30a (Form 351)	
319	318	Renew Energy Invest Prod Sif Consum Credit b	10	N	301, Line 30b (Form 351)	
320	319	Renew Energy Invest Prod Sif Consum Credit c	10	N	301, Line 30c (Form 351)	
321	320	Contrib Qual Foster Care Char Orgns Credit a	10	N	301, Line 31a (Form 352)	
322	321	Contrib Qual Foster Care Char Orgns Credit c	10	N	301, Line 31c (Form 352)	
323	322	Total Available Nonrefundable Tax Credits	10	N	301, Line 33	Add Lines 1 through 32 Column c Only
324	323	Total AZ Tax	10	N	301, Line 34	Tax From F140 L46 or F140PY L58 or F140NR L56 or
325	324	Tax Recap Environ Tech Fac Credit	10	N	301, Line 35	From AZ Credit Form 305 Part 5 Line 21
326	325	Tax Recap Credits Hlthy Forest Entrs	10	N	301, Line 36	From AZ Credit Form 332 Part 11 Line 47 and Part 12 Line 53
327	326	Tax Recap Credits Renew Engy Ind	10	N	301, Line 37c	From AZ Credit Form 342 Part 5 Line 14
328	327	Tax Recap Credits Qual Facs	10	N	301, Line 38c	From AZ Credit Form 349 Part 7 Line 19
329	328	Tax Recap Crdts Renew Engy Invest Prod Sif Cons	10	N	301, Line 39	From AZ Credit Form 351 Part 2 Line 24
330	329	Total Recapture of Credits	10	N	301, Line 40	Add Lines 35 through 39 Enter Here and on F140 L47, F140PY L59, F140NR L57, F140X L35
331	330	Subtotal Tax Credits and Recap Credits	10	N	301, Line 41	Add Lines 34 and 40
332	331	Family Income Tax Credit	10	N	301, Line 42	From F140 L49 or F140PY L61 or F140X L37
333	332	Total Tax Credits and Recap Credits	10	N	301, Line 43	Subtract Line 42 from Line 41. If less than Zero Enter Zero
334	333	Enterprise Zone Credit Used	10	N	301, Line 44 (Form 304)	
335	334	Environ Tech Fac Credit Used	10	N	301, Line 45 (Form 305)	
336	335	Military Reuse Zone Credit Used	10	N	301, Line 46 (Form 306)	
337	336	Recycling Equipment Credit Used	10	N	301, Line 47 (Form 307)	
338	337	Increased Research Act Indiv Credit Used	10	N	301, Line 48 (Form 308-l)	
339	338	Tax Paid Other State Ctry Credit Used	10	N	301, Line 49 (Form 309)	
340	339	Solar Energy Devices Credit Used	10	N	301, Line 50 (Form 310)	
341	340	Agri Water Conserv Sys Credit Used	10	N	301, Line 51 (Form 312)	
342	341	Polution Control Credit Used	10	N	301, Line 52 (Form 315)	
343	342	Solar Heat and Elect Veh Outlets Credit Used	10	N	301, Line 53 (Form 319)	
344	343	Employ TANF Recipients Credit Used	10	N	301, Line 54 (Form 320)	
345	344	Contrib Qual Chart Orgns Credit Used	10	N	301, Line 55 (Form 321)	
346	345	Contrib Fees Paid Pub Schs Credit Used	10	N	301, Line 56 (Form 322)	
347	346	Contrib Priv Sch Tuit Orgns Credit Used	10	N	301, Line 57 (Form 323)	
348	347	Agri Pol Cntrl Equip Credit Used	10	N	301, Line 58 (Form 325)	
349	348	Donation School Site Credit Used	10	N	301, Line 59 (Form 331)	
350	349	Healthy Forest Enterprises Credit Used	10	N	301, Line 60 (Form 332)	
351	350	Employ Natl Guard Members Credit Used	10	N	301, Line 61 (Form 333)	
352	351	Business Contrib School Tuition Org Used	10	N	301, Line 62 (Form 335-l)	
353	352	Solar Energy Devices Comm Indus Used	10	N	301, Line 63 (Form 336)	
354	353	Invest Qual Small Bus Credit Used	10	N	301, Line 64 (Form 338)	
355		Water Conserv Sys Credit Used	10	N	301, Line 65 (Form 339)	Removed for TY2017

## Legend

Blue: Additions and Changes for TY2017

Orange: Deleted Items for TY2017

356	354	Donations Military Fam Relf Fnd Credit Used	10	N	301, Line 65 (Form 340)	
357	355	Business Contrib School Tuition Disabled Used	10	N	301, Line 66 (Form 341-l)	
358	356	Renew Energy Prod Tax Credit Used	10	N	301, Line 67 (Form 343)	
359	357	Solar Liquid Fuel Credit Used	10	N	301, Line 68 (Form 344)	
360	358	New Employment Credit Used	10	N	301, Line 69 (Form 345)	
361	359	Incres Resrch Act Basic Resrch Credit Used	10	N	301, Line 70 (Form 346)	
362	360	Qual Hlth Ins Plans Credit Used	10	N	301, Line 71 (Form 347)	
363	361	Contrib Cert Schl Tuit Orgns Credit Used	10	N	301, Line 72 (Form 348)	
364	362	Renew Energy Invest Prod Slf Consum Credit Used	10	N	301, Line 73 (Form 351)	
365	363	Contrib Qual Foster Care Char Orgns Credit Used	10	N	301, Line 74 (Form 352)	
366	364	Total Nonrefundable Tax Credits Used	10	N	301, Line 76	Add Lines 44 through 75. Total Cannot be more than 43. Enter this amount on Form 140 L50, 140PY L62, 140NR L59, or 104X L38
367	365	Description of Income Items a	30	A	309, Line 1a	
368	366	Description of Income Items b	30	A	309, Line 1b	
369	367	Description of Income Items c	30	A	309, Line 1c	
370	368	Amt Income Listed Report AZ Oth St Cntry a	10	N	309, Line 2a	
371	369	Amt Income Listed Report AZ Oth St Cntry b	10	N	309, Line 2b	
372	370	Amt Income Listed Report AZ Oth St Cntry c	10	N	309, Line 2c	
373	371	Amt Income Include AZ Adj Gross a	10	N	309, Line 3a	
374	372	Amt Income Include AZ Adj Gross b	10	N	309, Line 3b	
375	373	Amt Income Include AZ Adj Gross c	10	N	309, Line 3c	
376	374	Amt Income Include Oth Adj Gross a	10	N	309, Line 4a	
377	375	Amt Income Include Oth Adj Gross b	10	N	309, Line 4b	
378	376	Amt Income Include Oth Adj Gross c	10	N	309, Line 4c	
379	377	Amt Income Taxable by Both AZ Oth a	10	N	309, Line 5a	Enter smaller of Line 3 or 4
380	378	Amt Income Taxable by Both AZ Oth b	10	N	309, Line 5b	Enter smaller of Line 3 or 4
381	379	Amt Income Taxable by Both AZ Oth c	10	N	309, Line 5c	Enter smaller of Line 3 or 4
382	380	Tot Income Taxable by Both AZ Other	10	N	309, Line 6	Add Line 5 a, b, and c
383	381	AZ Tax Liable Less Credits	10	N	309, Line 7	
384	382	Amt Part1 Line6	10	N	309, Line 8	
385	383	Amt AZ Income Tax Imposed	10	N	309, Line 9	
386	384	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)
387	385	Amt AZ Tax Liability After Credits	10	N	309, Line 11	Multiply Line 7 by the Decimal on Line 10
388	386	Amt Income Tax Paid St or Cntry	10	N	309, Line 12b	
389	387	Tot Income Taxable By Both	10	N	309, Line 13	From Part 1 Line 6
390	388	Tot Income Taxable By Other	10	N	309, Line 14	
391	389	Pct Income Taxable by Other	6	D(4,3)	309, Line 15	Divide Line 13 by Line 14 (Cannot be greater than 1.000)
392	390	Tot Amt Tax Paid Other	10	N	309, Line 16	Multiply Line 12 by the Decimal on Line 15
393	391	Credit Allow Tax Paid Other	10	N	309, Line 17	Enter smaller of Line 11 or 16
394	392	Description of Income Items a	30	A	309, Line 1a (2)	
395	393	Description of Income Items b	30	A	309, Line 1b (2)	
396	394	Description of Income Items c	30	A	309, Line 1c (2)	
397	395	Amt Income Listed Report AZ Oth St Cntry a	10	N	309, Line 2a (2)	
398	396	Amt Income Listed Report AZ Oth St Cntry b	10	N	309, Line 2b (2)	
399	397	Amt Income Listed Report AZ Oth St Cntry c	10	N	309, Line 2c (2)	
400	398	Amt Income Include AZ Adj Gross a	10	N	309, Line 3a (2)	
401	399	Amt Income Include AZ Adj Gross b	10	N	309, Line 3b (2)	
402	400	Amt Income Include AZ Adj Gross c	10	N	309, Line 3c (2)	
403	401	Amt Income Include Oth Adj Gross a	10	N	309, Line 4a (2)	
404	402	Amt Income Include Oth Adj Gross b	10	N	309, Line 4b (2)	
405	403	Amt Income Include Oth Adj Gross c	10	N	309, Line 4c (2)	
406	404	Amt Income Taxable by Both AZ Oth a	10	N	309, Line 5a (2)	Enter smaller of Line 3 or 4
407	405	Amt Income Taxable by Both AZ Oth b	10	N	309, Line 5b (2)	Enter smaller of Line 3 or 4
408	406	Amt Income Taxable by Both AZ Oth c	10	N	309, Line 5c (2)	Enter smaller of Line 3 or 4
409	407	Tot Income Taxable by Both AZ Other	10	N	309, Line 6 (2)	Add Line 5 a, b, and c
410	408	AZ Tax Liable Less Credits	10	N	309, Line 7 (2)	
411	409	Amt Part1 Line6	10	N	309, Line 8 (2)	
412	410	Amt AZ Income Tax Imposed	10	N	309, Line 9 (2)	
413	411	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)
414	412	Amt AZ Tax Liability After Credits	10	N	309, Line 11 (2)	Multiply Line 7 by the Decimal on Line 10
415	413	Amt Income Tax Paid St or Cntry	10	N	309, Line 12b (2)	
416	414	Tot Income Taxable By Both	10	N	309, Line 13 (2)	From Part 1 Line 6
417	415	Tot Income Taxable By Other	10	N	309, Line 14 (2)	
418	416	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)
419	417	Tot Amt Tax Paid Other	10	N	309, Line 16 (2)	Multiply Line 12 by the Decimal on Line 15
420	418	Credit Allow Tax Paid Other	10	N	309, Line 17 (2)	Enter smaller of Line 11 or 16
421	419	Address of Solar Energy Device	35	A/N	310, Line 1a	
422	420	City of Solar Energy Device	21	A	310, Line 1b	
423	421	State of Solar Energy Device	2	A	310, Line 1c	
424	422	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

Legend

Blue: Additions and Changes for TY2017  
Orange: Deleted Items for TY2017

425	423	Cost of Solar Energy Device	10	N	310, Line 2	
426	424	Percentage of Cost Solar Energy Device	10	N	310, Line 3	AZ Credit Form 310 Multiply Line 2 by .25 (25%)
427	425	Enter Lesser of Line 3 or \$1000	10	N	310, Line 4	
428	426	Amt Credit Prior Years	10	N	310, Line 5	
429	427	Total Credit Current Prior Years	10	N	310, Line 6	Add Lines 4 and 5
430	428	Enter Lesser of Line 6 or \$1000	10	N	310, Line 7	
431	429	Subtotal Allowable Credit	10	N	310, Line 8	Subtract Line 5 from Line 7
432	430	Total Allowable Credit	10	N	310, Line 9	Enter smaller of Line 4 or Line 8
433	431	Original Credit Amount 10b	10	N	310, Line 10b	Enter Amount from Prior Year 5
434	432	Previous Used Amount 10c	10	N	310, Line 10c	Enter Amount from Prior Year 5
435	433	Available Carryover Amount 10d	10	N	310, Line 10d	Enter Amount from Prior Year 5
436	434	Original Credit Amount 11b	10	N	310, Line 11b	Enter Amount from Prior Year 4
437	435	Previous Used Amount 11c	10	N	310, Line 11c	Enter Amount from Prior Year 4
438	436	Available Carryover Amount 11d	10	N	310, Line 11d	Enter Amount from Prior Year 4
439	437	Original Credit Amount 12b	10	N	310, Line 12b	Enter Amount from Prior Year 3
440	438	Previous Used Amount 12c	10	N	310, Line 12c	Enter Amount from Prior Year 3
441	439	Available Carryover Amount 12d	10	N	310, Line 12d	Enter Amount from Prior Year 3
442	440	Original Credit Amount 13b	10	N	310, Line 13b	Enter Amount from Prior Year 2
443	441	Previous Used Amount 13c	10	N	310, Line 13c	Enter Amount from Prior Year 2
444	442	Available Carryover Amount 13d	10	N	310, Line 13d	Enter Amount from Prior Year 2
445	443	Original Credit Amount 14b	10	N	310, Line 14b	Enter Amount from Prior Year 1
446	444	Previous Used Amount 14c	10	N	310, Line 14c	Enter Amount from Prior Year 1
447	445	Available Carryover Amount 14d	10	N	310, Line 14d	Enter Amount from Prior Year 1
448	446	Total Available Carryover	10	N	310, Line 15	Add Lines 10 through 14 column d
449	447	Current Year Credit	10	N	310, Line 16	Enter Amount from Part 1 Line 9
450	448	Current Available Carryover	10	N	310, Line 17	Enter Amount from Part 2 Line 15 Column d
451	449	Total Available Credit	10	N	310, Line 18	Add Lines 16 and 17
452	450	Name of Qualifying Charity 1	30	A	321, Line 1a	
453	451	Location of Qualifying Charity 1	30	A	321, Line 1b	
454	452	Amt Contributed 1	10	N	321, Line 1c	
455	453	Name of Qualifying Charity 2	30	A	321, Line 2a	
456	454	Location of Qualifying Charity 2	30	A	321, Line 2b	
457	455	Amount Contributed 2	10	N	321, Line 2c	
458	456	Name of Qualifying Charity 3	30	A	321, Line 3a	
459	457	Location of Qualifying Charity 3	30	A	321, Line 3b	
460	458	Amount Qualifying Charity Contributed 3	10	N	321, Line 3c	
461	459	Continuation Sheet 4h or Zero	10	N	321, Line 4	Added TY 2017. Amount from line 4h of Continuation Sheet or Zero.
	460	Total Charitable Organizations 2017	10	N	321, Line 5	Add lines 1-4 Column c
462	461	Name of Qualifying Charity 4	30	A	321, Line 6a	
463	462	Location of Qualifying Charity 4	30	A	321, Line 6b	
464	463	Amt Contributed 4	10	N	321, Line 6c	
465	464	Name of Qualifying Charity 5	30	A	321, Line 7a	
466	465	Location of Qualifying Charity 5	30	A	321, Line 7b	
467	466	Amount Contributed 5	10	N	321, Line 7c	
468	467	Name of Qualifying Charity 6	30	A	321, Line 8a	
469	468	Location of Qualifying Charity 6	30	A	321, Line 8b	
470	469	Amount Qualifying Charity Contributed 6	10	N	321, Line 8c	
	470	Continuation Sheet 4h or Zero	10	N	321, Line 9	Added TY 2017. Amount from line 4h of Continuation Sheet or Zero.
471	471	Total Qualifying Charity2	10	N	321, Line 10	Add lines 6-9 Column c
472	472	Total Cash Contri Qual Charity	10	N	321, Line 11	AZ Credit Form 321 Add Lines 5 and 10
473	473	Allowable Charity Credit	10	N	321, Line 12	AZ Credit Form 321 Single Taxpayer or Heads of Household Enter \$400 Married Taxpayer Enter \$800
474	474	Current Year's Qualifying Charity Credit	10	N	321, Line 13	Enter smaller of Line 11 or Line 12
475	475	Original Credit Amount 12b	10	N	321, Line 14b	Enter Amount from Prior Year 5
476	476	Previous Used Amount 12c	10	N	321, Line 14c	Enter Amount from Prior Year 5
477	477	Available Credit Carryover 12d	10	N	321, Line 14d	Enter Amount from Prior Year 5
478	478	Original Credit Amount 13b	10	N	321, Line 15b	Enter Amount from Prior Year 4
479	479	Previous Used Amount 13c	10	N	321, Line 15c	Enter Amount from Prior Year 4
480	480	Available Credit Carryover 13d	10	N	321, Line 15d	Enter Amount from Prior Year 4
481	481	Original Credit Amount 14b	10	N	321, Line 16b	Enter Amount from Prior Year 3
482	482	Previous Used Amount 14c	10	N	321, Line 16c	Enter Amount from Prior Year 3
483	483	Available Credit Carryover 14d	10	N	321, Line 16d	Enter Amount from Prior Year 3
484	484	Original Credit Amount 15b	10	N	321, Line 17b	Enter Amount from Prior Year 2
485	485	Previous Used Amount 15c	10	N	321, Line 17c	Enter Amount from Prior Year 2
486	486	Available Credit Carryover 15d	10	N	321, Line 17d	Enter Amount from Prior Year 2
487	487	Original Credit Amount 16b	10	N	321, Line 18b	Enter Amount from Prior Year 1
488	488	Previous Used Amount 16c	10	N	321, Line 18c	Enter Amount from Prior Year 1
489	489	Available Credit Carryover 16d	10	N	321, Line 18d	Enter Amount from Prior Year 1
490	490	Total Available Credit Carryover	10	N	321, Line 19	Add Lines 14 through 18 Column d
491	491	Current Yr's Credit	10	N	321, Line 20	Form 301, Part 1, line 12, column a
492	492	Available Carryover	10	N	321, Line 21	Form 301, Part 1, line 12, column b

Legend

Blue: Additions and Changes for TY2017  
Orange: Deleted Items for TY2017

493	493	Total Available Credit	10	N	321, Line 22	Form 301, Part 1, line 12, column c
494	494	Name of Public School 1	30	A	322, Line 1a	
495	495	School District Name/Number 1	30	A	322, Line 1b	
496	496	Location of Public School 1	30	A	322, Line 1c	
497	497	Amt of Fees Paid 1	10	N	322, Line 1d	
498	498	Name of Public School 2	30	A	322, Line 2a	
499	499	School District Name/Number 2	30	A	322, Line 2b	
500	500	Location of Public School 2	30	A	322, Line 2c	
501	501	Amt of Fees Paid 2	10	N	322, Line 2d	
502	502	Name of Public School 3	30	A	322, Line 3a	
503	503	School District Name/Number 3	30	A	322, Line 3b	
504	504	Location of Public School 3	30	A	322, Line 3c	
505	505	Amt of Fees Paid 3	10	N	322, Line 3d	
	506	Continuation Sheet 4h or Zero	10	N	322, Line 4	Added TY 2017. Amount from line 4h of Continuation Sheet or Zero.
506	507	Cash Contributions Public Schools	10	N	322, Line 5	Add lines 1-4 Column d
507	508	Name of Public School 4	30	A	322, Line 6a	
508	509	School District Name/Number 4	30	A	322, Line 6b	
509	510	Location of Public School 4	30	A	322, Line 6c	
510	511	Amt of Fees Paid 4	10	N	322, Line 6d	
511	512	Name of Public School 5	30	A	322, Line 7a	
512	513	School District Name/Number 5	30	A	322, Line 7b	
513	514	Location of Public School 5	30	A	322, Line 7c	
514	515	Amt of Fees Paid 5	10	N	322, Line 7d	
515	516	Name of Public School 6	30	A	322, Line 8a	
516	517	School District Name/Number 6	30	A	322, Line 8b	
517	518	Location of Public School 6	30	A	322, Line 8c	
518	519	Amt of Fees Paid 6	10	N	322, Line 8d	
	520	Continuation Sheet 9h or Zero	10	N	322, Line 9	Added TY 2017. Amount from line 9h of Continuation Sheet or Zero
519	521	Cash Contributions Public Schools2	10	N	322, Line 10	Add lines 6-9 Column d
520	522	Total Cash and Credit Contri Pub Schools	10	N	322, Line 11	Add Lines 5 and 10
521	523	Allowable Cash Contributions Public Schools	10	N	322, Line 12	Single Taxpayer or Heads of Household Enter \$200 Married Taxpayer Enter \$400
522	524	Current Year's Credit	10	N	322, Line 13	Enter smaller of Line 11 or Line 12
523	525	Original Credit Amount 7	10	N	322, Line 14b	Enter Amount from Prior Year 5
524	526	Previous Used Amount 7	10	N	322, Line 14c	Enter Amount from Prior Year 5
525	527	Available Credit Carryover 7	10	N	322, Line 14d	Enter Amount from Prior Year 5
526	528	Original Credit Amount 8	10	N	322, Line 15b	Enter Amount from Prior Year 4
527	529	Previous Used Amount 8	10	N	322, Line 15c	Enter Amount from Prior Year 4
528	530	Available Credit Carryover 8	10	N	322, Line 15d	Enter Amount from Prior Year 4
529	531	Original Credit Amount 9	10	N	322, Line 16b	Enter Amount from Prior Year 3
530	532	Previous Used Amount 9	10	N	322, Line16c	Enter Amount from Prior Year 3
531	533	Available Credit Carryover 9	10	N	322, Line 16d	Enter Amount from Prior Year 3
532	534	Original Credit Amount 10	10	N	322, Line 17b	Enter Amount from Prior Year 2
533	535	Previous Used Amount 10	10	N	322, Line 17c	Enter Amount from Prior Year 2
534	536	Available Credit Carryover 10	10	N	322, Line 17d	Enter Amount from Prior Year 2
535	537	Original Credit Amount 11	10	N	322, Line 18b	Enter Amount from Prior Year 1
536	538	Previous Used Amount 11	10	N	322, Line 18c	Enter Amount from Prior Year 1
537	539	Available Credit Carryover 11	10	N	322, Line 18d	Enter Amount from Prior Year 1
538	540	Total Available Carryover	10	N	322, Line 19	Add lines 14-18 Column d
539	541	Current Year's Total Credit	10	N	322, Line 20	Form 301, Part 1, line 13, column a
540	542	Available Credit Carryover	10	N	322, Line 21	Form 301, Part 1, line 13, column b
541	543	Total Available Credit	10	N	322, Line 22	Form 301, Part 1, line 13, column c
542	544	Name of School 1	30	A	323, Line 1a	
543	545	Street Address of School 1	30	A	323, Line 1b	
544	546	City State of School 1	30	A	323, Line 1c	
545	547	Amt of Contribution School 1	10	N	323, Line 1d	
546	548	Name of School 2	30	A	323, Line 2a	
547	549	Street Address of School 2	30	A	323, Line 2b	
548	550	City State of School 2	30	A	323, Line 2c	
549	551	Amt of Contribution School 2	10	N	323, Line 2d	
550	552	Name of School 3	30	A	323, Line 3a	
551	553	Street Address of School 3	30	A	323, Line 3b	
552	554	City State of School 3	30	A	323, Line 3c	
553	555	Amt of Contribution School 3	10	N	323, Line 3d	
	556	Continuation Sheet 4h or Zero	10	N	323, Line 4	Added TY 2017. Amount from line 4h of Continuation Sheet or Zero.
554	557	Total Contributions School Prev Tuition	10	N	323, Line 5	Add lines 1-4 Column d
555	558	Name of School 4	30	A	323, Line 6a	
556	559	Street Address of School 4	30	A	323, Line 6b	
557	560	City State of School 4	30	A	323, Line 6c	
558	561	Amt of Contribution School 4	10	N	323, Line 6d	
559	562	Name of School 5	30	A	323, Line 7a	
560	563	Street Address of School 5	30	A	323, Line 7b	
561	564	City State of School 5	30	A	323, Line 7c	

