

Form  
**1040EZ****Income Tax Return for Single and  
Joint Filers With No Dependents** (99)**2017**

OMB No. 1545-0074

Your first name and initial Solomon R		Last name Padilla, Sr		Your social security number 601 27 5046	
If a joint return, spouse's first name and initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 6719 W Cheryl Dr.				Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Peoria AZ 85345				<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Foreign country name		Foreign province/state/county		Foreign postal code	

**Income****Attach  
Form(s) W-2  
here.**Enclose, but do  
not attach, any  
payment.

<b>1</b>	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	<b>1</b>	7,610.
<b>2</b>	Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	<b>2</b>	
<b>3</b>	Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	<b>3</b>	
<b>4</b>	Add lines 1, 2, and 3. This is your <b>adjusted gross income</b> .	<b>4</b>	7,610.
<b>5</b>	If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,400 if <b>single</b> ; \$20,800 if <b>married filing jointly</b> . See back for explanation.	<b>5</b>	10,400.
<b>6</b>	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your <b>taxable income</b> .	<b>6</b>	0.
<b>7</b>	Federal income tax withheld from Form(s) W-2 and 1099.	<b>7</b>	700.
<b>8a</b>	<b>Earned income credit (EIC)</b> (see instructions)	<b>8a</b>	510.
<b>b</b>	Nontaxable combat pay election. <b>8b</b>		
<b>9</b>	Add lines 7 and 8a. These are your <b>total payments and credits</b> .	<b>9</b>	1,210.
<b>10</b>	<b>Tax.</b> Use the amount on <b>line 6 above</b> to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.	<b>10</b>	0.
<b>11</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>11</b>	0.
<b>12</b>	Add lines 10 and 11. This is your <b>total tax</b> .	<b>12</b>	0.

**Payments,  
Credits,  
and Tax****Refund**Have it directly  
deposited! See  
instructions and  
fill in 13b, 13c,  
and 13d, or  
Form 8888.

<b>13a</b>	If line 9 is larger than line 12, subtract line 12 from line 9. This is your <b>refund</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>13a</b>	1,210.
<b>b</b>	Routing number 1 2 2 1 0 5 2 7 8 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number 6 5 8 1 7 9 3 0 5 3		

**Amount  
You Owe**

<b>14</b>	If line 12 is larger than line 9, subtract line 9 from line 12. This is the <b>amount you owe</b> . For details on how to pay, see instructions.	<b>14</b>	
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**Third Party  
Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> <b>Yes</b> . Complete below. <input checked="" type="checkbox"/> <b>No</b>		
Designee's name	Phone no.	Personal identification number (PIN)

**Sign  
Here**Joint return? See  
instructions.Keep a copy for  
your records.

Under penalties of perjury, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.	
Your signature	Date
Spouse's signature. If a joint return, <b>both</b> must sign.	Date
Your occupation Stocker	Daytime phone number (602) 412-8988
Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid  
Preparer  
Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Self-Prepared		Firm's EIN	
Firm's address			Phone no.	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

BAA

REV 02/13/18 Intuit.crg.cfp.sp

Form **1040EZ** (2017)

Your First Name and Initial <b>Solomon R</b>	Last Name <b>Padilla, Sr</b>	<b>Enter your SSN(s).</b>	Your Social Security Number* <b>601   27   5046</b>
Your Spouse's First Name and Initial (if filed joint)	Last Name		Spouse's Social Security No.*

**PART 1 – PURPOSE**

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

**\*Do Not Truncate**

**PART 2 – TAX RETURN INFORMATION**

1 Arizona Adjusted Gross Income	<b>7,610</b>	<b>00</b>
2 Balance Of Tax .....	<b>0</b>	<b>00</b>
3 Arizona Income Tax Withheld ...	<b>89</b>	<b>00</b>

**Check box 4 or box 5:**

- 4** ☒ **REFUND:** Enter the amount of refund..... **114** **00**
- 5** ☐ **AMOUNT YOU OWE:** Enter the amount owed..... **00**

**PART 3 – FINANCIAL INSTITUTION INFORMATION**

Must be present when requesting direct debit or deposit.