Legend

Blue: Additions and Changes for TY2017  
Orange: Deleted Items for TY2017



562	565	Amt of Contribution School 5	10	N	323, Line 7d	
563	566	Name of School 6	30	A	323, Line 8a	
564	567	Street Address of School 6	30	A	323, Line 8b	
565	568	City State of School 6	30	A	323, Line 8c	
566	569	Amt of Contribution School 6	10	N	323, Line 8d	
	570	Continuation Sheet 9h or Zero	10	N	323, Line 9	Added TY 2017. Amount from line 9h of Continuation Sheet or Zero.
567	571	Total Contributions School Tuition	10	N	323, Line 10	Add lines 6-9 Column d
568	572	Total Amt of Contribution Prev and Curr	10	N	323, Line 11	Add Lines 5 and 10
569	573	Allowable Contributions School Tuition	10	N	323, Line 12	Single Taxpayer or Heads of Household Enter \$546 Married Taxpayer Enter \$1092
570	574	Current Year's Credit	10	N	323, Line 13	Enter smaller of Line 11 or Line 12
571	575	Original Credit Amount 6	10	N	323, Line 14b	Enter Amount from Prior Year 5
572	576	Previous Used Amount 6	10	N	323, Line 14c	Enter Amount from Prior Year 5
573	577	Available Credit Carryover 6	10	N	323, Line 14d	Enter Amount from Prior Year 5
574	578	Original Credit Amount 7	10	N	323, Line 15b	Enter Amount from Prior Year 4
575	579	Previous Used Amount 7	10	N	323, Line 15c	Enter Amount from Prior Year 4
576	580	Available Credit Carryover 7	10	N	323, Line 15d	Enter Amount from Prior Year 4
577	581	Original Credit Amount 8	10	N	323, Line 16b	Enter Amount from Prior Year 3
578	582	Previous Used Amount 8	10	N	323, Line 16c	Enter Amount from Prior Year 3
579	583	Available Credit Carryover 8	10	N	323, Line 16d	Enter Amount from Prior Year 3
580	584	Original Credit Amount 9	10	N	323, Line 17b	Enter Amount from Prior Year 2
581	585	Previous Used Amount 9	10	N	323, Line 17c	Enter Amount from Prior Year 2
582	586	Available Credit Carryover 9	10	N	323, Line 17d	Enter Amount from Prior Year 2
583	587	Original Credit Amount 10	10	N	323, Line 18b	Enter Amount from Prior Year 1
584	588	Previous Used Amount 10	10	N	323, Line 18c	Enter Amount from Prior Year 1
585	589	Available Credit Carryover 10	10	N	323, Line 18d	Enter Amount from Prior Year 1
586	590	Total Available Carryover	10	N	323, Line 19	Add lines 14-18 Column d
587	591	Current Year's Total Credit	10	N	323, Line 20	Form 301, Part 1, line 14, column a
588	592	Available Credit Carryover	10	N	323, Line 21	Form 301, Part 1, line 14, column b
589	593	Total Available Credit	10	N	323, Line 22	Form 301, Part 1, line 14, column c
590	594	Total Contribs Current Tx Yr	10	N	323, Line 23	
591	595	Max Credit Allow CR323	10	N	323, Line 24	Single Taxpayer or Heads of Household Enter \$546 Married Taxpayer Enter \$1092
592	596	Total Excess Contributions	10	N	323, Line 25	Form 348, Subtract 24 from 23 or Zero
593	597	ADVS Receipt Yes	1	A	340, Box 1-YES	X or null
594	598	ADVS Receipt No	1	A	340, Box 1-NO	X or null
595	599	Total Qualified Donations	10	N	340, Line 2	
	600	Allowable Qualified Donations	10	N	340, Line 3	Single Taxpayer or Heads of Household Enter \$200 Married Taxpayer Enter \$400
596	601	Current Year's Credit	10	N	340, Line 4	Enter smaller of Line 2 or Line 3
598	602	Claiming School Credit Form 323 Yes	1	A	348, Box 1a-YES	X or null
599	603	Claiming School Credit Form 323 No	1	A	348, Box 1a-NO	X or null
600	604	Excess School Credit Form 323 Yes	1	A	348, Box 1b-YES	X or null
601	605	Excess School Credit Form 323 No	1	A	348, Box 1b-NO	X or null
602	606	Claiming Carryover Only Yes	1	A	348, Box 1c-YES	X or null
603	607	Claiming Carryover Only No	1	A	348, Box 1c-NO	X or null
604	608	Name of School 1	30	A	348, Line 2a	
605	609	Address of School 1	30	A	348, Line 2b	
606	610	City State of School 1	30	A	348, Line 2c	
607	611	Amt of Contribution 2015 1	10	N	348, Line 2d	
608	612	Name of School 2	30	A	348, Line 3a	
609	613	Address of School 2	30	A	348, Line 3b	
610	614	City State of School 2	30	A	348, Line 3c	
611	615	Amt of Contribution 2015 2	10	N	348, Line 3d	
612	616	Name of School 3	30	A	348, Line 4a	
613	617	Address of School 3	30	A	348, Line 4b	
614	618	City State of School 3	30	A	348, Line 4c	
615	619	Amt of Contribution 2015 3	10	N	348, Line 4d	
	620	Continuation Sheet 5h or Zero	10	N	348, Line 5	Added TY 2017. Amount from line 5h of Continuation Sheet or Zero.
616	621	Total Contributions Certified School Tuition Prev Yr	10	N	348, Line 6	Add Lines 2-5 Column d
617	622	Name of School 4	30	A	348, Line 7a	
618	623	Address of School 4	30	A	348, Line 7b	
619	624	City State of School 4	30	A	348, Line 7c	
620	625	Amt of Contribution 2016 4	10	N	348, Line 7d	
621	626	Name of School 5	30	A	348, Line 8a	
622	627	Address of School 5	30	A	348, Line 8b	
623	628	City State of School 5	30	A	348, Line 8c	
624	629	Amt of Contribution 2016 5	10	N	348, Line 8d	
625	630	Name of School 6	30	A	348, Line 9a	
626	631	Address of School 6	30	A	348, Line 9b	
627	632	City State of School 6	30	A	348, Line 9c	
628	633	Amt of Contribution 2016 6	10	N	348, Line 9d	

Legend

Blue: Additions and Changes for TY2017  
Orange: Deleted Items for TY2017

	634	Continuation Sheet 10h or Zero			348, Line 10	Added TY 2017. Amount from line 10h of Continuation Sheet or Zero
629	635	Total Contributions Certified School Tuition	10	N	348, Line 11	Add lines 7-10 Column d
630	636	Total Contributions Prev and Curr	10	N	348, Line 12	Add Lines 6 and 11
631	637	Allowable Credit Claimed Form 323	10	N	348, Line 13	Enter amount from Form 323, Part 1 Line 5
632	638	Potential Credit	10	N	348, Line 14	Subtract Line 13 from Line 12
633	639	Allowable Max Credit	10	N	348, Line 15	Single Taxpayer or Heads of Household Enter \$543 Married Taxpayer Enter \$1085
634	640	Current Year's Credit	10	N	348, Line 16	Enter smaller of Line 14 or Line 15
635	641	Original Credit Amount 10	10	N	348, Line 17b	Enter Amount from Prior Year 5
636	642	Previous Used Amount 10	10	N	348, Line 17c	Enter Amount from Prior Year 5
637	643	Available Credit Carryover 10	10	N	348, Line 17d	Enter Amount from Prior Year 5
638	644	Original Credit Amount 11	10	N	348, Line 18b	Enter Amount from Prior Year 4
639	645	Previous Used Amount 11	10	N	348, Line 18c	Enter Amount from Prior Year 4
640	646	Available Credit Carryover 11	10	N	348, Line 18d	Enter Amount from Prior Year 4
641	647	Original Credit Amount 12	10	N	348, Line 19b	Enter Amount from Prior Year 3
642	648	Previous Used Amount 12	10	N	348, Line 19c	Enter Amount from Prior Year 3
643	649	Available Credit Carryover 12	10	N	348, Line 19d	Enter Amount from Prior Year 3
644	650	Original Credit Amount 13	10	N	348, Line 20b	Enter Amount from Prior Year 2
645	651	Previous Used Amount 13	10	N	348, Line 20c	Enter Amount from Prior Year 2
646	652	Available Credit Carryover 13	10	N	348, Line 20d	Enter Amount from Prior Year 2
	653	Original Credit Amount 14	10	N	348, Line 21b	Added TY 2017. Enter Amount from Prior Year 1
	654	Previous Used Amount 14	10	N	348, Line 21c	Added TY 2017. Enter Amount from Prior Year 1
	655	Available Credit Carryover 14	10	N	348, Line 21d	Added TY 2017. Enter Amount from Prior Year 1
647	656	Total Available Carryover	10	N	348, Line 22	Add Lines 17-21 Column d
648	657	Current Year's Total Credit	10	N	348, Line 23	Form 301, Part 1, line 29, column a
649	658	Available Credit Carryover	10	N	348, Line 24	Form 301, Part 1, line 29, column b
650	659	Total Available Credit	10	N	348, Line 25	Form 301, Part 1, line 29, column c
651	660	Name of Qualifying Foster Care Charity 1	30	A	352, Line 1a	
652	661	Location of Qualifying Foster Care Charity 1	30	A	352, Line 1b	
653	662	Amt Contributed 1	10	N	352, Line 1c	
654	663	Name of Qualifying Foster Care Charity 2	30	A	352, Line 2a	
655	664	Location of Qualifying Foster Care Charity 2	30	A	352, Line 2b	
656	665	Amount Contributed 2	10	N	352, Line 2c	
657	666	Name of Qualifying Foster Care Charity 3	30	A	352, Line 3a	
658	667	Location of Qualifying Foster Care Charity 3	30	A	352, Line 3b	
659	668	Amt Contributed 3	10	N	352, Line 3c	
	669	Continuation Sheet 4h or Zero	10	N	352, Line 4	Added TY 2017. Amount from line 4h of Continuation Sheet or Zero.
660	670	Total Qualifying Foster Care Charity	10	N	352, Line 5	Add lines 1-4 Column c
661	671	Name of Qualifying Charity 4	30	A	352, Line 6a	
662	672	Location of Qualifying Charity 4	30	A	352, Line 6b	
663	673	Amt Contributed 4	10	N	352, Line 6c	
664	674	Name of Qualifying Charity 5	30	A	352, Line 7a	
665	675	Location of Qualifying Charity 5	30	A	352, Line 7b	
666	676	Amount Contributed 5	10	N	352, Line 7c	
667	677	Name of Qualifying Charity 6	30	A	352, Line 8a	
668	678	Location of Qualifying Charity 6	30	A	352, Line 8b	
669	679	Amount Qualifying Charity Contributed 6	10	N	352, Line 8c	
	680	Continuation Sheet 9h or Zero	10	N	352, Line 9	Added TY 2017. Amount from line 9h of Continuation Sheet or Zero.
670	681	Total Qualifying Charity2	10	N	352, Line 10	Add lines 6-9 Column c
671	682	Total Cash Contri Qual Charity	10	N	352, Line 11	Add lines 5 and 10
672	683	Allowable Charity Credit	10	N	352, Line 12	Single Taxpayer or Heads of Household Enter \$500 Married Taxpayer Enter \$1000
673	684	Current Year's Qualifying Charity Credit	10	N	352, Line 13	Enter smaller of Line 11 or Line 12
674	685	Original Credit Amount 12b	10	N	352, Line 14b	Enter Amount from Prior Year 5
675	686	Previous Used Amount 12c	10	N	352, Line 14c	Enter Amount from Prior Year 5
676	687	Available Credit Carryover 12d	10	N	352, Line 14d	Enter Amount from Prior Year 5
677	688	Original Credit Amount 13b	10	N	352, Line 15b	Enter Amount from Prior Year 4
678	689	Previous Used Amount 13c	10	N	352, Line 15c	Enter Amount from Prior Year 4
679	690	Available Credit Carryover 13d	10	N	352, Line 15d	Enter Amount from Prior Year 4
680	691	Original Credit Amount 14b	10	N	352, Line 16b	Enter Amount from Prior Year 3
681	692	Previous Used Amount 14c	10	N	352, Line 16c	Enter Amount from Prior Year 3
682	693	Available Credit Carryover 14d	10	N	352, Line 16d	Enter Amount from Prior Year 3
683	694	Original Credit Amount 15b	10	N	352, Line 17b	Enter Amount from Prior Year 2
684	695	Previous Used Amount 15c	10	N	352, Line 17c	Enter Amount from Prior Year 2
685	696	Available Credit Carryover 15d	10	N	352, Line 17d	Enter Amount from Prior Year 2
686	697	Original Credit Amount 16b	10	N	352, Line 18b	Enter Amount from Prior Year 1
687	698	Previous Used Amount 16c	10	N	352, Line 18c	Enter Amount from Prior Year 1
688	699	Available Credit Carryover 16d	10	N	352, Line 18d	Enter Amount from Prior Year 1
689	700	Total Available Credit Carryover	10	N	352, Line 19	Add Lines 14 through 18 Column d
690	701	Current Yr's Credit	10	N	352, Line 20	Form 301, Part 1, line 31, column a
691	702	Available Carryover	10	N	352, Line 21	Form 301, Part 1, line 31, column b
692	703	Total Available Credit	10	N	352, Line 22	Form 301, Part 1, line 31, column c
693	704	Trailer	5	A	*EOD*	

Legend

Blue: Additions and Changes for TY2017  
Orange: Deleted Items for TY2017

Arizona 140A - Full Year Resident Return - Short						
2D Barcode Record Layout						
2016 FIELD NO	2017 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	2017
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 Name 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	
18	18	Zip Code	9	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	Addex TY 2017
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	2	N	140A, 10	
28	28	Parents/Ancestors	1	N	140A, 11	
29	29	6 Month Extension	1	A	140A, 82F	X or null
30	30	Dependent Info More Space--Qualifying Dependents	1	A	140A, Line 10CB	X or null
31	31	Dependent 1 First Name	10	A	140A, 10A(A1)	
32	32	Dependent 1 Last Name	10	A	140A, 10A(A2)	
33	33	Dependent 1 SSN	9	N	140A, 10A(B)	No hyphens
34	34	Dependent 1 Relationship	12	A	140A, 10A( C )	
35	35	Dependent 1 Months	2	A	140A, 10A(D)	Valid Values are (0 - 12) & S (Stillborn)
36	36	Dependent 1 Name Not Qualifying	1	A	140A, 10A( E )	X or null
37	37	Dependent 1 Name Education	1	A	140A, 10A( F )	X or null
38	38	Dependent 2 First Name	10	A	140A, 10B(A1)	
39	39	Dependent 2 Last Name	10	A	140A, 10B(A2)	
40	40	Dependent 2 SSN	9	N	140A, 10B(B)	No hyphens
41	41	Dependent 2 Relationship	12	A	140A, 10B( C )	
42	42	Dependent 2 Months	2	A	140A, 10B(D)	Valid Values are (0 - 12) & S (Stillborn)
43	43	Dependent 2 Name Not Qualifying	1	A	140A, 10B( E )	X or null
44	44	Dependent 2 Name Education	1	A	140A, 10B( F )	X or null
45	45	Dependent 3 First Name	10	A	140A, 10C(A1)	
46	46	Dependent 3 Last Name	10	A	140A, 10C(A2)	
47	47	Dependent 3 SSN	9	N	140A, 10C(B)	No hyphens
48	48	Dependent 3 Relationship	12	A	140A, 10C( C )	
49	49	Dependent 3 Months	2	A	140A, 10C( D )	Valid Values are (0 - 12) & S (Stillborn)
50	50	Dependent 3 Name Not Qualifying	1	A	140A, 10C( E )	X or null
51	51	Dependent 3 Name Education	1	A	140A, 10C( F )	X or null
52	52	Dependent Info More Space--Qualifying Ancestors	1	A	140A, Line 11CB	X or null
53	53	Dependent 1 Qual Anc First Name	10	A	140A, Line 11a(a1)	
54	54	Dependent 1 Qual Anc Last Name	10	A	140A, Line 11a(a2)	
55	55	Dependent 1 Qual Anc SSN	9	N	140A, Line 11a(b)	No hyphens
56	56	Dependent 1 Qual Anc Relationship	12	A	140A, Line 11a(c)	
57	57	Dependent 1 Qual Anc Months	2	A	140A, Line 11a(d)	Valid Values are (0 - 12) & S (Stillborn)
58	58	Dependent 1 Qual Anc Age 65+	1	A	140A, Line 11a(e)	X or null
59	59	Dependent 1 Qual Anc Deceased In Tax Year	1	A	140A, Line 11a(f)	X or null
60	60	Dependent 2 Qual Anc First Name	10	A	140A, Line 11b(a1)	
61	61	Dependent 2 Qual Anc Last Name	10	A	140A, Line 11b(a2)	
62	62	Dependent 2 Qual Anc SSN	9	N	140A, Line 11b(b)	No hyphens
63	63	Dependent 2 Qual Anc Relationship	12	A	140A, Line 11b(c)	
64	64	Dependent 2 Qual Anc Months	2	A	140A, Line 11b(d)	Valid Values are (0 - 12) & S (Stillborn)
65	65	Dependent 2 Qual Anc Age 65+	1	A	140A, Line 11b(e)	X or null

Legend

Blue: Additions and Changes for TY2017  
Orange: Deleted Items for TY2017

65	66	Dependent 2 Qual Anc Deceased In Tax Year	1	A	140A, Line 11b(f)	X or null
66	67	Dependent 3 Qual Anc First Name	10	A	140A, Line 11c(a1)	
67	68	Dependent 3 Qual Anc Last Name	10	A	140A, Line 11c(a2)	
68	69	Dependent 3 Qual Anc SSN	9	N	140A, Line 11c(b)	No hyphens
69	70	Dependent 3 Qual Anc Relationship	12	A	140A, Line 11c(c)	
70	71	Dependent 3 Qual Anc Months	2	N	140A, Line 11c(d)	
71	72	Dependent 3 Qual Anc Age 65+	1	A	140A, Line 11c(e)	X or null
72	73	Dependent 3 Qual Anc Deceased In Tax Year	1	A	140A, Line 11c(f)	X or null
73	74	Federal Adjusted Gross	10	N	140A, 12	
74	75	Over 65 Exemption	10	N	140A, 13	
75	76	Blind Exemption	10	N	140A, 14	
76	77	Dependent Exemption	10	N	140A, 15	
77	78	Parent Exemption	10	N	140A, 16	
78	79	Az Adjusted Gross	10	N	140A, 17	subtract Lines 13, 14, 15, and 16 from line 12.
79	80	Std Deduction Amount	10	N	140A, 18	Single, Married Filing Separate = \$5,183 Head of Household and Married Filing Joint = \$10,336
80	81	Personal Exemptions	10	N	140A, 19	Single=\$2150, MFJ-0 Dep.=\$4300, MFJ-1+ Dep.=\$6450, HOH-Unmarried=\$4300, HOH-Married=\$3225, MFS-0 Dep.=\$2150, MFS-1+ Dep.=\$3225
81	82	Az Taxable Income	10	N	140A, 20	
82	83	Computed Tax	10	N	140A, 21	
83	84	Family Income Tax Credit	10	N	140A, 22	
84	85	Balance of Tax	10	N	140A, 23	subtract line 22 from line 21.
85	86	Withholding	10	N	140A, 24	
86	87	Extension Payments	10	N	140A, 25	
87	88	Increased Excise Tax Credit	10	N	140A, 26	Use worksheet to determine amount.
88	89	Property Tax Credit	10	N	140A, 27	
89	90	Total Payments Refundable Credits	10	N	140A, 28	
90	91	Tax Due	10	N	140A, 29	If line 23 is larger than line 28, subtract line 28 from line 23
91	92	Overpayment	10	N	140A, 30	If line 28 is larger than line 23, subtract line 23 from line 28 and enter the amount.
92	93	Total Tax or Refund From Page 1	10	N	140, Line 31	Enter the amount from page 1, line 29 or 30.
93	94	Solutions Teams Assigned To Schools Contrib	10	N	140A, 32	
94	95	Wildlife Contrib	10	N	140A, 33	
95	96	Child Abuse Contrib	10	N	140A, 34	
96	97	Domestic Violence Contrib	10	N	140A, 35	
97	98	Political Contrib	10	N	140A, 36	
98	99	Neighbors Helping Contrib	10	N	140A, 37	
99	100	Special Olympics Contrib	10	N	140A, 38	
100	101	Veterans' Donation Fund	10	N	140A, 39	
101	102	I Didn't Pay Enough Fund	10	N	140A, 40	
102	103	Sustainable State Parks and Road Fund	10	N	140A, 41	
	104	Spay/Neuter of Animals	10	N	140A, 42	Added TY 2017
103	105	Democratic Party	1	A	140A, 43-1	"2" or null
104	106	Green Party	1	A	140A, 43-2	"3" or null - Name Change Only
105	107	Libertarian Party	1	A	140A, 43-3	"4" or null
106	108	Republican Party	1	A	140A, 43-4	"5" or null
107	109	Total Contribs	10	N	140A, 44	Add Lines 32 through 42
108	110	Refund Amount	10	N	140A, 45	Subtract Line 44 from Line 31
109	111	Foreign Account	1	A	140A, Box 45A	Y or Null; If "Y", Fields 112-115 should be disabled.
110	112	Dir Dep Routing Nbr	9	N	140A, 98	For direct deposit; direct debit is not supported.
111	113	Dir Dep Account Nbr	17	A/N	140A, 98	For direct deposit; direct debit is not supported.
112	114	Dir Dep Checking	1	A	140A, 98	X or null; direct deposit only
113	115	Dir Dep Savings	1	A	140A, 98	X or null; direct deposit only
114	116	Amount Owed	10	N	140A, 46	Add Lines 31 and 44
115	117	Prior Last Names	20	A	Front Page Line 97	Comma delimited
116	118	Primary Occupation	16	A	140A, pg2	
117	119	Spouse Occupation	16	A	140A, pg2	
118	120	Preparer Name	35	A/N	140A, pg2	
119	121	Preparer Address	35	A/N	140A, pg2	
120	122	Preparer City	21	A	140A, pg2	
121	123	Preparer State	2	A	140A, pg2	
122	124	Preparer Zip Code	9	N	140A, pg2	
123	125	Preparer FEIN	9	N	140A, pg2	No hyphens
124	126	Paid Preparer Phone Number	10	N	140A, pg2	
125	127	Employer ID (1)	9	N	W-2 (1st Wage Statement)	
126	128	Employee SSN (1)	9	N	W-2 (1st Wage Statement)	
127	129	Arizona Wages (1)	10	N	W-2 (1st Wage Statement)	

Legend

Blue: Additions and Changes for TY2017  
Orange: Deleted Items for TY2017

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

Legend

Blue: Additions and Changes for TY2017  
Orange: Deleted Items for TY2017

Arizona 140NR - Non-Resident Return						
2D Barcode Record Layout						
2016 FIELD NO	2017 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	2017
6	6	Tax Year Ending Date	8	A	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 Name 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 TP is
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	
19	19	Zip Code	9	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	Added TY 2017
22	23	Head of Household	1	A	140NR, 5	X or null
23	24	Married filing Separate	1	A	140NR, 6	X or null
24	25	Single	1	A	140NR, 7	X or null
25	26	Age 65 or over	1	N	140NR, 8	
26	27	Blind	1	N	140NR, 9	
27	28	Dependents	2	N	140NR, 10	
28	29	6 Month Extension	1	A	140NR, 82F	X or null
29	30	Res Status Non	1	A	140NR, 11	X or null
30	31	Res Status Non Active Military	1	A	140NR, 12	X or null
31	32	Res Status Composite	1	A	140NR, 13	X or null
32	33	Dependent Information Additional Space	1	A	140NR, Box 10	X or null
33	34	Dependent 1 First Name	10	A	140NR, 10A(A1)	
34	35	Dependent 1 Last Name	10	A	140NR, 10A(A2)	
35	36	Dependent 1 SSN	9	N	140NR, 10A(B)	No hyphens
36	37	Dependent 1 Relationship	12	A	140NR, 10A( C )	
37	38	Dependent 1 Months	2	A	140NR, 10A(D)	Valid Values are (0 - 12) & S (Stillborn)
38	39	Dependent 1 Name Not Qualifying	1	A	140NR, 10A( E )	X or null
39	40	Dependent 1 Name Education	1	A	140NR, 10A( F )	X or null
40	41	Dependent 2 First Name	10	A	140NR, 10B(A1)	
41	42	Dependent 2 Last Name	10	A	140NR, 10B(A2)	
42	43	Dependent 2 SSN	9	N	140NR, 10B(B)	No hyphens
43	44	Dependent 2 Relationship	12	A	140NR, 10B( C )	
44	45	Dependent 2 Months	2	A	140NR, 10B(D)	Valid Values are (0 - 12) & S (Stillborn)
45	46	Dependent 2 Name Not Qualifying	1	A	140NR, 10B( E )	X or null
46	47	Dependent 2 Name Education	1	A	140NR, 10B( F )	X or null
47	48	Dependent 3 First Name	10	A	140NR, 10C(A1)	
48	49	Dependent 3 Last Name	10	A	140NR, 10C(A2)	
49	50	Dependent 3 SSN	9	N	140NR, 10C(B)	No hyphens
50	51	Dependent 3 Relationship	12	A	140NR, 10C( C )	
51	52	Dependent 3 Months	2	A	140NR, 10C( D )	Valid Values are (0 - 12) & S (Stillborn)
52	53	Dependent 3 Name Not Qualifying	1	A	140NR, 10C( E )	X or null
53	54	Dependent 3 Name Education	1	A	140NR, 10C( F )	X or null
54	55	Dependent 4 First Name	10	A	140NR, 10D(A1)	
55	56	Dependent 4 Last Name	10	A	140NR, 10D(A2)	
56	57	Dependent 4 SSN	9	N	140NR, 10D(B)	No hyphens
57	58	Dependent 4 Relationship	12	A	140NR, 10D( C )	
58	59	Dependent 4 Months	2	A	140NR, 10D(D)	Valid Values are (0 - 12) & S (Stillborn)
59	60	Dependent 4 Name Not Qualifying	1	A	140NR, 10D( E )	X or null
60	61	Dependent 4 Name Education	1	A	140NR, 10D( F )	X or null
61	62	Married/spouse of active mil. qual. for MSRR Act	1	A	140NR, Box 14	value "1" if checked; "0" or null if blank
62	63	Wages, Salaries, etc. Fed	10	N	140NR, 15 Fed	
63	64	Wages, Salaries, etc. AZ	10	N	140NR, 15 AZ	
64	65	Interest Fed	10	N	140NR, 16 Fed	
65	66	Interest AZ	10	N	140NR, 16 AZ	
66	67	Dividends Fed	10	N	140NR, 17 Fed	
67	68	Dividends AZ	10	N	140NR, 17 AZ	
68	69	AZ Inc Tax Ref Fed	10	N	140NR, 18 Fed	
69	70	AZ Inc Tax Ref AZ	10	N	140NR, 18 AZ	
70	71	Business Inc (Sch. C) Fed	10	N	140NR, 19 Fed	
71	72	Business Inc (Sch. C) AZ	10	N	140NR, 19 AZ	
72	73	Gain/Loss (Sch. D) Fed	10	N	140NR, 20 Fed	
73	74	Gain/Loss (Sch. D) AZ	10	N	140NR, 20 AZ	
74	75	Rents etc (Sch. E) Fed	10	N	140NR, 21 Fed	
75	76	Rents etc (Sch. E) AZ	10	N	140NR, 21 AZ	
76	77	Other Fed Inc Fed	10	N	140NR, 22 Fed	

Legend

Blue: Additions and Changes for TY2017  
Orange: Deleted Items for TY2017

77	78	Other Fed Inc AZ	10	N	140NR, 22 AZ	
78	79	Total Income Fed	10	N	140NR, 23 Fed	add lines 15-22 in FEDERAL column
79	80	Total Income AZ	10	N	140NR, 23 AZ	add lines 15-22 in ARIZONA column
80	81	Other Fed Adjust Fed	10	N	140NR, 24 Fed	
81	82	Other Fed Adjust AZ	10	N	140NR, 24 AZ	
82	83	Fed Adjusted Gross	10	N	140NR, 25	Subtract lines 24 from line 23 in FEDERAL column
83	84	Arizona Income	10	N	140NR, 26	Subtract lines 24 from line 23 in ARIZONA column
84	85	Arizona Income Ratio	5	D(4,3)	140NR, 27	Divide line 26 by line 25. Enter 100% as 1.000; 50% as .500; 80.6% as .806
85	86	Total Depreciation	10	N	140NR, 28	
86	87	Partnership Income Adjustment Add	10	N	140NR, 29	Name Change Only
87	88	Other Additions	10	N	140NR, 30	
88	89	Total Additions	10	N	140NR, 31	Add lines 26, 28, 29, and 30
89	90	Arizona Sourced net capital Gain/Loss	10	N	140NR, 32	
90	91	Total Net Short-Term Capital Gain/Loss	10	N	140NR, 33	
91	92	Total Net Long-Term Capital Gain/Loss	10	N	140NR, 34	
92	93	Net Long-Term Capital Gain From Assets	10	N	140NR, 35	
93	94	Capital Gain Allowable Subt. Calculation	10	N	140NR, 36	Multiply line 35 by 25% (.25)
94	95	Net Capital Gain From Invest Small Buss	10	N	140NR, 37	
95	96	Recalculated AZ Depreciation	10	N	140NR, 38	
96	97	Adjustment for I.R.C. §179 expense not allowed	10	N	140NR, 39	Removed for TY2017
97	97	Partnership Income Adjustment Sub	10	N	140NR, 39	Name Change Only
98	98	Total Subtractions	10	N	140NR, 40	Subtract lines 36 through 39 from line 31
99	99	Total From Line 40	10	N	140NR, 41	
100	100	Int. Savings Bond	10	N	140NR, 42	
101	101	AZ Lottery Winnings	10	N	140NR, 43	
102	102	Agric Crops Contrib	10	N	140NR, 44	
103	103	Other Subtractions	10	N	140NR, 45	
104	104	Subtotal	10	N	140NR, 46	Added for TY2017 - Subtract lines 42 through 45 from line 41
104	105	Age 65 Exempt Amt	10	N	140NR, 47	
105	106	Blind Exempt Amt	10	N	140NR, 48	
106	107	Dep Exempt Amount	10	N	140NR, 49	
107	108	Total Exemptions	10	N	140NR, 50	Add lines 47, 48, and 49
108	109	AZ Exempt Portion	10	N	140NR, 51	Multiply line 50 by the Arizona Income Ratio on line 27
109	110	AZ Adjusted Gross	10	N	140NR, 52	Subtract line 51 from line 46
110	111	Itemized Deductions	1	A	140NR, 53-I	X or null
111	112	Standard Deductions	1	A	140NR, 53-S	X or null
112	113	Deduction Amount	10	N	140NR, 53	ITIMIZED OR PRORATED IF NOT MILITARY Single, Married Filing Separate = \$5,183 Married Filing Jointly, Head of Household = \$10,336
113	114	Personal Exemptions	10	N	140NR, 54	PRORATED IF NOT MILITARY. Single=\$2150, MFJ-0 Dep.=\$4300, MFJ-1+ Dep.=\$6450, HOH-Unmarried=\$4300, HOH-Married=\$3225, MFS-0 Dep.=\$2150, MFS-1+ Dep.=\$3225
114	115	Az Taxable Income	10	N	140NR, 55	
115	116	Computed Tax	10	N	140NR, 56	
116	117	Tax from Recapture Credits	10	N	140NR, 57	
117	118	Subtotal of tax	10	N	140NR, 58	
118	119	Credits from Arizona Credit Forms	10	N	140NR, 59	
119	120	Balance of Tax	10	N	140NR, 60	subtract line 59 from line 58
120	121	Withholding	10	N	140NR, 61	
121	122	Estimated Payments	10	N	140NR, 62a	
122	123	Claim of Right	10	N	140NR, 62b	Added for TY2016
123	124	Total Estimated Payments	10	N	140NR, 62c	Added for TY2016
124	125	Extension Payments	10	N	140NR, 63	
125	126	Refundable Credit Form 308-I	1	A	140NR, 64-1	value "1" if checked; "0" or null if blank
126	127	Refundable Credit Form 342	1	A	140NR, 64-2	value "2" if checked; "0" or null if blank
127	128	Refundable Credit Form 349	1	A	140NR, 64-3	value "3" if checked; "0" or null if blank
128	129	Other Refundable Credits	10	N	140NR, 64	
129	130	Total Payments	10	N	140NR, 65	
130	131	Tax Due	10	N	140NR, 66	
131	132	Overpayment	10	N	140NR, 67	
132	133	Next Year's Est Pmt	10	N	140NR, 68	Amount of Line 67 to be Applied to 2018 Estimated Tax
133	134	Bal of Overpayment	10	N	140NR, 69	
134	135	Solutions Teams Assigned To Schools Contrib	10	N	140NR, 70	
135	136	Wildlife Contrib	10	N	140NR, 71	
136	137	Child Abuse Contrib	10	N	140NR, 72	
137	138	Domestic Violence Contrib	10	N	140NR, 73	
138	139	Political Contrib	10	N	140NR, 74	
139	140	Neighbors Helping Contrib	10	N	140NR, 75	
140	141	Special Olympics Contrib	10	N	140NR, 76	
141	142	Veterans' Donation Fund	10	N	140NR, 77	
142	143	I Didn't Pay Enough Fund	10	N	140NR, 78	
143	144	Sustainable State Parks and Road Fund	10	N	140NR, 79	
144	145	Spay/Neuter of Animals	10	N	140NR, 80	Added TY2017
144	146	Democratic Party	1	A	140NR, 81-1	"2" or null
145	147	Green Party	1	A	140NR, 81-2	"3" or null - Name Change Only

## Legend

Blue: Additions and Changes for TY2017  
Orange: Deleted Items for TY2017

146	148	Libertarian Party	1	A	140NR, 81-3	"4" or null
147	149	Republican Party	1	A	140NR, 81-4	"5" or null
148	150	Est Pmt Pen/MSA/AZLTHSA Pen	10	N	140NR, 82F	
149	151	Annualized Other	1	A	140NR, 83-1	Y or null
150	152	Farmer/Fisherman	1	A	140NR, 83-2	Y or null
151	153	Form 221 Attached	1	A	140NR, 83-3	Y or null
152	154	AZLTHSA Penalty	1	A	140NR, 83-4	Y or null
153	155	Tot Contrib/Penalty	10	N	140NR, 84	Add Lines 70 through 80, and 82
154	156	Refund Amount	10	N	140NR, 85	Subtract Line 84 from Line 69
155	157	Foreign Account	1	A	140NR Line 85A	Y or Null; if "Y", Fields 158-161 should be disabled.
156	158	Dir Dep Routing Nbr	9	N	140NR, 98	For direct deposit; direct debit is not supported.
157	159	Dir Dep Account Nbr	17	A/N	140NR, 98	For direct deposit; direct debit is not supported.
158	160	Dir Dep Checking	1	A	140NR, 98	X or null; direct deposit only
159	161	Dir Dep Savings	1	A	140NR, 98	X or null; direct deposit only
160	162	Amount Owed	10	N	140NR, 86	Add Lines 66 and Line 84
161	163	Prior Last Names	20	A	Front Page, 97	Comma delimited
162	164	Primary Occupation	16	A	140NR.pg2	
163	165	Spouse Occupation	16	A	140NR.pg2	
164	166	Preparer Name	35	A/N	140NR.pg2	
165	167	Preparer FEIN	9	N	140NR.pg2	No hyphens
166	168	Preparer Address	35	A/N	140NR.pg2	
167	169	Preparer City	21	A	140NR.pg2	
168	170	Preparer State	2	A	140NR.pg2	
169	171	Preparer Zip Code	9	N	140NR.pg2	
170	172	Paid Preparer Phone Number	10	N	140NR.pg2	
171	173	Med/Dent Expenses	10	N	AZSchA(NR) 1	
172	174	MSA Distribut Used	10	N	AZSchA(NR) 2	
173	175	Fed Med Deductions	10	N	AZSchA(NR) 3	
174	176	Total Med Deducts	10	N	AZSchA(NR) 4	
175	177	Medical Add Adjust	10	N	AZSchA(NR) 5	
176	178	Medical Subt Adjust	10	N	AZSchA(NR) 6	
177	179	Fed Credit Int Paid	10	N	AZSchA(NR) 7	
178	180	Wagering Loss Fed	10	N	AZSchA(NR) 8	
179	181	Gambling Winnings	10	N	AZSchA(NR) 9	
180	182	AZ Lottery Subt	10	N	AZSchA(NR) 10	
181	183	Max Gamble Loss Deduct	10	N	AZSchA(NR) 11	
182	184	Gamble Subt Adjust	10	N	AZSchA(NR) 12	
183	185	Contribution Adjust	10	N	AZSchA(NR) 13	
184	186	Sum Add Adjust	10	N	AZSchA(NR) 14	
185	187	Sum Subt Adjust	10	N	AZSchA(NR) 15	
186	188	Tot Fed Item Deduct	10	N	AZSchA(NR) 16	
187	189	Sum Az Item Deduct	10	N	AZSchA(NR) 20	
188	190	Az Itemized Deductions	10	N	AZSchA(NR) 22	
189	191	Medical/Dental Expenses	10	N	FedSchA(2-D) 1	
190	192	Adjusted Gross Income	10	N	FedSchA(2-D) 2	
191	193	Medical Allowance	10	N	FedSchA(2-D) 3	
192	194	Total Medical/Dental	10	N	FedSchA(2-D) 4	
193	195	State and Local Taxes	10	N	FedSchA(2-D) 5	
194	196	Real Estate Taxes	10	N	FedSchA(2-D) 6	
195	197	Personal Property Taxes	10	N	FedSchA(2-D) 7	
196	198	Other Taxes	10	N	FedSchA(2-D) 8	
197	199	Total Other Taxes	10	N	FedSchA(2-D) 9	
198	200	Mortgage Interest from 1098	10	N	FedSchA(2-D) 10	
199	201	Other Mortgage Interest	10	N	FedSchA(2-D) 11	
200	202	Deductible Points	10	N	FedSchA(2-D) 12	
201	203	Qualified Mortgage Insurance Premiums	10	N	FedSchA(2-D) 13	
202	204	Investment Interest	10	N	FedSchA(2-D) 14	
203	205	Total Interest	10	N	FedSchA(2-D) 15	
204	206	Total Cash/Check Contrib	10	N	FedSchA(2-D) 16	
205	207	Non-Cash/Check Contrib	10	N	FedSchA(2-D) 17	
206	208	Carryover Prior Year	10	N	FedSchA(2-D) 18	
207	209	Total Contrib	10	N	FedSchA(2-D) 19	
208	210	Casualty/Theft Loss	10	N	FedSchA(2-D) 20	
209	211	Unreimb Emp Exp	10	N	FedSchA(2-D) 21	
210	212	Tax Preparation Fees	10	N	FedSchA(2-D) 22	
211	213	Tot Other Exp	10	N	FedSchA(2-D) 23	
212	214	Gross Misc Ded	10	N	FedSchA(2-D) 24	
213	215	Miscellaneous Allow	10	N	FedSchA(2-D) 26	
214	216	Total Misc Deduct	10	N	FedSchA(2-D) 27	
215	217	Tot Other Misc Deduct	10	N	FedSchA(2-D) 28	
216	218	Total Item Deduct	10	N	FedSchA(2-D) 29	
217	219	Employer ID (1)	9	N	W-2 (1st Wage Statement)	
218	220	Employee SSN (1)	9	N	W-2 (1st Wage Statement)	
219	221	Arizona Wages (1)	10	N	W-2 (1st Wage Statement)	
220	222	Arizona Withholding (1)	10	N	W-2 (1st Wage Statement)	
221	223	Employer ID (2)	9	N	W-2 (2nd Wage Statement)	
222	224	Employee SSN (2)	9	N	W-2 (2nd Wage Statement)	
223	225	Arizona Wages (2)	10	N	W-2 (2nd Wage Statement)	
224	226	Arizona Withholding (2)	10	N	W-2 (2nd Wage Statement)	
225	227	Employer ID (3)	9	N	W-2 (3rd Wage Statement)	
226	228	Employee SSN (3)	9	N	W-2 (3rd Wage Statement)	
227	229	Arizona Wages (3)	10	N	W-2 (3rd Wage Statement)	

## Legend

Blue: Additions and Changes for TY2017  
Orange: Deleted Items for TY2017



228	230	Arizona Withholding (3)	10	N	W-2 (3rd Wage Statement)	
229	231	Employer ID (4)	9	N	W-2 (4th Wage Statement)	
230	232	Employee SSN (4)	9	N	W-2 (4th Wage Statement)	
231	233	Arizona Wages (4)	10	N	W-2 (4th Wage Statement)	
232	234	Arizona Withholding (4)	10	N	W-2 (4th Wage Statement)	
233	235	Payer's ID (1)	9	N	1099-R (1st Statement)	
234	236	Recipient's SSN (1)	9	N	1099-R (1st Statement)	
235	237	1099 Gross Amt (1)	10	N	1099-R (1st Statement)	
236	238	1099 Taxable Amount (1)	10	N	1099-R (1st Statement)	
237	239	1099 Az WH (1)	10	N	1099-R (1st Statement)	
238	240	Payer's ID (2)	9	N	1099-R (2nd Statement)	
239	241	Recipient's SSN (2)	9	N	1099-R (2nd Statement)	
240	242	1099 Gross Amt (2)	10	N	1099-R (2nd Statement)	
241	243	1099 Taxable Amount (2)	10	N	1099-R (2nd Statement)	
242	244	1099 Az WH (2)	10	N	1099-R (2nd Statement)	
243	245	Enterprise Zone Credit b	10	N	301, Line 1b (Form 304)	
244	246	Enterprise Zone Credit c	10	N	301, Line 1c (Form 304)	
245	247	Environ Tech Fac Credit a	10	N	301, Line 2a (Form 305)	
246	248	Environ Tech Fac Credit b	10	N	301, Line 2b (Form 305)	
247	249	Environ Tech Fac Credit c	10	N	301, Line 2c (Form 305)	
248	250	Military Reuse Zone Credit a	10	N	301, Line 3a (Form 306)	
249	251	Military Reuse Zone Credit b	10	N	301, Line 3b (Form 306)	
250	252	Military Reuse Zone Credit c	10	N	301, Line 3c (Form 306)	
251	253	Recycling Equipment Credit b	10	N	301, Line 4b (Form 307)	
252	254	Recycling Equipment Credit c	10	N	301, Line 4c (Form 307)	
253	255	Increased Research Act Ind Credit a	10	N	301, Line 5a (Form 308-I)	
254	256	Increased Research Act Ind Credit b	10	N	301, Line 5b (Form 308-I)	
255	257	Increased Research Act Ind Credit c	10	N	301, Line 5c (Form 308-I)	
256	258	Tax Paid Other State Cntry Credit a	10	N	301, Line 6a (Form 309)	
257	259	Tax Paid Other State Cntry Credit c	10	N	301, Line 6c (Form 309)	
258	260	Solar Energy Devices Credit a	10	N	301, Line 7a (Form 310)	
259	261	Solar Energy Devices Credit b	10	N	301, Line 7b (Form 310)	
260	262	Solar Energy Devices Credit c	10	N	301, Line 7c (Form 310)	
261	263	Agri Water Conserv Sys Credit a	10	N	301, Line 8a (Form 312)	
262	264	Agri Water Conserv Sys Credit b	10	N	301, Line 8b (Form 312)	
263	265	Agri Water Conserv Sys Credit c	10	N	301, Line 8c (Form 312)	
264	266	Polution Control Credit a	10	N	301, Line 9a (Form 315)	
265	267	Polution Control Credit b	10	N	301, Line 9b (Form 315)	
266	268	Polution Control Credit c	10	N	301, Line 9c (Form 315)	
267	269	Solar Heat and Elect Veh Outlets Credit a	10	N	301, Line 10a (Form 319)	
268	270	Solar Heat and Elect Veh Outlets Credit b	10	N	301, Line 10b (Form 319)	
269	271	Solar Heat and Elect Veh Outlets Credit c	10	N	301, Line 10c (Form 319)	
270	272	Employ TANF Recipients Credit a	10	N	301, Line 11a (Form 320)	
271	273	Employ TANF Recipients Credit b	10	N	301, Line 11b (Form 320)	
272	274	Employ TANF Recipients Credit c	10	N	301, Line 11c (Form 320)	
273	275	Contrib Qual Chart Orgns Credit a	10	N	301, Line 12a (Form 321)	
274	276	Contrib Qual Chart Orgns Credit b	10	N	301, Line 12b (Form 321)	
275	277	Contrib Qual Chart Orgns Credit c	10	N	301, Line 12c (Form 321)	
276	278	Contrib Fees Paid Pub Schs Credit a	10	N	301, Line 13a (Form 322)	
277	279	Contrib Fees Paid Pub Schs Credit b	10	N	301, Line 13b (Form 322)	
278	280	Contrib Fees Paid Pub Schs Credit c	10	N	301, Line 13c (Form 322)	
279	281	Contrib Priv Sch Tuit Orgns Credit a	10	N	301, Line 14a (Form 323)	
280	282	Contrib Priv Sch Tuit Orgns Credit b	10	N	301, Line 14b (Form 323)	
281	283	Contrib Priv Sch Tuit Orgns Credit c	10	N	301, Line 14c (Form 323)	
282	284	Agri Pol Cntrl Equip Credit a	10	N	301, Line 15a (Form 325)	
283	285	Agri Pol Cntrl Equip Credit b	10	N	301, Line 15b (Form 325)	
284	286	Agri Pol Cntrl Equip Credit c	10	N	301, Line 15c (Form 325)	
285	287	Donation School Site Credit a	10	N	301, Line 16a (Form 331)	
286	288	Donation School Site Credit b	10	N	301, Line 16b (Form 331)	
287	289	Donation School Site Credit c	10	N	301, Line 16c (Form 331)	
288	290	Healthy Forest Enterprises Credit a	10	N	301, Line 17a (Form 332)	
289	291	Healthy Forest Enterprises Credit b	10	N	301, Line 17b (Form 332)	
290	292	Healthy Forest Enterprises Credit c	10	N	301, Line 17c (Form 332)	
291	293	Employ Natl Guard Members Credit a	10	N	301, Line 18a (Form 333)	
292	294	Employ Natl Guard Members Credit b	10	N	301, Line 18b (Form 333)	
293	295	Employ Natl Guard Members Credit c	10	N	301, Line 18c (Form 333)	
294	296	Business Contrib School Tuition Org a	10	N	301, Line 19a (Form 335-I)	
295	297	Business Contrib School Tuition Org b	10	N	301, Line 19b (Form 335-I)	
296	298	Business Contrib School Tuition Org c	10	N	301, Line 19c (Form 335-I)	
297	299	Solar Energy Devices Comm Ind Credit a	10	N	301, Line 20a (Form 336)	
298	300	Solar Energy Devices Comm Ind Credit b	10	N	301, Line 20b (Form 336)	
299	301	Solar Energy Devices Comm Ind Credit c	10	N	301, Line 20c (Form 336)	
300	302	Invest Qual Small Bus Credit a	10	N	301, Line 21a (Form 338)	
301	303	Invest Qual Small Bus Credit b	10	N	301, Line 21b (Form 338)	
302	304	Invest Qual Small Bus Credit c	10	N	301, Line 21c (Form 338)	
303		Water Conserv Sys Credit b	10	N	301, Line 22b (Form 339)	Removed for TY2017
304		Water Conserv Sys Credit c	10	N	301, Line 22c (Form 339)	Removed for TY2017
305	305	Military Fam Relf Fnd Credit a	10	N	301, Line 22a (Form 340)	
306	306	Military Fam Relf Fnd Credit c	10	N	301, Line 22c (Form 340)	
307	307	Business Contrib School Tuition Disabled a	10	N	301, Line 23a (Form 341-I)	
308	308	Business Contrib School Tuition Disabled b	10	N	301, Line 23b (Form 341-I)	
309	309	Business Contrib School Tuition Disabled c	10	N	301, Line 23c (Form 341-I)	