☐ **Foreign Account Deposit/Debit:** See instructions below.

TYPE OF ACCOUNT

ROUTING NUMBER

☒ **Checking** ☐ **Savings**

**1 | 2 | 2 | 1 | 0 | 5 | 2 | 7 | 8**

ACCOUNT NUMBER

**6 | 5 | 8 | 1 | 7 | 9 | 3 | 0 | 5 | 3**

DIRECT DEBIT REQUEST DATE

DIRECT DEBIT PAYMENT AMOUNT

**MM/DD/YYYY**

**\$** **00.00**

**Box 4 Checkbox – Refund:** You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

**Box 5 Checkbox – Amount You Owe:** You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

**Foreign Account Deposit/Debit Checkbox:** Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, **you must mail a check to the Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016.**

**PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)**

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- 6a** ☒ I consent that my refund be directly deposited as designated in the electronic portion of my 2017 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b** ☐ I do not want direct deposit of my refund or I am not receiving a refund.
- 6c** ☐ I authorize the Arizona Department of Revenue (DOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the DOR does not receive full and timely payment of my tax liability by April 17, 2018, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to DOR, and I consent to my ERO or OLSP sending such information to DOR through a transmitter. I consent to DOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize DOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If DOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to DOR.

I authorize Self-Prepared

(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2017. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

<b>PLEASE SIGN HERE</b>	<b>→</b>	YOUR PEN AND INK SIGNATURE	DATE
	<b>→</b>	SPOUSE'S PEN AND INK SIGNATURE	DATE

**Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.**

DO NOT STAPLE ANY ITEMS TO THE RETURN.

Place any required federal and AZ schedules or other documents after Form 140.

Arizona Form

140

## Resident Personal Income Tax Return

FOR CALENDAR YEAR

2017

82F ☐ Check box 82F if filing under extension OR FISCAL YEAR BEGINNING MM/DD AND ENDING MM/DD 66F

Your First Name and Middle Initial **1** Solomon R Last Name Padilla, Sr Enter your SSN(s) Your Social Security Number 601-27-5046

Spouse's First Name and Middle Initial (if box 4 or 6 checked) **1** Last Name \_\_\_\_\_ Spouse's Social Security No. \_\_\_\_\_

Current Home Address - number and street, rural route **2** 6719 W Cheryl Dr. Apt. No. \_\_\_\_\_ Daytime Phone (with area code) **94** (602) 412-8988

City, Town or Post Office **3** Peoria State AZ ZIP Code 85345 Last Names Used in Last Four Prior Year(s) (if different) **97**

**FILING STATUS**

**4** ☐ Married filing joint return **4a** ☐ Injured Spouse Protection of Joint Overpayment

**5** ☐ Head of household: Enter name of qualifying child or dependent on next line: \_\_\_\_\_

**6** ☐ Married filing separate return: Enter spouse's name and Social Security Number above.

**7** ☒ Single

**EXEMPTIONS**

**8** ☐ Age 65 or over (you and/or spouse)

**9** ☐ Blind (you and/or spouse)

**10** ☐ Dependents: **Do not include self or spouse.**

**11** ☐ Qualifying parents and grandparents

**88** REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

**81** PM **80** RCVD

**If completing lines 8 through 11, also complete lines 38 through 41.**

**Dependents**

**(Box 10): Dependent Information: Children and other dependents. For more space, (check) ☐ and complete page 3.**

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2017	(e) <input checked="" type="checkbox"/> if this person did not qualify as a dependent on your federal return	(f) <input checked="" type="checkbox"/> if you did not claim this person on your federal return due to educational credits
<b>10a</b>					<input type="checkbox"/>	<input type="checkbox"/>
<b>10b</b>					<input type="checkbox"/>	<input type="checkbox"/>
<b>10c</b>					<input type="checkbox"/>	<input type="checkbox"/>