## Legend

Blue: Additions and Changes for TY2017  
Orange: Deleted Items for TY2017

310	310	Renew Energy Prod Tax Credit a	10	N	301, Line 24a (Form 343)	
311	311	Renew Energy Prod Tax Credit b	10	N	301, Line 24b (Form 343)	
312	312	Renew Energy Prod Tax Credit c	10	N	301, Line 24c (Form 343)	
313	313	Solar Liquid Fuel Credit a	10	N	301, Line 25a (Form 344)	
314	314	Solar Liquid Fuel Credit c	10	N	301, Line 25c (Form 344)	
315	315	New Employment Credit a	10	N	301, Line 26a (Form 345)	
316	316	New Employment Credit b	10	N	301, Line 26b (Form 345)	
317	317	New Employment Credit c	10	N	301, Line 26c (Form 345)	
318	318	Increased Resrch Act Basic Resrch Credit a	10	N	301, Line 27a (Form 346)	
319	319	Incres Resrch Act Basic Resrch Credit b	10	N	301, Line 27b (Form 346)	
320	320	Incres Resrch Act Basic Resrch Credit c	10	N	301, Line 27c (Form 346)	
321	321	Qual Hlth Ins Plan Credit b	10	N	301, Line 28b (Form 347)	
322	322	Qual Hlth Ins Plan Credit c	10	N	301, Line 28c (Form 347)	
323	323	Contrib Cert Schl Tuit Orgns Credit a	10	N	301, Line 29a (Form 348)	
324	324	Contrib Cert Schl Tuit Orgns Credit b	10	N	301, Line 29b (Form 348)	
325	325	Contrib Cert Schl Tuit Orgns Credit c	10	N	301, Line 29c (Form 348)	
326	326	Renew Energy Invest Prod Sif Consum Credit a	10	N	301, Line 30a (Form 351)	
327	327	Renew Energy Invest Prod Sif Consum Credit b	10	N	301, Line 30b (Form 351)	
328	328	Renew Energy Invest Prod Sif Consum Credit c	10	N	301, Line 30c (Form 351)	
329	329	Contrib Qual Foster Care Char Orgns Credit a	10	N	301, Line 31a (Form 352)	
330	330	Contrib Qual Foster Care Char Orgns Credit c	10	N	301, Line 31c (Form 352)	
331	331	Total Available Nonrefundable Tax Credits	10	N	301, Line 33	Add Lines 1 through 32 Column c Only
332	332	Total AZ Tax	10	N	301, Line 34	Tax From F140 L46 or F140PY L58 or F140NR L56 or F140X
333	333	Tax Recap Environ Tech Fac Credit	10	N	301, Line 35	From AZ Credit Form 305 Part 5 Line 21
		Tax Recap Credits Hlthy Forest Entrs	10	N	301, Line 36	From AZ Credit Form 332 Part 11 Line 47 and Part 12 Line 53
334	334					
335	335	Tax Recap Credits Renew Engy Ind	10	N	301, Line 37c	From AZ Credit Form 342 Part 5 Line 14
336	336	Tax Recap Credits Qual Facs	10	N	301, Line 38c	From AZ Credit Form 349 Part 5 Line 19
		Tax Recap Crdts Renew Engy Invest Prod Sif Cons	10	N	301, Line 39	From AZ Credit Form 351 Part 2 Line 24
337	337					
338	338	Total Recapture of Credits	10	N	301, Line 40	Add Lines 35 through 39 Enter Here and on F140 L47, F140PY L59, F140NR L57, F140X L35
339	339	Subtotal Tax Credits and Recap Credits	10	N	301, Line 41	Add Lines 34 and 40
340	340	Family Income Tax Credit	10	N	301, Line 42	From F140 L49 or F140PY L61 or F140X L37
341	341	Total Tax Credits and Recap Credits	10	N	301, Line 43	Subtract Lines 42 from Line 41. If less than Zero Enter Zero
342	342	Enterprise Zone Credit Used	10	N	301, Line 44 (Form 304)	
343	343	Environ Tech Fac Credit Used	10	N	301, Line 45 (Form 305)	
344	344	Military Reuse Zone Credit Used	10	N	301, Line 46 (Form 306)	
345	345	Recycling Equipment Credit Used	10	N	301, Line 47 (Form 307)	
346	346	Increased Research Act Indiv Credit Used	10	N	301, Line 48 (Form 308-l)	
347	347	Tax Paid Other State Ctry Credit Used	10	N	301, Line 49 (Form 309)	
348	348	Solar Energy Devices Credit Used	10	N	301, Line 50 (Form 310)	
349	349	Agri Water Conserv Sys Credit Used	10	N	301, Line 51 (Form 312)	
350	350	Polution Control Credit Used	10	N	301, Line 52 (Form 315)	
351	351	Solar Heat and Elect Veh Outlets Credit Used	10	N	301, Line 53 (Form 319)	
352	352	Employ TANF Recipients Credit Used	10	N	301, Line 54 (Form 320)	
353	353	Contrib Qual Chart Orgns Credit Used	10	N	301, Line 55 (Form 321)	
354	354	Contrib Fees Paid Pub Schs Credit Used	10	N	301, Line 56 (Form 322)	
355	355	Contrib Priv Sch Tuit Orgns Credit Used	10	N	301, Line 57 (Form 323)	
356	356	Agri Pol Cntrl Equip Credit Used	10	N	301, Line 58 (Form 325)	
357	357	Donation School Site Credit Used	10	N	301, Line 59 (Form 331)	
358	358	Healthy Forest Enterprises Credit Used	10	N	301, Line 60 (Form 332)	
359	359	Employ Natl Guard Members Credit Used	10	N	301, Line 61 (Form 333)	
360	360	Business Contrib School Tuition Org Used	10	N	301, Line 62 (Form 335-l)	
361	361	Solar Energy Devices Comm Indus Used	10	N	301, Line 63 (Form 336)	
362	362	Invest Qual Small Bus Credit Used	10	N	301, Line 64 (Form 338)	
363	363	Water Conserv Sys Credit Used	10	N	301, Line 65 (Form 339)	Removed for TY2017
364	363	Donations Military Fam Relf Fnd Credit Used	10	N	301, Line 65 (Form 340)	
365	364	Business Contrib School Tuition Disabled Used	10	N	301, Line 66 (Form 341-l)	
366	365	Renew Energy Prod Tax Credit Used	10	N	301, Line 67 (Form 343)	
367	366	Solar Liquid Fuel Credit Used	10	N	301, Line 68 (Form 344)	
368	367	New Employment Credit Used	10	N	301, Line 69 (Form 345)	
		Incres Resrch Act Basic Resrch Credit Used	10	N	301, Line 70 (Form 346)	
369	368					
370	369	Qual Hlth Ins Plans Credit Used	10	N	301, Line 71 (Form 347)	
371	370	Contrib Cert Schl Tuit Orgns Credit Used	10	N	301, Line 72 (Form 348)	
372	371	Renew Energy Invest Prod Sif Consum Credit Used	10	N	301, Line 73 (Form 351)	
373	372	Contrib Qual Foster Care Char Orgns Credit Used	10	N	301, Line 74 (Form 352)	
		Total Nonrefundable Tax Credits Used	10	N	301, Line 76	Add Lines 44 through 75. Total Cannot be more than 43. Enter this amount on Form 140 L50, 140PY L62, 140NR L59, or 104X L38
374	373					
375	374	Description of Income Items a	30	A	309, Line 1a	
376	375	Description of Income Items b	30	A	309, Line 1b	
377	376	Description of Income Items c	30	A	309, Line 1c	
378	377	Amt Income Listed Report AZ Oth St Cntry a	10	N	309, Line 2a	
379	378	Amt Income Listed Report AZ Oth St Cntry b	10	N	309, Line 2b	
380	379	Amt Income Listed Report AZ Oth St Cntry c	10	N	309, Line 2c	
381	380	Amt Income Include AZ Adj Gross a	10	N	309, Line 3a	
382	381	Amt Income Include AZ Adj Gross b	10	N	309, Line 3b	
383	382	Amt Income Include AZ Adj Gross c	10	N	309, Line 3c	
384	383	Amt Income Include Oth Adj Gross a	10	N	309, Line 4a	
385	384	Amt Income Include Oth Adj Gross b	10	N	309, Line 4b	

## Legend

Blue: Additions and Changes for TY2017  
Orange: Deleted Items for TY2017

386	385	Amt Income Include Oth Adj Gross c	10	N	309, Line 4c	
387	386	Amt Income Taxable by Both AZ Oth a	10	N	309, Line 5a	Enter smaller of Line 3 or 4
		Amt Income Taxable by Both AZ Oth b	10	N	309, Line 5b	Enter smaller of Line 3 or 4
388	387					
		Amt Income Taxable by Both AZ Oth c	10	N	309, Line 5c	Enter smaller of Line 3 or 4
389	388					
390	389	Tot Income Taxable by Both AZ Other	10	N	309, Line 6	Add Line 5 a, b, and c
391	390	AZ Tax Liabile Less Credits	10	N	309, Line 7	
392	391	Amt Part1 Line6	10	N	309, Line 8	
		Amt AZ Income Tax Imposed	10	N	309, Line 9	
393	392					
		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)
394	393					
		Amt AZ Tax Liability After Credits	10	N	309, Line 11	Multiply Line 7 by the Decimal on Line 10
396	395	Amt Income Tax Paid St or Cntry	10	N	309, Line 12b	
397	396	Tot Income Taxable By Both	10	N	309, Line 13	From Part 1 Line 6
398	397	Tot Income Taxable By Other	10	N	309, Line 14	
399	398	Pct Income Taxable by Other	6	D(4,3)	309, Line 15	Divide Line 13 by Line 14 (Cannot be greater than 1.000)
400	399	Tot Amt Tax Paid Other	10	N	309, Line 16	Multiply Line 12 by the Decimal on Line 15
401	400	Credit Allow Tax Paid Other	10	N	309, Line 17	Enter smaller of Line 11 or 16
402	401	Description of Income Items a	30	A	309, Line 1a (2)	
403	402	Description of Income Items b	30	A	309, Line 1b (2)	
404	403	Description of Income Items c	30	A	309, Line 1c (2)	
405	404	Amt Income Listed Report AZ Oth St Cntry a	10	N	309, Line 2a (2)	
406	405	Amt Income Listed Report AZ Oth St Cntry b	10	N	309, Line 2b (2)	
407	406	Amt Income Listed Report AZ Oth St Cntry c	10	N	309, Line 2c (2)	
408	407	Amt Income Include AZ Adj Gross a	10	N	309, Line 3a (2)	
409	408	Amt Income Include AZ Adj Gross b	10	N	309, Line 3b (2)	
410	409	Amt Income Include AZ Adj Gross c	10	N	309, Line 3c (2)	
411	410	Amt Income Include Oth Adj Gross a	10	N	309, Line 4a (2)	
412	411	Amt Income Include Oth Adj Gross b	10	N	309, Line 4b (2)	
413	412	Amt Income Include Oth Adj Gross c	10	N	309, Line 4c (2)	
414	413	Amt Income Taxable by Both AZ Oth a	10	N	309, Line 5a (2)	Enter smaller of Line 3 or 4
415	414	Amt Income Taxable by Both AZ Oth b	10	N	309, Line 5b (2)	Enter smaller of Line 3 or 4
416	415	Amt Income Taxable by Both AZ Oth c	10	N	309, Line 5c (2)	Enter smaller of Line 3 or 4
417	416	Tot Income Taxable by Both AZ Other	10	N	309, Line 6 (2)	Add Line 5 a, b, and c
418	417	AZ Tax Liabile Less Credits	10	N	309, Line 7 (2)	
419	418	Amt Part1 Line6	10	N	309, Line 8 (2)	
420	419	Amt AZ Income Tax Imposed	10	N	309, Line 9 (2)	
421	420	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)
422	421	Amt AZ Tax Liability After Credits	10	N	309, Line 11 (2)	Multiply Line 7 by the Decimal on Line 10
423	422	Amt Income Tax Paid St or Cntry	10	N	309, Line 12b (2)	
424	423	Tot Income Taxable By Both	10	N	309, Line 13 (2)	From Part 1 Line 6
425	424	Tot Income Taxable By Other	10	N	309, Line 14 (2)	
426	425	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)
427	426	Tot Amt Tax Paid Other	10	N	309, Line 16 (2)	Multiply Line 12 by the Decimal on Line 15
428	427	Credit Allow Tax Paid Other	10	N	309, Line 17 (2)	Enter smaller of Line 11 or 16
429	428	Address of Solar Energy Device	35	A/N	310, Line 1a	
430	429	City of Solar Energy Device	21	A	310, Line 1b	
431	430	State of Solar Energy Device	2	A	310, Line 1c	
432	431	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
433	432	Cost of Solar Energy Device	10	N	310, Line 2	
434	433	Percentage of Cost Solar Energy Device	10	N	310, Line 3	AZ Credit Form 310 Multiply Line 2 by .25 (25%)
435	434	Enter Lesser of Line 3 or \$1000	10	N	310, Line 4	
436	435	Amt Credit Prior Years	10	N	310, Line 5	
437	436	Total Credit Current Prior Years	10	N	310, Line 6	Add Lines 4 and 5
438	437	Enter Lesser of Line 6 or \$1000	10	N	310, Line 7	
439	438	Subtotal Allowable Credit	10	N	310, Line 8	Subtract Line 5 from Line 7
440	439	Total Allowable Credit	10	N	310, Line 9	Enter smaller of Line 4 or Line 8
441	440	Original Credit Amount 10b	10	N	310, Line 10b	Enter Amount from Prior Year 5
442	441	Previous Used Amount 10c	10	N	310, Line 10c	Enter Amount from Prior Year 5
443	442	Available Carryover Amount 10d	10	N	310, Line 10d	Enter Amount from Prior Year 5
444	443	Original Credit Amount 11b	10	N	310, Line 11b	Enter Amount from Prior Year 4
445	444	Previous Used Amount 11c	10	N	310, Line 11c	Enter Amount from Prior Year 4
446	445	Available Carryover Amount 11d	10	N	310, Line 11d	Enter Amount from Prior Year 4
447	446	Original Credit Amount 12b	10	N	310, Line 12b	Enter Amount from Prior Year 3
448	447	Previous Used Amount 12c	10	N	310, Line 12c	Enter Amount from Prior Year 3
449	448	Available Carryover Amount 12d	10	N	310, Line 12d	Enter Amount from Prior Year 3
450	449	Original Credit Amount 13b	10	N	310, Line 13b	Enter Amount from Prior Year 2
451	450	Previous Used Amount 13c	10	N	310, Line 13c	Enter Amount from Prior Year 2
452	451	Available Carryover Amount 13d	10	N	310, Line 13d	Enter Amount from Prior Year 2
453	452	Original Credit Amount 14b	10	N	310, Line 14b	Enter Amount from Prior Year 1
454	453	Previous Used Amount 14c	10	N	310, Line 14c	Enter Amount from Prior Year 1
455	454	Available Carryover Amount 14d	10	N	310, Line 14d	Enter Amount from Prior Year 1
456	455	Total Available Carryover	10	N	310, Line 15	Add Lines 10 through 14 column d
457	456	Current Year Credit	10	N	310, Line 16	Enter Amount from Part 1 Line 9
458	457	Current Available Carryover	10	N	310, Line 17	Enter Amount from Part 2 Line 15 Column d
459	458	Total Available Credit	10	N	310, Line 18	Add Lines 16 and 17
460	459	Name of Qualifying Charity 1	30	A	321, Line 1a	
461	460	Location of Qualifying Charity 1	30	A	321, Line 1b	
462	461	Amt Contributed 1	10	N	321, Line 1c	
463	462	Name of Qualifying Charity 2	30	A	321, Line 2a	

## Legend

Blue: Additions and Changes for TY2017  
Orange: Deleted Items for TY2017

464	463	Location of Qualifying Charity 2	30	A	321, Line 2b	
465	464	Amount Contributed 2	10	N	321, Line 2c	
466	465	Name of Qualifying Charity 3	30	A	321, Line 3a	
467	466	Location of Qualifying Charity 3	30	A	321, Line 3b	
468	467	Amount Qualifying Charity Contributed 3	10	N	321, Line 3c	
	468	Continuation Sheet 4h or Zero	10	N	321, Line 4	Added TY 2017. Amount from line 4h of Continuation Sheet or Zero.
469	469	Total Qualifying Charity	10	N	321, Line 5	Add lines 1-4 Column c
470	470		30	A	321, Line 6a	
471	471	Location of Qualifying Charity 4	30	A	321, Line 6b	
472	472	Amt Contributed 4	10	N	321, Line 6c	
473	473	Name of Qualifying Charity 5	30	A	321, Line 7a	
474	474	Location of Qualifying Charity 5	30	A	321, Line 7b	
475	475	Amount Contributed 5	10	N	321, Line 7c	
476	476	Name of Qualifying Charity 6	30	A	321, Line 8a	
477	477	Location of Qualifying Charity 6	30	A	321, Line 8b	
478	478	Amount Qualifying Charity Contributed 6	10	N	321, Line 8c	
	479	Continuation Sheet 9h or Zero	10	N	321, Line 9	Added TY 2017. Amount from line 9h of Continuation Sheet or Zero.
479	480	Total Qualifying Charity2	10	N	321, Line 10	Add lines 6-9 Column c
480	481	Total Cash Contri Qual Charity	10	N	321, Line 11	AZ Credit Form 321 Add Line 5 and Line 10
481	482	Allowable Charity Credit	10	N	321, Line 12	AZ Credit Form 321 Single Taxpayer or Heads of Household Enter \$400 Married Taxpayer Enter \$800
482	483	Current Year's Qualifying Charity Credit	10	N	321, Line 13	Enter smaller of Line 11 or Line 12
483	484	Original Credit Amount 12b	10	N	321, Line 14b	Enter Amount from Prior Year 5
484	485	Previous Used Amount 12c	10	N	321, Line 14c	Enter Amount from Prior Year 5
485	486	Available Credit Carryover 12d	10	N	321, Line 14d	Enter Amount from Prior Year 5
486	487	Original Credit Amount 13b	10	N	321, Line 15b	Enter Amount from Prior Year 4
487	488	Previous Used Amount 13c	10	N	321, Line 15c	Enter Amount from Prior Year 4
488	489	Available Credit Carryover 13d	10	N	321, Line 15d	Enter Amount from Prior Year 4
489	490	Original Credit Amount 14b	10	N	321, Line 16b	Enter Amount from Prior Year 3
490	491	Previous Used Amount 14c	10	N	321, Line 16c	Enter Amount from Prior Year 3
491	492	Available Credit Carryover 14d	10	N	321, Line 16d	Enter Amount from Prior Year 3
492	493	Original Credit Amount 15b	10	N	321, Line 17b	Enter Amount from Prior Year 2
493	494	Previous Used Amount 15c	10	N	321, Line 17c	Enter Amount from Prior Year 2
494	495	Available Credit Carryover 15d	10	N	321, Line 17d	Enter Amount from Prior Year 2
495	496	Original Credit Amount 16b	10	N	321, Line 18b	Enter Amount from Prior Year 1
496	497	Previous Used Amount 16c	10	N	321, Line 18c	Enter Amount from Prior Year 1
497	498	Available Credit Carryover 16d	10	N	321, Line 18d	Enter Amount from Prior Year 1
498	499	Total Available Credit Carryover	10	N	321, Line 19	Add Lines 14 through 18 Column d
499	500	Current Yr's Credit	10	N	321, Line 20	
500	501	Available Carryover	10	N	321, Line 21	
501	502	Total Available Credit	10	N	321, Line 22	
502	503	Name of Public School 1	30	A	322, Line 1a	
503	504	School District Name/Number 1	30	A	322, Line 1b	
504	505	Location of Public School 1	30	A	322, Line 1c	
505	506	Amt of Fees Paid 1	10	N	322, Line 1d	
506	507	Name of Public School 2	30	A	322, Line 2a	
507	508	School District Name/Number 2	30	A	322, Line 2b	
508	509	Location of Public School 2	30	A	322, Line 2c	
509	510	Amt of Fees Paid 2	10	N	322, Line 2d	
510	511	Name of Public School 3	30	A	322, Line 3a	
511	512	School District Name/Number 3	30	A	322, Line 3b	
512	513	Location of Public School 3	30	A	322, Line 3c	
513	514	Amt of Fees Paid 3	10	N	322, Line 3d	
	515	Continuation Sheet 4h or Zero	10	N	322, Line 4	Added TY 2017. Amount from line 4h of Continuation Sheet or Zero.
514	516	Cash Contributions Public Schools	10	N	322, Line 5	Add lines 1-4 Column d
515	517	Name of Public School 4	30	A	322, Line 6a	
516	518	School District Name/Number 4	30	A	322, Line 6b	
517	519	Location of Public School 4	30	A	322, Line 6c	
518	520	Amt of Fees Paid 4	10	N	322, Line 6d	
519	521	Name of Public School 5	30	A	322, Line 7a	
520	522	School District Name/Number 5	30	A	322, Line 7b	
521	523	Location of Public School 5	30	A	322, Line 7c	
522	524	Amt of Fees Paid 5	10	N	322, Line 7d	
523	525	Name of Public School 6	30	A	322, Line 8a	
524	526	School District Name/Number 6	30	A	322, Line 8b	
525	527	Location of Public School 6	30	A	322, Line 8c	
526	528	Amt of Fees Paid 6	10	N	322, Line 8d	
	529	Continuation Sheet 9h or Zero	10	N	322, Line 9	Added TY 2017. Amount from line 9h of Continuation Sheet or Zero.
527	530	Cash Contributions Public Schools2	10	N	322, Line 10	Add lines 6-9 Column d
528	531	Total Cash and Credit Contri Pub Schools	10	N	322, Line 11	Add Line 5 and Line 10
529	532	Allowable Cash Contributions Public Schools	10	N	322, Line 12	Single Taxpayer or Heads of Household Enter \$200 Married Taxpayer Enter \$400
530	533	Current Year's Credit	10	N	322, Line 13	Enter smaller of Line 11 or Line 12
531	534	Original Credit Amount 7	10	N	322, Line 14b	Enter Amount from Prior Year 5
532	535	Previous Used Amount 7	10	N	322, Line 14c	Enter Amount from Prior Year 5
533	536	Available Credit Carryover 7	10	N	322, Line 14d	Enter Amount from Prior Year 5
534	537	Original Credit Amount 8	10	N	322, Line 15b	Enter Amount from Prior Year 4
535	538	Previous Used Amount 8	10	N	322, Line 15c	Enter Amount from Prior Year 4