**(Box 11): Qualifying parents and grandparents. See instructions. For more space, (check) ☐ and complete page 3.**

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2017	(e) <input checked="" type="checkbox"/> if age 65 or over	(f) <input checked="" type="checkbox"/> if died in 2017
<b>11a</b>					<input type="checkbox"/>	<input type="checkbox"/>
<b>11b</b>					<input type="checkbox"/>	<input type="checkbox"/>

**Additions**

**12 Federal adjusted gross income (from your federal return) ..... 12** 7,610 00

**13 Non-Arizona municipal interest..... 13** 00

**14 Partnership Income adjustment: See instructions ..... 14** 00

**15 Total federal depreciation ..... 15** 00

**16 Other Additions to Income: See instructions and include your own schedule..... 16** 00

**17 Subtotal: Add lines 12 through 16 and enter the total ..... 17** 7,610 00

**Subtractions**

**18 Total net capital gain or (loss): See instructions ..... 18** 00

**19 Total net short-term capital gain or (loss): See instructions ..... 19** 00

**20 Total net long-term capital gain or (loss): See instructions ..... 20** 00

**21 Net long-term capital gain from assets acquired after December 31, 2011. See instructions. 21** 00

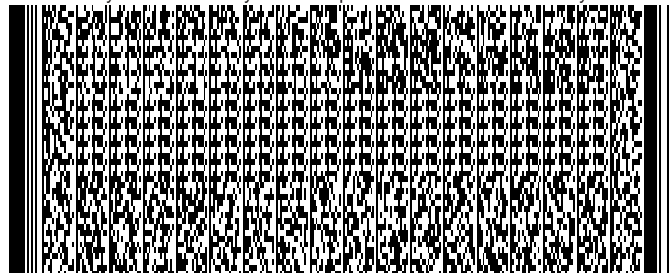
**22 Multiply line 21 by 25% (.25) and enter the result ..... 22** 00

**23 Net capital gain derived from investment in qualified small business..... 23** 00

**24 Recalculated Arizona depreciation ..... 24** 00

**25 Partnership Income adjustment: See instructions ..... 25** 00

This box may be blank or may contain a printed barcode of data from your return.