## Legend

Blue: Additions and Changes for TY2017  
Orange: Deleted Items for TY2017

536	539	Available Credit Carryover 8	10	N	322, Line 15d	Enter Amount from Prior Year 4
537	540	Original Credit Amount 9	10	N	322, Line 16b	Enter Amount from Prior Year 3
538	541	Previous Used Amount 9	10	N	322, Line 16c	Enter Amount from Prior Year 3
539	542	Available Credit Carryover 9	10	N	322, Line 16d	Enter Amount from Prior Year 3
540	543	Original Credit Amount 10	10	N	322, Line 17b	Enter Amount from Prior Year 2
541	544	Previous Used Amount 10	10	N	322, Line 17c	Enter Amount from Prior Year 2
542	545	Available Credit Carryover 10	10	N	322, Line 17d	Enter Amount from Prior Year 2
543	546	Original Credit Amount 11	10	N	322, Line 18b	Enter Amount from Prior Year 1
544	547	Previous Used Amount 11	10	N	322, Line 18c	Enter Amount from Prior Year 1
545	548	Available Credit Carryover 11	10	N	322, Line 18d	Enter Amount from Prior Year 1
546	549	Total Available Carryover	10	N	322, Line 19	Add lines 14-18 Column d
547	550	Current Year's Total Credit	10	N	322, Line 20	Form 301, Part 1, line 13, column a
548	551	Available Credit Carryover	10	N	322, Line 21	Form 301, Part 1, line 13, column b
549	552	Total Available Credit	10	N	322, Line 22	Form 301, Part 1, line 13, column c
550	553	Name of School 1	30	A	323, Line 1a	
551	554	Street Address of School 1	30	A	323, Line 1b	
552	555	City State of School 1	30	A	323, Line 1c	
553	556	Amt of Contribution School 1	10	N	323, Line 1d	
554	557	Name of School 2	30	A	323, Line 2a	
555	558	Street Address of School 2	30	A	323, Line 2b	
556	559	City State of School 2	30	A	323, Line 2c	
557	560	Amt of Contribution School 2	10	N	323, Line 2d	
558	561	Name of School 3	30	A	323, Line 3a	
559	562	Street Address of School 3	30	A	323, Line 3b	
560	563	City State of School 3	30	A	323, Line 3c	
561	564	Amt of Contribution School 3	10	N	323, Line 3d	
	565	Continuation Sheet 4h or Zero	10	N	323, Line 4	Added TY 2017. Amount from line 4h of Continuation Sheet or Zero.
562	566	Total Contributions School Prev Tuition	10	N	323, Line 5	Add lines 1-4 Column d
563	567	Name of School 4	30	A	323, Line 6a	
564	568	Street Address of School 4	30	A	323, Line 6b	
565	569	City State of School 4	30	A	323, Line 6c	
566	570	Amt of Contribution School 4	10	N	323, Line 6d	
567	571	Name of School 5	30	A	323, Line 7a	
568	572	Street Address of School 5	30	A	323, Line 7b	
569	573	City State of School 5	30	A	323, Line 7c	
570	574	Amt of Contribution School 5	10	N	323, Line 7d	
571	575	Name of School 6	30	A	323, Line 7a	
572	576	Street Address of School 6	30	A	323, Line 8b	
573	577	City State of School 6	30	A	323, Line 8c	
574	578	Amt of Contribution School 6	10	N	323, Line 8d	
	579	Continuation Sheet 9h or Zero	10	N	322, Line 9	Added TY 2017. Amount from line 9h of Continuation Sheet or Zero.
575	580	Total Contributions School Tuition	10	N	323, Line 10	Add lines 6-9 Column d
576	581	Total Amt of Contribution Prev and Curr	10	N	323, Line 11	Add Lines 5 and 10
577	582	Allowable Contributions School Tuition	10	N	323, Line 12	Single Taxpayer or Heads of Household Enter \$546 Married Taxpayer Enter \$1092
578	583	Current Year's Credit	10	N	323, Line 13	Enter smaller of Line 11 or Line 12
579	584	Original Credit Amount 6	10	N	323, Line 14b	Enter Amount from Prior Year 5
580	585	Previous Used Amount 6	10	N	323, Line 14c	Enter Amount from Prior Year 5
581	586	Available Credit Carryover 6	10	N	323, Line 14d	Enter Amount from Prior Year 5
582	587	Original Credit Amount 7	10	N	323, Line 15b	Enter Amount from Prior Year 4
583	588	Previous Used Amount 7	10	N	323, Line 15c	Enter Amount from Prior Year 4
584	589	Available Credit Carryover 7	10	N	323, Line 15d	Enter Amount from Prior Year 4
585	590	Original Credit Amount 8	10	N	323, Line 16b	Enter Amount from Prior Year 3
586	591	Previous Used Amount 8	10	N	323, Line 16c	Enter Amount from Prior Year 3
587	592	Available Credit Carryover 8	10	N	323, Line 16d	Enter Amount from Prior Year 3
588	593	Original Credit Amount 9	10	N	323, Line 17b	Enter Amount from Prior Year 2
589	594	Previous Used Amount 9	10	N	323, Line 17c	Enter Amount from Prior Year 2
590	595	Available Credit Carryover 9	10	N	323, Line 17d	Enter Amount from Prior Year 2
591	596	Original Credit Amount 10	10	N	323, Line 18b	Enter Amount from Prior Year 1
592	597	Previous Used Amount 10	10	N	323, Line 18c	Enter Amount from Prior Year 1
593	598	Available Credit Carryover 10	10	N	323, Line 18d	Enter Amount from Prior Year 1
594	599	Total Available Carryover	10	N	323, Line 19	Add lines 14-18 Column d
595	600	Current Year's Total Credit	10	N	323, Line 20	Form 301, Part 1, line 14, column a
596	601	Available Credit Carryover	10	N	323, Line 21	Form 301, Part 1, line 14, column b
597	602	Total Available Credit	10	N	323, Line 22	Form 301, Part 1, line 14, column c
598	603	Total Contribs Current Tx Yr	10	N	323, Line 23	
599	604	Max Credit Allow CR323	10	N	323, Line 24	
600	605	Total Excess Contributions	10	N	323, Line 25	
601	606	ADVS Receipt Yes	1	A	340, Box 1-YES	X or null
602	607	ADVS Receipt No	1	A	340, Box 1-NO	X or null
603	608	Total Qualified Donations	10	N	340, Line 2	
604	609	Allowable Qualified Donations	10	N	340, Line 3	Single Taxpayer or Heads of Household Enter \$200 Married Taxpayer Enter \$400
605	610	Current Year's Credit	10	N	340, Line 4	Enter smaller of Line 2 or Line 3
606	611	Claiming School Credit Form 323 Yes	1	A	348, Box 1a-YES	X or null
607	612	Claiming School Credit Form 323 No	1	A	348, Box 1a-NO	X or null
608	613	Excess School Credit Form 323 Yes	1	A	348, Box 1b-YES	X or null
609	614	Excess School Credit Form 323 No	1	A	348, Box 1b-NO	X or null

## Legend

Blue: Additions and Changes for TY2017  
Orange: Deleted Items for TY2017

610	615	Claiming Carryover Only Yes	1	A	348, Box 1c-YES	X or null
611	616	Claiming Carryover Only No	1	A	348, Box 1c-NO	X or null
612	617	Name of School 1	30	A	348, Line 2a	
613	618	Address of School 1	30	A	348, Line 2b	
614	619	City State of School 1	30	A	348, Line 2c	
615	620	Amt of Contribution 2015 1	10	N	348, Line 2d	
616	621	Name of School 2	30	A	348, Line 3a	
617	622	Address of School 2	30	A	348, Line 3b	
618	623	City State of School 2	30	A	348, Line 3c	
619	624	Amt of Contribution 2015 2	10	N	348, Line 3d	
620	625	Name of School 3	30	A	348, Line 4a	
621	626	Address of School 3	30	A	348, Line 4b	
622	627	City State of School 3	30	A	348, Line 4c	
623	628	Amt of Contribution 2015 3	10	N	348, Line 4d	
	629	Continuation Sheet 5h or Zero	10	N	348, Line 5	Added TY 2017. Amount from line 5h of Continuation Sheet or Zero.
624	630	Total Contributions Certified School Tuition Prev Yr	10	N	348, Line 6	Add lines 2-5 Column d
625	631	Name of School 4	30	A	348, Line 7a	
626	632	Address of School 4	30	A	348, Line 7b	
627	633	City State of School 4	30	A	348, Line 7c	
628	634	Amt of Contribution 2016 4	10	N	348, Line 7d	
629	635	Name of School 5	30	A	348, Line 8a	
630	636	Address of School 5	30	A	348, Line 8b	
631	637	City State of School 5	30	A	348, Line 8c	
632	638	Amt of Contribution 2016 5	10	N	348, Line 8d	
633	639	Name of School 6	30	A	348, Line 9a	
634	640	Address of School 6	30	A	348, Line 9b	
635	641	City State of School 6	30	A	348, Line 9c	
636	642	Amt of Contribution 2016 6	10	N	348, Line 9d	
	643	Continuation Sheet 10h or Zero	10	N	348, Line 10	Added TY 2017. Amount from line 10h of Continuation Sheet or Zero.
637	644	Total Contributions Certified School Tuition	10	N	348, Line 11	Add lines 7-10 Column d
638	645	Total Contributions Prev and Curr	10	N	348, Line 12	Add lines 6 and 11
639	646	Allowable Credit Claimed Form 323	10	N	348, Line 13	Single Taxpayer or Heads of Household Enter \$546 Married Taxpayer Enter \$1092
640	647	Potential Credit	10	N	348, Line 14	Subtract Line 13 from Line 12
641	648	Allowable Max Credit	10	N	348, Line 15	Single Taxpayer or Heads of Household Enter \$543 Married Taxpayer Enter \$1085
642	649	Current Year's Credit	10	N	348, Line 16	Enter smaller of Line 14 or Line 15
643	650	Original Credit Amount 10	10	N	348, Line 17b	Enter Amount from Prior Year 5
644	651	Previous Used Amount 10	10	N	348, Line 17c	Enter Amount from Prior Year 5
645	652	Available Credit Carryover 10	10	N	348, Line 17d	Enter Amount from Prior Year 5
646	653	Original Credit Amount 11	10	N	348, Line 18b	Enter Amount from Prior Year 4
647	654	Previous Used Amount 11	10	N	348, Line 18c	Enter Amount from Prior Year 4
648	655	Available Credit Carryover 11	10	N	348, Line 18d	Enter Amount from Prior Year 4
649	656	Original Credit Amount 12	10	N	348, Line 19b	Enter Amount from Prior Year 3
650	657	Previous Used Amount 12	10	N	348, Line 19c	Enter Amount from Prior Year 3
651	658	Available Credit Carryover 12	10	N	348, Line 19d	Enter Amount from Prior Year 3
652	659	Original Credit Amount 13	10	N	348, Line 20b	Enter Amount from Prior Year 2
653	660	Previous Used Amount 13	10	N	348, Line 20c	Enter Amount from Prior Year 2
654	661	Available Credit Carryover 13	10	N	348, Line 20d	Enter Amount from Prior Year 2
	662	Original Credit Amount 14	10	N	348, Line 21b	Added TY 2017. Enter Amount from Prior Year 1
	663	Previous Used Amount 14	10	N	348, Line 21c	Added TY 2017. Enter Amount from Prior Year 1
	664	Available Credit Carryover 14	10	N	348, Line 21d	Added TY 2017. Enter Amount from Prior Year 1
655	665	Total Available Carryover	10	N	348, Line 22	Add lines 17-21 Column d
656	666	Current Year's Total Credit	10	N	348, Line 23	Form 301, Part 1, line 29, column a
657	667	Available Credit Carryover	10	N	348, Line 24	Form 301, Part 1, line 29, column b
658	668	Total Available Credit	10	N	348, Line 25	Form 301, Part 1, line 29, column c
659	669	Name of Qualifying Foster Care Charity 1	30	A	352, Line 1a	
660	670	Location of Qualifying Foster Care Charity 1	30	A	352, Line 1b	
661	671	Amt Contributed 1	10	N	352, Line 1c	
662	672	Name of Qualifying Foster Care Charity 2	30	A	352, Line 2a	
663	673	Location of Qualifying Foster Care Charity 2	30	A	352, Line 2b	
664	674	Amount Contributed 2	10	N	352, Line 2c	
665	675	Name of Qualifying Foster Care Charity 3	30	A	352, Line 3a	
666	676	Location of Qualifying Foster Care Charity 3	30	A	352, Line 3b	
667	677	Amount Qualifying Foster Care Charity Contributed 3	10	N	352, Line 3c	
	678	Continuation Sheet 4h or Zero	10	N	352, Line 4	Added TY 2017. Amount from line 4h of Continuation Sheet or Zero.
668	679	Total Qualifying Foster Care Charity	10	N	352, Line 5	Add lines 1-4 Column c
669	680	Name of Qualifying Charity 4	30	A	352, Line 6a	
670	681	Location of Qualifying Charity 4	30	A	352, Line 6b	
671	682	Amt Contributed 4	10	N	352, Line 6c	
672	683	Name of Qualifying Charity 5	30	A	352, Line 7a	
673	684	Location of Qualifying Charity 5	30	A	352, Line 7b	
674	685	Amount Contributed 5	10	N	352, Line 7c	
675	686	Name of Qualifying Charity 6	30	A	352, Line 8a	
676	687	Location of Qualifying Charity 6	30	A	352, Line 8b	
677	688	Amount Qualifying Charity Contributed 6	10	N	352, Line 8c	
	689	Total Qualifying Charity2	10	N	352, Line 9	Added TY 2017. Amount from line 9h of Continuation Sheet or Zero.
678	690	Continuation Sheet 9h or Zero			352, Line 10	Add lines 6-9 Column c

## Legend

Blue: Additions and Changes for TY2017  
Orange: Deleted Items for TY2017

679	691	Total Cash Contri Qual Charity	10	N	352, Line 11	Add lines 5 and 10
680	692	Allowable Charity Credit	10	N	352, Line 12	Single Taxpayer or Heads of Household Enter \$500 Married Taxpayer Enter \$1000
681	693	Current Year's Qualifying Charity Credit	10	N	352, Line 13	Enter smaller of Line 11 or Line 12
682	694	Original Credit Amount 12b	10	N	352, Line 14b	Enter Amount from Prior Year 5
683	695	Previous Used Amount 12c	10	N	352, Line 14c	Enter Amount from Prior Year 5
684	696	Available Credit Carryover 12d	10	N	352, Line 14d	Enter Amount from Prior Year 5
685	697	Original Credit Amount 13b	10	N	352, Line 15b	Enter Amount from Prior Year 4
686	698	Previous Used Amount 13c	10	N	352, Line 15c	Enter Amount from Prior Year 4
687	699	Available Credit Carryover 13d	10	N	352, Line 15d	Enter Amount from Prior Year 4
688	700	Original Credit Amount 14b	10	N	352, Line 16b	Enter Amount from Prior Year 3
689	701	Previous Used Amount 14c	10	N	352, Line 16c	Enter Amount from Prior Year 3
690	702	Available Credit Carryover 14d	10	N	352, Line 16d	Enter Amount from Prior Year 3
691	703	Original Credit Amount 15b	10	N	352, Line 17b	Enter Amount from Prior Year 2
692	704	Previous Used Amount 15c	10	N	352, Line 17c	Enter Amount from Prior Year 2
693	705	Available Credit Carryover 15d	10	N	352, Line 17d	Enter Amount from Prior Year 2
694	706	Original Credit Amount 16b	10	N	352, Line 18b	Enter Amount from Prior Year 1
695	707	Previous Used Amount 16c	10	N	352, Line 18c	Enter Amount from Prior Year 1
696	708	Available Credit Carryover 16d	10	N	352, Line 18d	Enter Amount from Prior Year 1
697	709	Total Available Credit Carryover	10	N	352, Line 19	Add Lines 14 through 18 Column d
698	710	Current Yr's Credit	10	N	352, Line 20	Amount from 301, Part 1, line 13, Column a
699	711	Available Carryover	10	N	352, Line 21	Amount from 301, Part 1, line 13, Column b
700	712	Total Available Credit	10	N	352, Line 22	Amount from 301, Part 1, line 13, Column c
701	713	Trailer	5	A	*EOD*	

Legend

Blue: Additions and Changes for TY2017  
Orange: Deleted Items for TY2017

Arizona 140PY - Part Year Resident Return						
2D Barcode Record Layout						
2016 FIELD NO	2017 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	2017
6	6	Tax Year Ending Date	8	A	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	
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 Name 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	
19	19	Zip Code	9	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	New TY2017
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	2	N	140PY, 10	
29	29	Parents/Ancestors	2	N	140PY, 11	
30	30	6 Month Extension	1	A	140PY, 82F	X or null
31	31	Part Year Other	1	A	140PY, 12	X or null
32	32	Part Year Active Military	1	A	140PY, 13	X or null
33	33	Dependent Information Additional Space	1	A	140PY, Box 10	X or null
34	34	Dependent 1 First Name	10	A	140PY, 10a(a1)	
35	35	Dependent 1 Last Name	10	A	140PY, 10a(a2)	
36	36	Dependent 1 SSN	9	N	140PY, 10a(b)	No hyphens
37	37	Dependent 1 Relationship	12	A	140PY, 10a(c)	
38	38	Dependent 1 Months	2	A	140PY, 10a(d)	Valid Values are (0 - 12) & S (Stillborn)
39	39	Dependent 1 Name Not Qualifying	1	A	140PY, 10a(e)	X or null
40	40	Dependent 1 Name Education	1	A	140PY, 10a(f)	X or null
41	41	Dependent 2 First Name	10	A	140PY, 10b(a1)	
42	42	Dependent 2 Last Name	10	A	140PY, 10b(a2)	
43	43	Dependent 2 SSN	9	N	140PY, 10b(b)	No hyphens
44	44	Dependent 2 Relationship	12	A	140PY, 10b(c)	
45	45	Dependent 2 Months	2	A	140PY, 10b(d)	Valid Values are (0 - 12) & S (Stillborn)
46	46	Dependent 2 Name Not Qualifying	1	A	140PY, 10b(e)	X or null
47	47	Dependent 2 Name Education	1	A	140PY, 10b(f)	X or null
48	48	Parent Info More Space--Qualifying Ancestors	1	A	140PY, Box 11	X or null
49	49	Parent 1 First Name	10	A	140PY, 11a(a1)	
50	50	Parent 1 Last Name	10	A	140PY, 11a(a2)	
51	51	Parent 1 SSN	9	N	140PY, 11a(b)	
52	52	Parent 1 Relationship	12	A	140PY, 11a(c)	
53	53	Parent 1 Months	2	N	140PY, 11a(d)	
54	54	Parent 1 Age 65+	1	A	140PY, 11a(e)	X or null
55	55	Parent 1 Deceased In Tax Year	1	A	140PY, 11a(f)	X or null
56	56	Parent 2 First Name	10	A	140PY, 11a(a1)	
57	57	Parent 2 Last Name	10	A	140PY, 11a(a2)	
58	58	Parent 2 SSN	9	N	140PY, 11a(b)	
59	59	Parent 2 Relationship	12	A	140PY, 11a(c)	
60	60	Parent 2 Months	2	N	140PY, 11a(d)	
61	61	Parent 2 Age 65+	1	A	140PY, 11a(e)	X or null
62	62	Parent 2 Deceased In Tax Year	1	A	140PY, 11a(f)	X or null
63	63	Date of AZ Residence	17	A	140PY, 14	MMDDCCYY,MMDDCCYY Comma Delimited
64	64	Wages, Salaries Fed	10	N	140PY, 15Fed	
65	65	Wages, Salaries AZ	10	N	140PY, 15AZ	
66	66	Interest Fed	10	N	140PY, 16Fed	
67	67	Interest AZ	10	N	140PY, 16AZ	
68	68	Dividends Fed	10	N	140PY, 17Fed	

Legend

Blue: Additions and Changes for TY2017  
Orange: Deleted Items for TY2017



68	69	Dividends AZ	10	N	140PY, 17AZ	
69	70	AZ Inc Tax Refnd Fed	10	N	140PY, 18Fed	
70	71	AZ Inc Tax Refund AZ	10	N	140PY, 18AZ	
71	72	Alimony Received Fed	10	N	140PY, 19Fed	
72	73	Alimony Received AZ	10	N	140PY, 19AZ	
73	74	Business Inc (C) Fed	10	N	140PY, 20Fed	
74	75	Business Inc (C) AZ	10	N	140PY, 20AZ	
75	76	Gain/Loss (D) Fed	10	N	140PY, 21Fed	
76	77	Gain/Loss (D) AZ	10	N	140PY, 21AZ	
77	78	Rents etc (E) Fed	10	N	140PY, 22Fed	
78	79	Rents etc (E) AZ	10	N	140PY, 22AZ	
79	80	Other Fed Income Fed	10	N	140PY, 23Fed	
80	81	Other Fed Income AZ	10	N	140PY, 23AZ	
81	82	Total Income Fed	10	N	140PY, 24 Fed	Add lines 15-23 FED
82	83	Total Income AZ	10	N	140PY, 24AZ	Add lines 15-23 AZ
83	84	Other Fed Adjust Fed	10	N	140PY, 25 Fed	
84	85	Other Fed Adjust AZ	10	N	140PY, 25 AZ	
85	86	Fed Adjusted Gross	10	N	140PY, 26	Subtract line 25 from line 24
86	87	Arizona Income	10	N	140PY, 27	Subtract line 25 from line 24
87	88	Arizona Income Ratio	5	D(4,3)	140PY, 28	Divide line 27 by line 26 Enter 100% as 1.000; 50% as 0.500; 80.63% as 0.806
88	89	Total Depreciation	10	N	140PY, 29	
89	90	Other Additions	10	N	140PY, 30	
90	91	Total Additions	10	N	140PY, 31	Add lines 27, 29, and 30
91	92	Total Arizona sourced net capital Gain/Loss	10	N	140PY, 32	
92	93	Total Net Short-Term Capital Gains	10	N	140PY, 33	
93	94	Total Net Long-Term Capital Gains	10	N	140PY, 34	
94	95	Total Capital Gains Assets	10	N	140PY, 35	
95	96	Allowable Subtraction Calculation	10	N	140PY, 36	Multiply Line 35 by 25% (.25)
96	97	Net Capital Gain - Investment In Qual. Small Business	10	N	140PY, Line 37	
97	98	Subtractions from Income	10	N	140PY, 38	Subtract lines 36 and 37 from line 31
98	99	Total From Line 38	10	N	140PY, 39	Enter Amount from Page 1 Line 38
99	100	Recalculated Arizona Depreciation	10	N	140PY, 40	
100	101	Contributions To 529 College Savings Plans	10	N	140PY, 41	
101	101	Adjustment for I.R.C. §179 expense not allowed to Rese	10	N	140PY, 42	Removed TY2017
102	102	Int. Savings Bond	10	N	140PY, 43	
103	103	AZ Lottery Winnings	10	N	140PY, 44	
104	104	US Social Security AZ	10	N	140PY, 45	
105	105	Other Subtractions	10	N	140PY, 46	
106	106	Total Subtractions	10	N	140PY, 47	Subtract lines 40 through 46 from line 39
107	107	Age 65 Exempt Amt	10	N	140PY, 48	
108	108	Blind Exempt Amount	10	N	140PY, 49	
109	109	Dep Exempt Amount	10	N	140PY, 50	
110	110	Qulfy Parent Exempt Amount	10	N	140PY, 51	
111	111	Total Exemptions	10	N	140PY, 52	Add lines 48 through 51
112	112	AZ Exemption Portion	10	N	140PY, 53	Multiply line 52 by the Arizona Income Ratio on line 28
113	113	Az Adjusted Gross	10	N	140PY, 54	Subtract Line 53 from Line 47
114	114	Itemized Deductions	1	A	140PY, 55 I	X or null
115	115	Standard Deductions	1	A	140PY, 55 S	X or null
116	116	Deduction Amount	10	N	140PY, 55	ITIMIZED OR PRORATED IF NOT MILITARY Single, Married Filing Separate = \$5,183 Married Filing Jointly, Head of Household = \$10,336
117	117	Personal Exemptions	10	N	140PY, 56	Single=\$2150, MFJ-0 Dep.= \$4300, MFJ-1+ Dep.= \$6450, HOH-Unmarried=\$4300, HOH- Married=\$3225, MFS-0 Dep.= \$2150, MFS-1+ Dep.= \$3225
118	118	Az Taxable Income	10	N	140PY, 57	Subtract Lines 55 and 56 from Line 54
119	119	Computed Tax	10	N	140PY, 58	Compute the Tax using amount on Line 57 and Tax Table X or Y
120	120	Tax from Recapture Credits	10	N	140PY, 59	Amount from AZ Credit Form 301 Part 2 Line 40
121	121	Subtotal of tax	10	N	140PY, 60	
122	122	Family Income Tax Credit	10	N	140PY, 61	
123	123	Non-Refundable Credits from AZ Credit Forms	10	N	140PY, 62	Amount from AZ Credit Form 301 Part 2 Line 76
124	124	Balance of Tax	10	N	140PY, 63	Subtract Lines 61 and 62 from Line 60
125	125	Withholding	10	N	140PY, 64	
126	126	Estimated Payments	10	N	140PY, 65a	
127	127	Claim of Right	10	N	140NR, 65b	
128	128	Total Estimated Payments	10	N	140NR, 65c	
129	129	Extension Payments	10	N	140PY, 66	
130	130	Increased Excise Tax Credit	10	N	140PY, 67	Use worksheet to determine amount.
131	131	Refundable Credit Form 308-I	1	A	140PY, 68-1	value "1" if checked; "0" or null if blank
132	132	Refundable Credit Form 342	1	A	140PY, 68-2	value "2" if checked; "0" or null if blank
133	133	Refundable Credit Form 349	1	A	140PY, 68-3	value "3" if checked; "0" or null if blank
134	134	Other Refundable Credits	10	N	140PY, 68	

Legend

Blue: Additions and Changes for TY2017  
Orange: Deleted Items for TY2017

135	135	Total Payments	10	N	140PY, 69	Add Lines 64 through 68
136	136	Tax Due	10	N	140PY, 70	If 63 is larger than 69, Subtract Line 69 from 63, Skip 71, 72, 73
137	137	Overpayment	10	N	140PY, 71	If 69 is larger than 63, Subtract Line 63 from 69
138	138	Next Year's Est Pmt	10	N	140PY, 72	Amount of Line 71 to be applied to 2018 estimated tax
139	139	Bal of Overpayment	10	N	140PY, 73	Subtract Line 72 from 71
140	140	Solutions Teams Assigned To Schools Contrib	10	N	140PY, 74	
141	141	Wildlife Contrib	10	N	140PY, 75	
142	142	Child Abuse Contrib	10	N	140PY, 76	
143	143	Domestic Violence Contrib	10	N	140PY, 77	
144	144	Political Contrib	10	N	140PY, 78	
145	145	Neighbors Helping Contrib	10	N	140PY, 79	
146	146	Special Olympics Contrib	10	N	140PY, 80	
147	147	Veterans' Donation Fund	10	N	140PY, 81	
148	148	I Didn't Pay Enough Fund	10	N	140PY, 82F	
149	149	Sustainable State Parks and Road Fund	10	N	140PY, 83	
	150	Spay/Neuter of Animals	10	N	140PY, 84	New TY2017
150	151	Democratic Party	1	A	140PY, 85-1	"2" or null
151	152	Green Party	1	A	140PY, 85-2	"3" or null - Rename Only
152	153	Libertarian Party	1	A	140PY, 85-3	"4" or null
153	154	Republican Party	1	A	140PY, 85-4	"5" or null
154	155	Est Pmt Pen/MSA Pen	10	N	140PY, 86	
155	156	Annualized Other	1	A	140PY, 87-1	Y or null
156	157	Farmer/Fisherman	1	A	140PY, 87-2	Y or null
157	158	Form 221 Attached	1	A	140PY, 87-3	Y or null
158	159	AZLTHSA Penalty	1	A	140PY, 87-4	Y or null
159	160	Tot Contrib/Penalty	10	N	140PY, 88	Add lines 74 through 84 and 86
160	161	Refund Amount	10	N	140PY, 89	Subtract Line 88 from 73, If less than zero, enter amount owed on line 89
161	162	Foreign Account	1	A	140PY, 89A	Y or Null; If "Y", Fields 163-166 should be disabled.
162	163	Dir Dep Routing Nbr	9	N	140PY, 98	For direct deposit; direct debit is not supported.
163	164	Dir Dep Account Nbr	17	A/N	140PY, 98	For direct deposit; direct debit is not supported.
164	165	Dir Dep Checking	1	A	140PY, 98	X or null; direct deposit only
165	166	Dir Dep Savings	1	A	140PY, 98	X or null; direct deposit only
166	167	Amount Owed	10	N	140PY, 90	Add lines 70 and 88
167	168	Prior Last Names	20	A	Front Page, 97	Comma delimited
168	169	Primary Occupation	16	A	140PY, pg2	
169	170	Spouse Occupation	16	A	140PY, pg2	
170	171	Preparer Name	35	A/N	140PY, pg2	
171	172	Preparer FEIN	9	N	140PY, pg2	No hyphens
172	173	Preparer Address	35	A/N	140PY, pg2	
173	174	Preparer City	21	A	140PY, pg2	
174	175	Preparer State	2	A	140PY, pg2	
175	176	Preparer Zip Code	9	N	140PY, pg2	
176	177	Paid Preparer Phone Number	10	N	140PY, pg2	
177	178	Medical/Dental Expenses	10	N	FedSchA(2-D) 1	
178	179	Adjusted Gross Income	10	N	FedSchA(2-D) 2	
179	180	Medical Allowance	10	N	FedSchA(2-D) 3	
180	181	Total Medical/Dental	10	N	FedSchA(2-D) 4	
181	182	State and Local Taxes	10	N	FedSchA(2-D) 5	
182	183	Real Estate Taxes	10	N	FedSchA(2-D) 6	
183	184	Personal Property Taxes	10	N	FedSchA(2-D) 7	
184	185	Other Taxes	10	N	FedSchA(2-D) 8	
185	186	Total Other Taxes	10	N	FedSchA(2-D) 9	
186	187	Mortgage Interest from 1098	10	N	FedSchA(2-D) 10	
187	188	Other Mortgage Interest	10	N	FedSchA(2-D) 11	
188	189	Deductible Points	10	N	FedSchA(2-D) 12	
189	190	Qualified Mortgage Insurance Premiums	10	N	FedSchA(2-D) 13	
190	191	Investment Interest	10	N	FedSchA(2-D) 14	
191	192	Total Interest	10	N	FedSchA(2-D) 15	
192	193	Total Cash/Check Contrib	10	N	FedSchA(2-D) 16	
193	194	Non-Cash/Check Contrib	10	N	FedSchA(2-D) 17	
194	195	Carryover Prior Year	10	N	FedSchA(2-D) 18	
195	196	Total Contrib	10	N	FedSchA(2-D) 19	
196	197	Casualty/Theft Loss	10	N	FedSchA(2-D) 20	
197	198	Unreimb Emp Exp	10	N	FedSchA(2-D) 21	
198	199	Tax Preparation Fees	10	N	FedSchA(2-D) 22	
199	200	Tot Other Exp	10	N	FedSchA(2-D) 23	
200	201	Gross Misc Ded	10	N	FedSchA(2-D) 24	
201	202	Miscellaneous Allow	10	N	FedSchA(2-D) 26	
202	203	Total Misc Deduct	10	N	FedSchA(2-D) 27	
203	204	Tot Other Misc Deduct	10	N	FedSchA(2-D) 28	
204	205	Total Item Deduct	10	N	FedSchA(2-D) 29	
205	206	Medical/Dental Expenses	10	N	AZSchA(PY)/(PYN) 1	
206	207	Taxes Allowed	10	N	AZSchA(PY)/(PYN) 2	

Legend

Blue: Additions and Changes for TY2017  
Orange: Deleted Items for TY2017

207	208	Interest Expense	10	N	AZSchA(PY)/(PYN) 3	
208	209	Gifts Charity Allowed on Fed	10	N	AZSchA(PY)/(PYN) 4	
209	210	Casualty loss 1040	10	N	AZSchA(PY)/(PYN) 5	
210	211	Casualty Loss 4684	10	N	AZSchA(PY)/(PYN) 6	
211	212	Amount of Loss AZ	10	N	AZSchA(PY)/(PYN) 7	
212	213	Casualty Percentage	5	D(4,3)	AZSchA(PY)/(PYN) 8	Enter 100.0% as 1.000; 50.0% as 0.500; 80.63% as 0.806
213	214	Casualty Total	10	N	AZSchA(PY)/(PYN) 9	
214	215	Miscellaneous Fed	10	N	AZSchA(PY)/(PYN) 10	
215	216	Miscellaneous AZ	10	N	AZSchA(PY)/(PYN) 11	
216	217	Misc Percentage	5	D(4,3)	AZSchA(PY)/(PYN) 12	Enter 100.0% as 1.000; 50.0% as 0.500; 80.63% as 0.806
217	218	Misc Deduction Fed	10	N	AZSchA(PY)/(PYN) 13	
218	219	Misc Deduction %	10	N	AZSchA(PY)/(PYN) 14	
219	220	Other Miscellaneous	10	N	AZSchA(PY)/(PYN) 15	
220	221	Wagering losses	10	N	AZSchA(PY)/(PYN) 16	
221	222	Tot Gamble Wins AZ	10	N	AZSchA(PY)/(PYN) 17	
222	223	AllowGamble Subt	10	N	AZSchA(PY)/(PYN) 18	
223	224	Gamble Loss Deduct	10	N	AZSchA(PY)/(PYN) 19	
224	225	Gambling Total	10	N	AZSchA(PY)/(PYN) 20	
225	226	Gambling Calculate	10	N	AZSchA(PY)/(PYN) 21	
226	227	Tot Job Expense Misc	10	N	AZSchA(PY)/(PYN) 22	
227	228	Tentative AZ Item	10	N	AZSchA(PY)/(PYN) 23	
228	229	FGI Reductions	10	N	AZSchA(PY)/(PYN) 24	
229	230	Allowed Itemized Deductions	10	N	AZSchA(PY)/(PYN) 25	
230	231	Percentage Itemized Deductions	10	N	AZSchA(PY)/(PYN) 26	
231	232	Multi Result	10	N	AZSchA(PY)/(PYN) 27	
232	233	Sub Result	10	N	AZSchA(PY)/(PYN) 28	
233	234	Part2 Med/Dent Exp	10	N	AZSchA (PYN) 29	
234	235	Part2 MSA Distr Used	10	N	AZSchA (PYN) 30	
235	236	Part2 Fed Med Deduct	10	N	AZSchA (PYN) 31	
236	237	Part2 Tot Med Deduct	10	N	AZSchA (PYN) 32	
237	238	Part2 Med Add Adjust	10	N	AZSchA (PYN) 33	
238	239	Part2 Med Subt Adj	10	N	AZSchA (PYN) 34	
239	240	Part2 Fed Credit Int Paid	10	N	AZSchA (PYN) 35	
240	241	Part2 WagerLossFed	10	N	AZSchA (PYN) 36	
241	242	Part2 Gamble Win	10	N	AZSchA (PYN) 37	
242	243	Part2 AZ Lottery Subt	10	N	AZSchA (PYN) 38	
243	244	Part2 Max Gamble Loss Deduct	10	N	AZSchA (PYN) 39	
244	245	Part2 Gambling Subt Adj	10	N	AZSchA (PYN) 40	
245	246	Part2 Contrib Ad	10	N	AZSchA (PYN) 41	
246	247	Part2 Sum Add Adj	10	N	AZSchA (PYN) 42	
247	248	Part2 Sum Subt Adj	10	N	AZSchA (PYN) 43	
248	249	Part2 Tot Fed Item Deductions	10	N	AZSchA (PYN) 44	
249	250	Part2 Sum line 43	10	N	AZSchA (PYN) 45	
250	251	Part2 SumTotAzItem Deduct	10	N	AZSchA (PYN) 46	
251	252	Part2 Adj ItemDeduct	10	N	AZSchA (PYN) 47	
252	253	Part2 Subt Subtotal	10	N	AZSchA (PYN) 48	
253	254	Part2 Tot Line 23	10	N	AZSchA (PYN) 49	
254	255	Part2 Subt Sum	10	N	AZSchA (PYN) 50	
255	256	Part2 Az Percentage	5	D(4,3)	AZSchA (PYN) 51	Enter 100.0% as 1.000; 50.0% as 0.500; 80.63% as 0.806
256	257	Part2 Multi Sum	10	N	AZSchA (PYN) 52	
257	258	Part2 Az Item Deduct	10	N	AZSchA (PYN) 53	
258	259	Employer ID (1)	9	N	W-2 (1st Wage Statement)	
259	260	Employees SSN (1)	9	N	W-2 (1st Wage Statement)	
260	261	Arizona Wages (1)	10	N	W-2 (1st Wage Statement)	
261	262	Arizona Withholding (1)	10	N	W-2 (1st Wage Statement)	
262	263	Employer ID (2)	9	N	W-2 (2nd Wage Statement)	
263	264	Employees SSN (2)	9	N	W-2 (2nd Wage Statement)	
264	265	Arizona Wages (2)	10	N	W-2 (2nd Wage Statement)	
265	266	Arizona Withholding (2)	10	N	W-2 (2nd Wage Statement)	
266	267	Employer ID (3)	9	N	W-2 (3rd Wage Statement)	
267	268	Employees SSN (3)	9	N	W-2 (3rd Wage Statement)	
268	269	Arizona Wages (3)	10	N	W-2 (3rd Wage Statement)	
269	270	Arizona Withholding (3)	10	N	W-2 (3rd Wage Statement)	
270	271	Employer ID (4)	9	N	W-2 (4th Wage Statement)	
271	272	Employees SSN (4)	9	N	W-2 (4th Wage Statement)	
272	273	Arizona Wages (4)	10	N	W-2 (4th Wage Statement)	
273	274	Arizona Withholding (4)	10	N	W-2 (4th Wage Statement)	
274	275	Payer's ID (1)	9	N	1099-R (1st Statement)	
275	276	Recipient's SSN (1)	9	N	1099-R (1st Statement)	
276	277	1099 Gross Amt (1)	10	N	1099-R (1st Statement)	
277	278	1099 Taxable Amount (1)	10	N	1099-R (1st Statement)	
278	279	1099 Az WH (1)	10	N	1099-R (1st Statement)	
279	280	Payer's ID (2)	9	N	1099-R (2nd Statement)	

Legend

Blue: Additions and Changes for TY2017  
Orange: Deleted Items for TY2017

280	281	Recipient's SSN (2)	9	N	1099-R (2nd Statement)	
281	282	1099 Gross Amt (2)	10	N	1099-R (2nd Statement)	
282	283	1099 Taxable Amount (2)	10	N	1099-R (2nd Statement)	
283	284	1099 Az WH (2)	10	N	1099-R (2nd Statement)	
284	285	Enterprise Zone Credit b	10	N	301, Line 1b (Form 304)	
285	286	Enterprise Zone Credit c	10	N	301, Line 1c (Form 304)	
286	287	Environ Tech Fac Credit a	10	N	301, Line 2a (Form 305)	
287	288	Environ Tech Fac Credit b	10	N	301, Line 2b (Form 305)	
288	289	Environ Tech Fac Credit c	10	N	301, Line 2c (Form 305)	
289	290	Military Reuse Zone Credit a	10	N	301, Line 3a (Form 306)	
290	291	Military Reuse Zone Credit b	10	N	301, Line 3b (Form 306)	
291	292	Military Reuse Zone Credit c	10	N	301, Line 3c (Form 306)	
292	293	Recycling Equipment Credit b	10	N	301, Line 4b (Form 307)	
293	294	Recycling Equipment Credit c	10	N	301, Line 4c (Form 307)	
294	295	Increased Research Act Ind Credit a	10	N	301, Line 5a (Form 308-l)	
295	296	Increased Research Act Ind Credit b	10	N	301, Line 5b (Form 308-l)	
296	297	Increased Research Act Ind Credit c	10	N	301, Line 5c (Form 308-l)	
297	298	Tax Paid Other State Cntry Credit a	10	N	301, Line 6a (Form 309)	
298	299	Tax Paid Other State Cntry Credit c	10	N	301, Line 6c (Form 309)	
299	300	Solar Energy Devices Credit a	10	N	301, Line 7a (Form 310)	
300	301	Solar Energy Devices Credit b	10	N	301, Line 7b (Form 310)	
301	302	Solar Energy Devices Credit c	10	N	301, Line 7c (Form 310)	
302	303	Agri Water Conserv Sys Credit a	10	N	301, Line 8a (Form 312)	
303	304	Agri Water Conserv Sys Credit b	10	N	301, Line 8b (Form 312)	
304	305	Agri Water Conserv Sys Credit c	10	N	301, Line 8c (Form 312)	
305	306	Polution Control Credit a	10	N	301, Line 9a (Form 315)	
306	307	Polution Control Credit b	10	N	301, Line 9b (Form 315)	
307	308	Polution Control Credit c	10	N	301, Line 9c (Form 315)	
308	309	Solar Heat and Elect Veh Outlets Credit a	10	N	301, Line 10a (Form 319)	
309	310	Solar Heat and Elect Veh Outlets Credit b	10	N	301, Line 10b (Form 319)	
310	311	Solar Heat and Elect Veh Outlets Credit c	10	N	301, Line 10c (Form 319)	
311	312	Employ TANF Recipients Credit a	10	N	301, Line 11a (Form 320)	
312	313	Employ TANF Recipients Credit b	10	N	301, Line 11b (Form 320)	
313	314	Employ TANF Recipients Credit c	10	N	301, Line 11c (Form 320)	
314	315	Contrib Qual Chart Orgns Credit a	10	N	301, Line 12a (Form 321)	
315	316	Contrib Qual Chart Orgns Credit b	10	N	301, Line 12b (Form 321)	
316	317	Contrib Qual Chart Orgns Credit c	10	N	301, Line 12c (Form 321)	
317	318	Contrib Fees Paid Pub Schs Credit a	10	N	301, Line 13a (Form 322)	
318	319	Contrib Fees Paid Pub Schs Credit b	10	N	301, Line 13b (Form 322)	
319	320	Contrib Fees Paid Pub Schs Credit c	10	N	301, Line 13c (Form 322)	
320	321	Contrib Priv Sch Tuit Orgns Credit a	10	N	301, Line 14a (Form 323)	
321	322	Contrib Priv Sch Tuit Orgns Credit b	10	N	301, Line 14b (Form 323)	
322	323	Contrib Priv Sch Tuit Orgns Credit c	10	N	301, Line 14c (Form 323)	
323	324	Agri Pol Cntrl Equip Credit a	10	N	301, Line 15a (Form 325)	
324	325	Agri Pol Cntrl Equip Credit b	10	N	301, Line 15b (Form 325)	
325	326	Agri Pol Cntrl Equip Credit c	10	N	301, Line 15c (Form 325)	
326	327	Donation School Site Credit a	10	N	301, Line 16a (Form 331)	
327	328	Donation School Site Credit b	10	N	301, Line 16b (Form 331)	
328	329	Donation School Site Credit c	10	N	301, Line 16c (Form 331)	
329	330	Healthy Forest Enterprises Credit a	10	N	301, Line 17a (Form 332)	
330	331	Healthy Forest Enterprises Credit b	10	N	301, Line 17b (Form 332)	
331	332	Healthy Forest Enterprises Credit c	10	N	301, Line 17c (Form 332)	
332	333	Employ Natl Guard Members Credit a	10	N	301, Line 18a (Form 333)	
333	334	Employ Natl Guard Members Credit b	10	N	301, Line 18b (Form 333)	
334	335	Employ Natl Guard Members Credit c	10	N	301, Line 18c (Form 333)	
		Motion Picture Credit b	10	N	301, Line 19b (Form 334)	
		Motion Picture Credit c	10	N	301, Line 19c (Form 334)	
335	336	Business Contrib School Tuition Org a	10	N	301, Line 19a (Form 335-l)	
336	337	Business Contrib School Tuition Org b	10	N	301, Line 19b (Form 335-l)	
337	338	Business Contrib School Tuition Org c	10	N	301, Line 19c (Form 335-l)	
338	339	Solar Energy Devices Comm Ind Credit a	10	N	301, Line 20a (Form 336)	
339	340	Solar Energy Devices Comm Ind Credit b	10	N	301, Line 20b (Form 336)	
340	341	Solar Energy Devices Comm Ind Credit c	10	N	301, Line 20c (Form 336)	
341	342	Invest Qual Small Bus Credit a	10	N	301, Line 21a (Form 338)	
342	343	Invest Qual Small Bus Credit b	10	N	301, Line 21b (Form 338)	
343	344	Invest Qual Small Bus Credit c	10	N	301, Line 21c (Form 338)	
344		Water Conserv Sys Credit b	10	N	301, Line 22b (Form 339)	Removed TY2017
345		Water Conserv Sys Credit c	10	N	301, Line 22c (Form 339)	Removed TY2017
346	345	Military Fam Relf Fnd Credit a	10	N	301, Line 22a (Form 340)	
347	346	Military Fam Relf Fnd Credit c	10	N	301, Line 22c (Form 340)	
348	347	Business Contrib School Tuition Disabled a	10	N	301, Line 23a (Form 341-l)	