**26 Reserved ..... 26**

**27 Interest on U.S. obligations..... 27** 00

**28 Exclusion for fed., AZ state or local govt. pensions 28** 00

**29 Arizona state lottery winnings on federal return. 29** 00

**30 U.S. Social Security or Railroad Retirement Act 30** 00

**31 Certain wages of American Indians ..... 31** 00

**32 Pay received for being an active service member 32** 00

**33 Net operating loss adjustment ..... 33** 00

**34 Contributions to 529 College Savings Plans ..... 34** 00

**35 Other Subtractions: See instructions ..... 35** 00

**36 Subtract lines 22 through 35 from line 17. 36** 7,610 00

Your Name (as shown on page 1)		Your Social Security Number				
Solomon R Padilla, Sr		601-27-5046				
Exemptions	37	Enter the amount from page 1, line 36	37	7,610	00	
	38	Age 65 or over: Multiply the number in box 8 by \$2,100	38		00	
	39	Blind: Multiply the number in box 9 by \$1,500	39		00	
	40	Dependents: Multiply the number in box 10 by \$2,300	40		00	
	41	Qualifying parents and grandparents: Multiply box 11 by \$10,000	41		00	
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37 and enter the difference	42	7,610	00	
Balance of Tax	43	Deductions: Check box and enter amount. See instructions 43I <input type="checkbox"/> ITEMIZED 43S <input checked="" type="checkbox"/> STANDARD	43	5,183	00	
	44	Personal exemptions: See instructions	44	2,150	00	
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"	45	277	00	
	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables	46	7	00	
	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 40	47		00	
	48	Subtotal of tax: Add lines 46 and 47 and enter the total	48	7	00	
	49	Family income tax credit (from the worksheet - see instructions)	49	40	00	
	50	Credits from Arizona Form 301, Part 2, line 76	50		00	
	51	Balance of tax: Subtract lines 49 and 50 from line 48. If the sum of lines 49 and 50 is greater than line 48, enter "0"	51	0	00	
Total Payments and Refundable Credits	52	2017 AZ income tax withheld	52	89	00	
	53	2017 AZ estimated tax payments.. 53a <input type="text"/> 00 Claim of Right 53b <input type="text"/> 00 Add 53a and 53b..	53c		00	
	54	2017 AZ extension payment (Form 204)	54		00	
	55	Increased Excise Tax Credit (from the worksheet - see instructions)	55	25	00	
	56	Property Tax Credit from Form 140PTC	56		00	
	57	Other refundable credits: Check the box(es) and enter the total amount. 571 <input type="checkbox"/> 308-I 572 <input type="checkbox"/> 342 573 <input type="checkbox"/> 349	57		00	
	58	Total payments and refundable credits: Add lines 52 through 57 and enter the total	58	114	00	
	59	TAX DUE: If line 51 is larger than line 58, subtract line 58 from line 51 and enter amount of tax due. Skip lines 60, 61 and 62	59		00	
Tax Due or Overpayment	60	OVERPAYMENT: If line 58 is larger than line 51, subtract line 51 from line 58 and enter amount of overpayment	60	114	00	
	61	Amount of line 60 to be applied to 2018 estimated tax	61	0	00	
	62	Balance of overpayment: Subtract line 61 from line 60 and enter the difference	62	114	00	
Voluntary Gifts	63 - 73 Voluntary Gifts to:					
	Solutions Teams Assigned to Schools 63 <input type="text"/> 00 Arizona Wildlife 64 <input type="text"/> 00					
	Child Abuse Prevention 65 <input type="text"/> 00 Domestic Violence Shelter 66 <input type="text"/> 00 Political Gift 67 <input type="text"/> 00					
	Neighbors Helping Neighbors 68 <input type="text"/> 00 Special Olympics 69 <input type="text"/> 00 Veterans' Donations Fund 70 <input type="text"/> 00					
	I Didn't Pay Enough Fund 71 <input type="text"/> 00 Sustainable State Parks and Road Fund 72 <input type="text"/> 00 Spay/Neuter of Animals 73 <input type="text"/> 00					
	74 Political Party (if amount is entered on line 67 - check only one): 741 <input type="checkbox"/> Democratic 742 <input type="checkbox"/> Green Party 743 <input type="checkbox"/> Libertarian 744 <input type="checkbox"/> Republican					
Penalty	75	Estimated payment penalty and Arizona Long-Term Health Care Savings Account (AZLTHSA) penalty	75		00	
	76	761 <input type="checkbox"/> Annualized/Other 762 <input type="checkbox"/> Farmer or Fisherman 763 <input type="checkbox"/> Form 221 included 764 <input type="checkbox"/> AZLTHSA Penalty				
	77	Add lines 63 through 73 and 75; enter the total	77		00	
Refund or Amount Owed	78	REFUND: Subtract line 77 from line 62. If less than zero, enter amount owed on line 79	78	114	00	
	Direct Deposit of Refund: Check box 78A if your deposit will be ultimately placed in a foreign account; see instructions. 78A <input type="checkbox"/>					
	ROUTING NUMBER ACCOUNT NUMBER					
98 <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> Checking or <input type="checkbox"/> S <input type="checkbox"/> Savings						
1 2 2 1 0 5 2 7 8 6 5 8 1 7 9 3 0 5 3						
79 AMOUNT OWED: Add lines 59 and 77. Make check payable to Arizona Department of Revenue; write your SSN on payment, and include with your return					79	00

PLEASE SIGN HERE

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

YOUR SIGNATURE

DATE

Stocker

OCCUPATION

SPOUSE'S SIGNATURE

DATE

SPOUSE'S OCCUPATION

Self Prepared

PAID PREPARER'S SIGNATURE

DATE

FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

PAID PREPARER'S STREET ADDRESS

PAID PREPARER'S TIN

PAID PREPARER'S CITY

STATE

ZIP CODE

PAID PREPARER'S PHONE NUMBER

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).

If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

ADOR 10413 (17) 1555

AZ Form 140 (2017)

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