Legend

Blue: Additions and Changes for TY2017  
Orange: Deleted Items for TY2017

349	348	Business Contrib School Tuition Disabled b	10	N	301, Line 23b (Form 341-I)	
350	349	Business Contrib School Tuition Disabled c	10	N	301, Line 23c (Form 341-I)	
351	350	Renew Energy Prod Tax Credit a	10	N	301, Line 24a (Form 343)	
352	351	Renew Energy Prod Tax Credit b	10	N	301, Line 24b (Form 343)	
353	352	Renew Energy Prod Tax Credit c	10	N	301, Line 24c (Form 343)	
354	353	Solar Liquid Fuel Credit a	10	N	301, Line 25a (Form 344)	
355	354	Solar Liquid Fuel Credit c	10	N	301, Line 25c (Form 344)	
356	355	New Employment Credit a	10	N	301, Line 26a (Form 345)	
357	356	New Employment Credit b	10	N	301, Line 26b (Form 345)	
358	357	New Employment Credit c	10	N	301, Line 26c (Form 345)	
359	358	Increased Resrch Act Basic Resrch Credit a	10	N	301, Line 27a (Form 346)	
360	359	Incrs Resrch Act Basic Resrch Credit b	10	N	301, Line 27b (Form 346)	
361	360	Incrs Resrch Act Basic Resrch Credit c	10	N	301, Line 27c (Form 346)	
362	361	Qual Hlth Ins Plan Credit b	10	N	301, Line 28b (Form 347)	
363	362	Qual Hlth Ins Plan Credit c	10	N	301, Line 28c (Form 347)	
364	363	Contrib Cert Schl Tuit Orgns Credit a	10	N	301, Line 29a (Form 348)	
365	364	Contrib Cert Schl Tuit Orgns Credit b	10	N	301, Line 29b (Form 348)	
366	365	Contrib Cert Schl Tuit Orgns Credit c	10	N	301, Line 29c (Form 348)	
367	366	Renew Energy Invest Prod Slf Consum Credit a	10	N	301, Line 30a (Form 351)	
368	367	Renew Energy Invest Prod Slf Consum Credit b	10	N	301, Line 30b (Form 351)	
369	368	Renew Energy Invest Prod Slf Consum Credit c	10	N	301, Line 30c (Form 351)	
370	369	Contrib Qual Foster Care Char Orgns Credit a	10	N	301, Line 31a (Form 352)	
371	370	Contrib Qual Foster Care Char Orgns Credit c	10	N	301, Line 31c (Form 352)	
372	371	Total Available Nonrefundable Tax Credits	10	N	301, Line 33	Add Lines 1 through 32 Column c Only
373	372	Total AZ Tax	10	N	301, Line 34	Tax From F140 L46 or F140PY L59 or F140NR L56 or F140X L31
374	373	Tax Recap Environ Tech Fac Credit	10	N	301, Line 35	From AZ Credit Form 305 Part 5 Line 23
375	374	Tax Recap Credits Hlthy Forest Entrs	10	N	301, Line 36	From AZ Credit Form 332 Part 11 Line 53 and Part 12 Line 59
376	375	Tax Recap Credits Renew Engy Ind	10	N	301, Line 37c	From AZ Credit Form 342 Part 5 Line 17
377	376	Tax Recap Credits Qual Facs	10	N	301, Line 38c	From AZ Credit Form 349 Part 5 Line 17
378	377	Tax Recap Crdts Renew Engy Invest Prod Slf Cons	10	N	301, Line 39	From AZ Credit Form 351 Part 5 Line 25c
379	378	Total Recapture of Credits	10	N	301, Line 40	Add Lines 35 through 39 Enter Here and on F140 L47, F140PY L59, F140NR L57, F140X L35
380	379	Subtotal Tax Credits and Recap Credits	10	N	301, Line 41	Add Lines 34 and 40
381	380	Family Income Tax Credit	10	N	301, Line 42	From F140 L49 or F140PY L61 or F140X L37
382	381	Total Tax Credits and Recap Credits	10	N	301, Line 43	Subtract Lines 42 from Line 41. If less than Zero Enter Zero
383	382	Enterprise Zone Credit Used	10	N	301, Line 44 (Form 304)	
384	383	Environ Tech Fac Credit Used	10	N	301, Line 45 (Form 305)	
385	384	Military Reuse Zone Credit Used	10	N	301, Line 46 (Form 306)	
386	385	Recycling Equipment Credit Used	10	N	301, Line 47 (Form 307)	
387	386	Increased Research Act Indiv Credit Used	10	N	301, Line 48 (Form 308-I)	
388	387	Tax Paid Other State Ctry Credit Used	10	N	301, Line 49 (Form 309)	
389	388	Solar Energy Devices Credit Used	10	N	301, Line 50 (Form 310)	
390	389	Agri Water Conserv Sys Credit Used	10	N	301, Line 51 (Form 312)	
391	390	Polution Control Credit Used	10	N	301, Line 52 (Form 315)	
392	391	Solar Heat and Elect Veh Outlets Credit Used	10	N	301, Line 53 (Form 319)	
393	392	Employ TANF Recipients Credit Used	10	N	301, Line 54 (Form 320)	
394	393	Contrib Qual Chart Orgns Credit Used	10	N	301, Line 55 (Form 321)	
395	394	Contrib Fees Paid Pub Schs Credit Used	10	N	301, Line 56 (Form 322)	
396	395	Contrib Priv Sch Tuit Orgns Credit Used	10	N	301, Line 57 (Form 323)	
397	396	Agri Pol Cntrl Equip Credit Used	10	N	301, Line 58 (Form 325)	
398	397	Donation School Site Credit Used	10	N	301, Line 59 (Form 331)	
399	398	Healthy Forest Enterprises Credit Used	10	N	301, Line 60 (Form 332)	
400	399	Employ Natl Guard Members Credit Used	10	N	301, Line 61 (Form 333)	
401	400	Business Contrib School Tuition Org Used	10	N	301, Line 62 (Form 335-I)	
402	401	Solar Energy Devices Comm Indus Used	10	N	301, Line 63 (Form 336)	
403	402	Invest Qual Small Bus Credit Used	10	N	301, Line 64 (Form 338)	
404	403	Water Conserv Sys Credit Used	10	N	301, Line 65 (Form 339)	Removed TY2017
405	404	Donations Military Fam Relf Fnd Credit Used	10	N	301, Line 65 (Form 340)	
406	404	Business Contrib School Tuition Disabled a	10	N	301, Line 66 (Form 341-I)	
407	405	Renew Energy Prod Tax Credit Used	10	N	301, Line 67 (Form 343)	
408	406	Solar Liquid Fuel Credit Used	10	N	301, Line 68 (Form 344)	
409	407	New Employment Credit Used	10	N	301, Line 69 (Form 345)	
410	408	Incrs Resrch Act Basic Resrch Credit Used	10	N	301, Line 70 (Form 346)	
411	409	Qual Hlth Ins Plans Credit Used	10	N	301, Line 71 (Form 347)	
412	410	Contrib Cert Schl Tuit Orgns Credit Used	10	N	301, Line 72 (Form 348)	
413	411	Renew Energy Invest Prod Slf Consum Credit Used	10	N	301, Line 73 (Form 351)	
414	412	Contrib Qual Foster Care Char Orgns Credit Used	10	N	301, Line 74 (Form 352)	
415	413	Total Nonrefundable Tax Credits Used	10	N	301, Line 76	Add Lines 44 through 75. Total Cannot be more than 43. Enter this amount on Form 140 L50, 140PY L62, 140NR L59, or 104X L38
416	414	Description of Income Items a	30	A	309, Line 1a	

Legend

Blue: Additions and Changes for TY2017  
Orange: Deleted Items for TY2017

417	415	Description of Income Items b	30	A	309, Line 1b	
418	416	Description of Income Items c	30	A	309, Line 1c	
419	417	Amt Income Listed Report AZ Oth St Cntry a	10	N	309, Line 2a	
420	418	Amt Income Listed Report AZ Oth St Cntry b	10	N	309, Line 2b	
421	419	Amt Income Listed Report AZ Oth St Cntry c	10	N	309, Line 2c	
422	420	Amt Income Include AZ Adj Gross a	10	N	309, Line 3a	
423	421	Amt Income Include AZ Adj Gross b	10	N	309, Line 3b	
424	422	Amt Income Include AZ Adj Gross c	10	N	309, Line 3c	
425	423	Amt Income Include Oth Adj Gross a	10	N	309, Line 4a	
426	424	Amt Income Include Oth Adj Gross b	10	N	309, Line 4b	
427	425	Amt Income Include Oth Adj Gross c	10	N	309, Line 4c	
428	426	Amt Income Taxable by Both AZ Oth a	10	N	309, Line 5a	Enter smaller of Line 3 or 4
429	427	Amt Income Taxable by Both AZ Oth b	10	N	309, Line 5b	Enter smaller of Line 3 or 4
430	428	Amt Income Taxable by Both AZ Oth c	10	N	309, Line 5c	Enter smaller of Line 3 or 4
431	429	Tot Income Taxable by Both AZ Other	10	N	309, Line 6	Add Line 5 a, b, and c
432	430	AZ Tax Liable Less Credits	10	N	309, Line 7	
433	431	Amt Part1 Line6	10	N	309, Line 8	
434	432	Amt AZ Income Tax Imposed	10	N	309, Line 9	
435	433	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)
436	434	Amt AZ Tax Liability After Credits	10	N	309, Line 11	Multiply Line 7 by the Decimal on Line 10
437	435	Amt Income Tax Paid St or Cntry	10	N	309, Line 12b	
438	436	Tot Income Taxable By Both	10	N	309, Line 13	From Part 1 Line 6
439	437	Tot Income Taxable By Other	10	N	309, Line 14	
440	438	Pct Income Taxable by Other	6	D(4,3)	309, Line 15	Divide Line 13 by Line 14 (Cannot be greater than 1.000)
441	439	Tot Amt Tax Paid Other	10	N	309, Line 16	Multiply Line 12 by the Decimal on Line 15
442	440	Credit Allow Tax Paid Other	10	N	309, Line 17	Enter smaller of Line 11 or 16
443	441	Description of Income Items a	30	A	309, Line 1a (2)	
444	442	Description of Income Items b	30	A	309, Line 1b (2)	
445	443	Description of Income Items c	30	A	309, Line 1c (2)	
446	444	Amt Income Listed Report AZ Oth St Cntry a	10	N	309, Line 2a (2)	
447	445	Amt Income Listed Report AZ Oth St Cntry b	10	N	309, Line 2b (2)	
448	446	Amt Income Listed Report AZ Oth St Cntry c	10	N	309, Line 2c (2)	
449	447	Amt Income Include AZ Adj Gross a	10	N	309, Line 3a (2)	
450	448	Amt Income Include AZ Adj Gross b	10	N	309, Line 3b (2)	
451	449	Amt Income Include AZ Adj Gross c	10	N	309, Line 3c (2)	
452	450	Amt Income Include Oth Adj Gross a	10	N	309, Line 4a (2)	
453	451	Amt Income Include Oth Adj Gross b	10	N	309, Line 4b (2)	
454	452	Amt Income Include Oth Adj Gross c	10	N	309, Line 4c (2)	
455	453	Amt Income Taxable by Both AZ Oth a	10	N	309, Line 5a (2)	Enter smaller of Line 3 or 4
456	454	Amt Income Taxable by Both AZ Oth b	10	N	309, Line 5b (2)	Enter smaller of Line 3 or 4
457	455	Amt Income Taxable by Both AZ Oth c	10	N	309, Line 5c (2)	Enter smaller of Line 3 or 4
458	456	Tot Income Taxable by Both AZ Other	10	N	309, Line 6 (2)	Add Line 5 a, b, and c
459	457	AZ Tax Liable Less Credits	10	N	309, Line 7 (2)	
460	458	Amt Part1 Line6	10	N	309, Line 8 (2)	
461	459	Amt AZ Income Tax Imposed	10	N	309, Line 9 (2)	
462	460	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)
463	461	Amt AZ Tax Liability After Credits	10	N	309, Line 11 (2)	Multiply Line 7 by the Decimal on Line 10
464	462	Amt Income Tax Paid St or Cntry	10	N	309, Line 12b (2)	
465	463	Tot Income Taxable By Both	10	N	309, Line 13 (2)	From Part 1 Line 6
466	464	Tot Income Taxable By Other	10	N	309, Line 14 (2)	
467	465	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)
468	466	Tot Amt Tax Paid Other	10	N	309, Line 16 (2)	Multiply Line 12 by the Decimal on Line 15
469	467	Credit Allow Tax Paid Other	10	N	309, Line 17 (2)	Enter smaller of Line 11 or 16
470	468	Address of Solar Energy Device	35	A/N	310, Line 1a	
471	469	City of Solar Energy Device	21	A	310, Line 1b	
472	470	State of Solar Energy Device	2	A	310, Line 1c	
473	471	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
474	472	Cost of Solar Energy Device	10	N	310, Line 2	
475	473	Percentage of Cost Solar Energy Device	10	N	310, Line 3	AZ Credit Form 310 Multiply Line 2 by .25 (25%)
476	474	Enter Lesser of Line 3 or \$1000	10	N	310, Line 4	
477	475	Amt Credit Prior Years	10	N	310, Line 5	
478	476	Total Credit Current Prior Years	10	N	310, Line 6	Add Lines 4 and 5
479	477	Enter Lesser of Line 6 or \$1000	10	N	310, Line 7	
480	478	Subtotal Allowable Credit	10	N	310, Line 8	Subtract Line 5 from Line 7
481	479	Total Allowable Credit	10	N	310, Line 9	Enter smaller of Line 4 or Line 8
482	480	Original Credit Amount 10b	10	N	310, Line 10b	Enter Amount from Prior Year 5
483	481	Previous Used Amount 10c	10	N	310, Line 10c	Enter Amount from Prior Year 5
484	482	Available Carryover Amount 10d	10	N	310, Line 10d	Enter Amount from Prior Year 5
485	483	Original Credit Amount 11b	10	N	310, Line 11b	Enter Amount from Prior Year 4
486	484	Previous Used Amount 11c	10	N	310, Line 11c	Enter Amount from Prior Year 4
487	485	Available Carryover Amount 11d	10	N	310, Line 11d	Enter Amount from Prior Year 4

## Legend

Blue: Additions and Changes for TY2017  
Orange: Deleted Items for TY2017

488	486	Original Credit Amount 12b	10	N	310, Line 12b	Enter Amount from Prior Year 3
489	487	Previous Used Amount 12c	10	N	310, Line 12c	Enter Amount from Prior Year 3
490	488	Available Carryover Amount 12d	10	N	310, Line 12d	Enter Amount from Prior Year 3
491	489	Original Credit Amount 13b	10	N	310, Line 13b	Enter Amount from Prior Year 2
492	490	Previous Used Amount 13c	10	N	310, Line 13c	Enter Amount from Prior Year 2
493	491	Available Carryover Amount 13d	10	N	310, Line 13d	Enter Amount from Prior Year 2
494	492	Original Credit Amount 14b	10	N	310, Line 14b	Enter Amount from Prior Year 1
495	493	Previous Used Amount 14c	10	N	310, Line 14c	Enter Amount from Prior Year 1
496	494	Available Carryover Amount 14d	10	N	310, Line 14d	Enter Amount from Prior Year 1
497	495	Total Available Carryover	10	N	310, Line 15	Add Lines 10 through 14 column d
498	496	Current Year Credit	10	N	310, Line 16	Enter Amount from Part 1 Line 9
499	497	Current Available Carryover	10	N	310, Line 17	Enter Amount from Part 2 Line 15 Column d
500	498	Total Available Credit	10	N	310, Line 18	Add Lines 16 and 17
501	499	Name of Qualifying Charity 1	30	A	321, Line 1a	
502	500	Location of Qualifying Charity 1	30	A	321, Line 1b	
503	501	Amt Contributed 1	10	N	321, Line 1c	
504	502	Name of Qualifying Charity 2	30	A	321, Line 2a	
505	503	Location of Qualifying Charity 2	30	A	321, Line 2b	
506	504	Amount Contributed 2	10	N	321, Line 2c	
507	505	Name of Qualifying Charity 3	30	A	321, Line 3a	
508	506	Location of Qualifying Charity 3	30	A	321, Line 3b	
509	507	Amount Qualifying Charity Contributed 3	10	N	321, Line 3c	
	508	Continuation Sheet 4h or Zero	10	N	321, Line 4	Added TY 2017. Amount from line 4h of Continuation Sheet or Zero.
510	509	Total Qualifying Charity	10	N	321, Line 5	Add lines 1-4 Column c
511	510	Name of Qualifying Charity 4	30	A	321, Line 6a	
512	511	Location of Qualifying Charity 4	30	A	321, Line 6b	
513	512	Amt Contributed 4	10	N	321, Line 6c	
514	513	Name of Qualifying Charity 5	30	A	321, Line 7a	
515	514	Location of Qualifying Charity 5	30	A	321, Line 7b	
516	515	Amount Contributed 5	10	N	321, Line 7c	
517	516	Name of Qualifying Charity 6	30	A	321, Line 8a	
518	517	Location of Qualifying Charity 6	30	A	321, Line 8b	
519	518	Amount Qualifying Charity Contributed 6	10	N	321, Line 8c	
	519	Continuation Sheet 9h or Zero	10	N	321, Line 9	Added TY 2017. Amount from line 9h of Continuation Sheet or Zero.
521	520	Total Cash Contri Qual Charity	10	N	321, Line 10	Add lines 6-9 Column c
520	521	Total Qualifying Charity2	10	N	321, Line 11	Add lines 5 and 10
522	522	Allowable Charity Credit	10	N	321, Line 12	AZ Credit Form 321 Single Taxpayer or Heads of Household Enter \$400 Married Taxpayer Enter \$800
523	523	Current Year's Qualifying Charity Credit	10	N	321, Line 13	Enter smaller of Line 11 or Line 12
524	524	Original Credit Amount 12b	10	N	321, Line 14b	Enter Amount from Prior Year 5
525	525	Previous Used Amount 12c	10	N	321, Line 14c	Enter Amount from Prior Year 5
526	526	Available Credit Carryover 12d	10	N	321, Line 14d	Enter Amount from Prior Year 5
527	527	Original Credit Amount 13b	10	N	321, Line 15b	Enter Amount from Prior Year 4
528	528	Previous Used Amount 13c	10	N	321, Line 15c	Enter Amount from Prior Year 4
529	529	Available Credit Carryover 13d	10	N	321, Line 15d	Enter Amount from Prior Year 4
530	530	Original Credit Amount 14b	10	N	321, Line 16b	Enter Amount from Prior Year 3
531	531	Previous Used Amount 14c	10	N	321, Line 16c	Enter Amount from Prior Year 3
532	532	Available Credit Carryover 14d	10	N	321, Line 16d	Enter Amount from Prior Year 3
533	533	Original Credit Amount 15b	10	N	321, Line 17b	Enter Amount from Prior Year 2
534	534	Previous Used Amount 15c	10	N	321, Line 17c	Enter Amount from Prior Year 2
535	535	Available Credit Carryover 15d	10	N	321, Line 17d	Enter Amount from Prior Year 2
536	536	Original Credit Amount 16b	10	N	321, Line 18b	Enter Amount from Prior Year 1
537	537	Previous Used Amount 16c	10	N	321, Line 18c	Enter Amount from Prior Year 1
538	538	Available Credit Carryover 16d	10	N	321, Line 18d	Enter Amount from Prior Year 1
539	539	Total Available Credit Carryover	10	N	321, Line 19	Add Lines 14 through 18 Column d
540	540	Current Yr's Credit	10	N	321, Line 20	Form 301, Part 1, line 12, Column a
541	541	Available Carryover	10	N	321, Line 21	Form 301, Part 1, line 12, Column b
542	542	Total Available Credit	10	N	321, Line 22	Form 301, Part 1, line 12, Column c
543	543	Name of Public School 1	30	A	322, Line 1a	
544	544	School District Name/Number 1	30	A	322, Line 1b	
545	545	Location of Public School 1	30	A	322, Line 1c	
546	546	Amt of Fees Paid 1	10	N	322, Line 1d	
547	547	Name of Public School 2	30	A	322, Line 2a	
548	548	School District Name/Number 2	30	A	322, Line 2b	
549	549	Location of Public School 2	30	A	322, Line 2c	
550	550	Amt of Fees Paid 2	10	N	322, Line 2d	
551	551	Name of Public School 3	30	A	322, Line 3a	
552	552	School District Name/Number 3	30	A	322, Line 3b	
553	553	Location of Public School 3	30	A	322, Line 3c	
554	554	Amt of Fees Paid 3	10	N	322, Line 3d	
	555	Continuation Sheet 4h or Zero	10	N	322, Line 4	Added TY 2017. Amount from line 4h of Continuation Sheet or Zero.
555	556	Cash Contributions Public Schools	10	N	322, Line 5	Add lines 1-4 Column d

Legend

Blue: Additions and Changes for TY2017  
Orange: Deleted Items for TY2017

556	557	Name of Public School 4	30	A	322, Line 6a	
557	558	School District Name/Number 4	30	A	322, Line 6b	
558	559	Location of Public School 4	30	A	322, Line 6c	
559	560	Amt of Fees Paid 4	10	N	322, Line 6d	
560	561	Name of Public School 5	30	A	322, Line 7a	
561	562	School District Name/Number 5	30	A	322, Line 7b	
562	563	Location of Public School 5	30	A	322, Line 7c	
563	564	Amt of Fees Paid 5	10	N	322, Line 7d	
564	565	Name of Public School 6	30	A	322, Line 8a	
565	566	School District Name/Number 6	30	A	322, Line 8b	
566	567	Location of Public School 6	30	A	322, Line 8c	
567	568	Amt of Fees Paid 6	10	N	322, Line 8d	
	569	Continuation Sheet 9h or Zero	10	N	322, Line 9	Added TY 2017. Amount from line 9h of Continuation Sheet or Zero.
568	570	Cash Contributions Public Schools2	10	N	322, Line 10	Add lines 6-9 Column d
569	571	Total Cash and Credit Contri Pub Schools	10	N	322, Line 11	Add lines 5 and 10
570	572	Allowable Cash Contributions Public Schools	10	N	322, Line 12	Single Taxpayer or Heads of Household Enter \$200 Married Taxpayer Enter \$400
571	573	Current Year's Credit	10	N	322, Line 13	Enter smaller of Line 11 or Line 12
572	574	Original Credit Amount 7	10	N	322, Line 14b	Enter Amount from Prior Year 5
573	575	Previous Used Amount 7	10	N	322, Line 14c	Enter Amount from Prior Year 5
574	576	Available Credit Carryover 7	10	N	322, Line 14d	Enter Amount from Prior Year 5
575	577	Original Credit Amount 8	10	N	322, Line 15b	Enter Amount from Prior Year 4
576	578	Previous Used Amount 8	10	N	322, Line 15c	Enter Amount from Prior Year 4
577	579	Available Credit Carryover 8	10	N	322, Line 15d	Enter Amount from Prior Year 4
578	580	Original Credit Amount 9	10	N	322, Line 16b	Enter Amount from Prior Year 3
579	581	Previous Used Amount 9	10	N	322, Line 16c	Enter Amount from Prior Year 3
580	582	Available Credit Carryover 9	10	N	322, Line 16d	Enter Amount from Prior Year 3
581	583	Original Credit Amount 10	10	N	322, Line 17b	Enter Amount from Prior Year 2
582	584	Previous Used Amount 10	10	N	322, Line 17c	Enter Amount from Prior Year 2
583	585	Available Credit Carryover 10	10	N	322, Line 17d	Enter Amount from Prior Year 2
584	586	Original Credit Amount 11	10	N	322, Line 18b	Enter Amount from Prior Year 1
585	587	Previous Used Amount 11	10	N	322, Line 18c	Enter Amount from Prior Year 1
586	588	Available Credit Carryover 11	10	N	322, Line 18d	Enter Amount from Prior Year 1
587	589	Total Available Carryover	10	N	322, Line 19	Add lines 14-18 Column d
588	590	Current Year's Total Credit	10	N	322, Line 20	Form 301, Part 1, line 13, Column a
589	591	Available Credit Carryover	10	N	322, Line 21	Form 301, Part 1, line 13, Column b
590	592	Total Available Credit	10	N	322, Line 22	Form 301, Part 1, line 13, Column c
591	593	Name of School 1	30	A	323, Line 1a	
592	594	Street Address of School 1	30	A	323, Line 1b	
593	595	City State of School 1	30	A	323, Line 1c	
594	596	Amt of Contribution School 1	10	N	323, Line 1d	
595	597	Name of School 2	30	A	323, Line 2a	
596	598	Street Address of School 2	30	A	323, Line 2b	
597	599	City State of School 2	30	A	323, Line 2c	
598	600	Amt of Contribution School 2	10	N	323, Line 2d	
599	601	Name of School 3	30	A	323, Line 3a	
600	602	Street Address of School 3	30	A	323, Line 3b	
601	603	City State of School 3	30	A	323, Line 3c	
602	604	Amt of Contribution School 3	10	N	323, Line 3d	
	605	Continuation Sheet 4h or Zero	10	N	323, Line 4	Added TY 2017. Amount from line 4h of Continuation Sheet or Zero.
603	606	Total Contributions School Prev Tuition	10	N	323, Line 5	Add lines 1-4 Column d
604	607	Name of School 4	30	A	323, Line 6a	
605	608	Street Address of School 4	30	A	323, Line 6b	
606	609	City State of School 4	30	A	323, Line 6c	
607	610	Amt of Contribution School 4	10	N	323, Line 6d	
608	611	Name of School 5	30	A	323, Line 7a	
609	612	Street Address of School 5	30	A	323, Line 7b	
610	613	City State of School 5	30	A	323, Line 7c	
611	614	Amt of Contribution School 5	10	N	323, Line 7d	
612	615	Name of School 6	30	A	323, Line 8a	
613	616	Street Address of School 6	30	A	323, Line 8b	
614	617	City State of School 6	30	A	323, Line 8c	
615	618	Amt of Contribution School 6	10	N	323, Line 8d	
	619	Continuation Sheet 9h or Zero			323, Line 9	Added TY 2017. Amount from line 9h of Continuation Sheet or Zero.
616	620	Total Contributions School Tuition	10	N	323, Line 10	Add lines 6-9 Column d
617	621	Total Amt of Contribution 2015	10	N	323, Line 11	Add Lines 5 and 10
618	622	Allowable Contributions School Tuition	10	N	323, Line 12	Single Taxpayer or Heads of Household Enter \$546 Married Taxpayer Enter \$1092
619	623	Current Year's Credit	10	N	323, Line 13	Enter smaller of Line 11 or Line 12
620	624	Original Credit Amount 6	10	N	323, Line 14b	Enter Amount from Prior Year 5
621	625	Previous Used Amount 6	10	N	323, Line 14c	Enter Amount from Prior Year 5
622	626	Available Credit Carryover 6	10	N	323, Line 14d	Enter Amount from Prior Year 5
623	627	Original Credit Amount 7	10	N	323, Line 15b	Enter Amount from Prior Year 4

Legend

Blue: Additions and Changes for TY2017  
Orange: Deleted Items for TY2017



624	628	Previous Used Amount 7	10	N	323, Line 15c	Enter Amount from Prior Year 4
625	629	Available Credit Carryover 7	10	N	323, Line 15d	Enter Amount from Prior Year 4
626	630	Original Credit Amount 8	10	N	323, Line 16b	Enter Amount from Prior Year 3
627	631	Previous Used Amount 8	10	N	323, Line 16c	Enter Amount from Prior Year 3
628	632	Available Credit Carryover 8	10	N	323, Line 16d	Enter Amount from Prior Year 3
629	633	Original Credit Amount 9	10	N	323, Line 17b	Enter Amount from Prior Year 2
630	634	Previous Used Amount 9	10	N	323, Line 17c	Enter Amount from Prior Year 2
631	635	Available Credit Carryover 9	10	N	323, Line 17d	Enter Amount from Prior Year 2
632	636	Original Credit Amount 10	10	N	323, Line 18b	Enter Amount from Prior Year 1
633	637	Previous Used Amount 10	10	N	323, Line 18c	Enter Amount from Prior Year 1
634	638	Available Credit Carryover 10	10	N	323, Line 18d	Enter Amount from Prior Year 1
635	639	Total Available Carryover	10	N	323, Line 19	Add lines 14-18 Column d
636	640	Current Year's Total Credit	10	N	323, Line 20	Form 301, Part 1, line 14, column a
637	641	Available Credit Carryover	10	N	323, Line 21	Form 301, Part 1, line 14, column b
638	642	Total Available Credit	10	N	323, Line 22	Form 301, Part 1, line 14, column c
639	643	Total Contribs Current Tx Yr	10	N	323, Line 23	
640	644	Max Credit Allow CR323	10	N	323, Line 24	Single Taxpayer or Heads of Household Enter \$546 Married Taxpayer Enter \$1092
641	645	Total Excess Contributions	10	N	323, Line 25	Subtract line 24 from line 23 or zero
642	646	ADVS Receipt Yes	1	A	340, Box 1-YES	X or null
643	647	ADVS Receipt No	1	A	340, Box 1-NO	X or null
644	648	Total Qualified Donations	10	N	340, Line 2	
645	649	Allowable Qualified Donations	10	N	340, Line 3	Single Taxpayer or Heads of Household Enter \$200 Married Taxpayer Enter \$400
646	650	Current Year's Credit	10	N	340, Line 4	Enter smaller of Line 2 or Line 3
647	651	Claiming School Credit Form 323 Yes	1	A	348, Box 1a-YES	X or null
648	652	Claiming School Credit Form 323 No	1	A	348, Box 1a-NO	X or null
649	653	Excess School Credit Form 323 Yes	1	A	348, Box 1b-YES	X or null
650	654	Excess School Credit Form 323 No	1	A	348, Box 1b-NO	X or null
651	655	Claiming Carryover Only Yes	1	A	348, Box 1c-YES	X or null
652	656	Claiming Carryover Only No	1	A	348, Box 1c-NO	X or null
653	657	Name of School 1	30	A	348, Line 2a	
654	658	Address of School 1	30	A	348, Line 2b	
655	659	City State of School 1	30	A	348, Line 2c	
656	660	Amt of Contribution 2015 1	10	N	348, Line 2d	
657	661	Name of School 2	30	A	348, Line 3a	
658	662	Address of School 2	30	A	348, Line 3b	
659	663	City State of School 2	30	A	348, Line 3c	
660	664	Amt of Contribution 2015 2	10	N	348, Line 3d	
661	665	Name of School 3	30	A	348, Line 4a	
662	666	Address of School 3	30	A	348, Line 4b	
663	667	City State of School 3	30	A	348, Line 4c	
664	668	Amt of Contribution 2015 3	10	N	348, Line 4d	
665	669	Amount from line 5h of Continuation Sheet or Zero.	10	N	348, Line 5	Added TY 2017. Amount from line 5h of Continuation Sheet or Zero.
666	670	Total Contributions Certified School Tuition Prev Yr	10	N	348, Line 6	Add lines 2-5 Column d
667	671	Name of School 4	30	A	348, Line 7a	
668	672	Address of School 4	30	A	348, Line 7b	
669	673	City State of School 4	30	A	348, Line 7c	
670	674	Amt of Contribution 2016 4	10	N	348, Line 7d	
671	675	Name of School 5	30	A	348, Line 8a	
672	676	Address of School 5	30	A	348, Line 8b	
673	677	City State of School 5	30	A	348, Line 8c	
674	678	Amt of Contribution 2016 5	10	N	348, Line 8d	
675	679	Name of School 6	30	A	348, Line 9a	
676	680	Address of School 6	30	A	348, Line 9b	
677	681	City State of School 6	30	A	348, Line 9c	
678	682	Amt of Contribution 2016 6	10	N	348, Line 9d	
679	683	Amount from line 5h of Continuation Sheet or Zero.	10	N	348, Line 10	Added TY 2017. Amount from line 5h of Continuation Sheet or Zero.
680	684	Total Contributions Certified School Tuition	10	N	348, Line 11	Add lines 7-10 Column d
681	685	Total Contributions Prev and Curr	10	N	348, Line 12	Add Line 6 and 11
682	686	Allowable Credit Claimed Form 323	10	N	348, Line 13	Enter amount from Form 323, Part 1 Line 5
683	687	Potential Credit	10	N	348, Line 14	Subtract Line 13 from Line 12
684	688	Allowable Max Credit	10	N	348, Line 15	Single Taxpayer or Heads of Household Enter \$543 Married Taxpayer Enter \$1085
685	689	Current Year's Credit	10	N	348, Line 16	Enter the smaller of Line 14 or Line 15
686	690	Original Credit Amount 10	10	N	348, Line 17b	Enter Amount from Prior Year 5
687	691	Previous Used Amount 10	10	N	348, Line 17c	Enter Amount from Prior Year 5
688	692	Available Credit Carryover 10	10	N	348, Line 17d	Enter Amount from Prior Year 5
689	693	Original Credit Amount 11	10	N	348, Line 18b	Enter Amount from Prior Year 4
690	694	Previous Used Amount 11	10	N	348, Line 18c	Enter Amount from Prior Year 4
691	695	Available Credit Carryover 11	10	N	348, Line 18d	Enter Amount from Prior Year 4
692	696	Original Credit Amount 12	10	N	348, Line 19b	Enter Amount from Prior Year 3
693	697	Previous Used Amount 12	10	N	348, Line 19c	Enter Amount from Prior Year 3
694	698	Available Credit Carryover 12	10	N	348, Line 19d	Enter Amount from Prior Year 3

## Legend

Blue: Additions and Changes for TY2017  
Orange: Deleted Items for TY2017

693	699	Original Credit Amount 13	10	N	348, Line 20b	Enter Amount from Prior Year 2
694	700	Previous Used Amount 13	10	N	348, Line 20c	Enter Amount from Prior Year 2
695	701	Available Credit Carryover 13	10	N	348, Line 20d	Enter Amount from Prior Year 2
	702	Original Credit Amount 14	10	N	348, Line 21b	Enter Amount from Prior Year 1
	703	Previous Used Amount 14	10	N	348, Line 21c	Enter Amount from Prior Year 1
	704	Available Credit Carryover 14		N	348, Line 21d	Enter Amount from Prior Year 1
696	705	Total Available Carryover	10	N	348, Line 22	Add lines 17-21 column d
697	706	Current Year's Total Credit	10	N	348, Line 23	Form 301, Part 1, line 29, column a
698	707	Available Credit Carryover	10	N	348, Line 24	Form 301, Part 1, line 29, column b
699	708	Total Available Credit	10	N	348, Line 25	Form 301, Part 1, line 29, column c
700	709	Name of Qualifying Foster Care Charity 1	30	A	352, Line 1a	
701	710	Location of Qualifying Foster Care Charity 1	30	A	352, Line 1b	
702	711	Amt Contributed 1	10	N	352, Line 1c	
703	712	Name of Qualifying Foster Care Charity 2	30	A	352, Line 2a	
704	713	Location of Qualifying Foster Care Charity 2	30	A	352, Line 2b	
705	714	Amount Contributed 2	10	N	352, Line 2c	
706	715	Name of Qualifying Foster Care Charity 3	30	A	352, Line 3a	
707	716	Location of Qualifying Foster Care Charity 3	30	A	352, Line 3b	
708	717	Amount Qualifying Foster Care Charity Contributed 3	10	N	352, Line 3c	
	718	Amount from line 4h of Continuation Sheet or Zero.	10	N	352, Line 4	Added TY 2017. Amount from line 4h of Continuation Sheet or Zero.
709	719	Total Qualifying Foster Care Charity	10	N	352, Line 5	Add lines 1-4 Column c
710	720	Name of Qualifying Charity 4	30	A	352, Line 6a	
711	721	Location of Qualifying Charity 4	30	A	352, Line 6b	
712	722	Amt Contributed 4	10	N	352, Line 6c	
713	723	Name of Qualifying Charity 5	30	A	352, Line 7a	
714	724	Location of Qualifying Charity 5	30	A	352, Line 7b	
715	725	Amount Contributed 5	10	N	352, Line 7c	
716	726	Name of Qualifying Charity 6	30	A	352, Line 8a	
717	727	Location of Qualifying Charity 6	30	A	352, Line 8b	
718	728	Amount Qualifying Charity Contributed 6	10	N	352, Line 8c	
	729	Amount from line 9h of Continuation Sheet or Zero.	10	N	352, Line 9	Added TY 2017. Amount from line 9h of Continuation Sheet or Zero.
719	730	Total Qualifying Charity2	10	N	352, Line 10	Add lines 6-9 Column c
720	731	Total Cash Contri Qual Charity	10	N	352, Line 11	Add Line 5 and Line 10
721	732	Allowable Charity Credit	10	N	352, Line 12	Single Taxpayer or Heads of Household Enter \$500 Married Taxpayer Enter \$1000
722	733	Current Year's Qualifying Charity Credit	10	N	352, Line 13	Enter smaller of Line 11 or Line 12
723	734	Original Credit Amount 12b	10	N	352, Line 14b	Enter Amount from Prior Year 5
724	735	Previous Used Amount 12c	10	N	352, Line 14c	Enter Amount from Prior Year 5
725	736	Available Credit Carryover 12d	10	N	352, Line 14d	Enter Amount from Prior Year 5
726	737	Original Credit Amount 13b	10	N	352, Line 15b	Enter Amount from Prior Year 4
727	738	Previous Used Amount 13c	10	N	352, Line 15c	Enter Amount from Prior Year 4
728	739	Available Credit Carryover 13d	10	N	352, Line 15d	Enter Amount from Prior Year 4
729	740	Original Credit Amount 14b	10	N	352, Line 16b	Enter Amount from Prior Year 3
730	741	Previous Used Amount 14c	10	N	352, Line 16c	Enter Amount from Prior Year 3
731	742	Available Credit Carryover 14d	10	N	352, Line 16d	Enter Amount from Prior Year 3
732	743	Original Credit Amount 15b	10	N	352, Line 17b	Enter Amount from Prior Year 2
733	744	Previous Used Amount 15c	10	N	352, Line 17c	Enter Amount from Prior Year 2
734	745	Available Credit Carryover 15d	10	N	352, Line 17d	Enter Amount from Prior Year 2
735	746	Original Credit Amount 16b	10	N	352, Line 18b	Enter Amount from Prior Year 1
736	747	Previous Used Amount 16c	10	N	352, Line 18c	Enter Amount from Prior Year 1
737	748	Available Credit Carryover 16d	10	N	352, Line 18d	Enter Amount from Prior Year 1
738	749	Total Available Credit Carryover	10	N	352, Line 19	Add Lines 14 through 18 Column d
739	750	Current Yr's Credit	10	N	352, Line 20	Form 301, Part 1, line 31, column a
740	751	Available Carryover	10	N	352, Line 21	Form 301, Part 1, line 31, column b
741	752	Total Available Credit	10	N	352, Line 22	Form 301, Part 1, line 31, column c
742	753	Trailer	5	A	*EOD*	

Legend

Blue: Additions and Changes for TY2017  
Orange: Deleted Items for TY2017

Arizona 140PTC - Property Tax Credit						
2D Barcode Record Layout						
2016 FIELD NO	2017 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		2017
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 Name 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	A	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, 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, 11	
38	38	Amt Property Tax Own	10	N	140 PTC, 12	
39	39	Amt Property Tax Rent	10	N	140 PTC, 13	
40	40	Tot Property Tax Paid	10	N	140 PTC, 14	
41	41	SubTotal Credit	10	N	140 PTC, 15	
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	AN	140 PTC, 16	Comma Delimited
45	45	Excise Tax Credit	10	N	140 PTC, 17	
46	46	Total Dependents	10	N	140 PTC, 18	
47	47	Total Credit	10	N	140 PTC, 19	
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	AN	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 PTCPartIA1	
54	54	Wages Spouse	10	N	140 PTCPartIA2	
55	55	Wages Other	10	N	140 PTCPartIA3	
56	56	Total Wages	10	N	140 PTCPartIA4	
57	57	Div & Int You	10	N	140 PTCPartIB1	
58	58	Div & Int Spouse	10	N	140 PTCPartIB2	
59	59	Div & Int Other	10	N	140 PTCPartIB3	
60	60	Total Div & Int	10	N	140 PTCPartIB4	
61	61	Bus Farm Income You	10	N	140 PTCPartIC1	
62	62	Bus Farm Inc Spouse	10	N	140 PTCPartIC2	
63	63	Bus Farm Inc Other	10	N	140 PTCPartIC3	
64	64	Total Bus Farm Inc	10	N	140 PTCPartIC4	
65	65	Gain/Loss Prop You	10	N	140PTCPartID1	
66	66	GainLoss Prop Spouse	10	N	140PTCPartID2	
67	67	GainLoss Prop Other	10	N	140PTCPartID3	
68	68	TotalGainLoss Prop	10	N	140PTCPartID4	
69	69	Pension You	10	N	140PTCPartIE1	

Legend

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70	70	Pension Spouse	10	N	140PTCPartIE2	
71	71	Pension Other	10	N	140PTCPartIE3	
72	72	Total Pension	10	N	140PTCPartIE4	
73	73	RentRoyalty IncYou	10	N	140PTCPartIF1	
74	74	RentRoyaltyInc Spous	10	N	140PTCPartIF2	
75	75	RentRoyalty Inc Other	10	N	140PTCPartIF3	
76	76	Total RentRoyalty Inc	10	N	140PTCPartIF4	
77	77	Part, Estate, Trust You	10	N	140PTCPartIG1	
78	78	PartEstateTrt Spouse	10	N	140PTCPartIG2	
79	79	PartEstateTrt Other	10	N	140PTCPartIG3	
80	80	Tot PartEstateTrt Inc	10	N	140PTCPartIG4	
81	81	Alimony You	10	N	140PTCPartIH1	
82	82	Alimony Spouse	10	N	140PTCPartIH2	
83	83	Alimony Other	10	N	140PTCPartIH3	
84	84	Total Alimony	10	N	140PTCPartIH4	
85	85	Other Income You	10	N	140PTCPartII1	
86	86	Other Income Spouse	10	N	140PTCPartII2	
87	87	Other Income Other	10	N	140PTCPartII3	
88	88	Total Other Income	10	N	140PTCPartII4	
89	89	Tot Household Income	10	N	140PTCPartIJ	
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	
103	103	MFJ Claim	1	N	140PTC Part2, 3	
104	104	Household Population	2	N	140PTC Part2, 4	
105	105	Calculate Credit	10	N	140PTC Part2, 5	
106	106	Total Allowable Credit	10	N	140PTC Part2, 6	
107	107	Primary Occupation	16	A	140PTC, bkpg	
108	108	Spouse Occupation	16	A	140PTC, bkpg	
109	109	Preparer Name	35	AN	140PTC, bkpg	
110	110	Preparer Address	35	AN	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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