

Arizona Form

140

## Resident Personal Income Tax Return

FOR CALENDAR YEAR

2016

<b>82F</b> <input type="checkbox"/> Check box 82F if filing under extension		OR FISCAL YEAR BEGINNING <u>MM/DD/2016</u> AND ENDING <u>MM/DD/20YY</u> <b>66F</b>																													
Your First Name and Middle Initial		Last Name																													
Spouse's First Name and Middle Initial (if box 4 or 6 checked)		Last Name																													
Current Home Address - number and street, rural route		Apt. No.	Daytime Phone (with area code)																												
City, Town or Post Office		State	ZIP Code																												
Last Names Used in Last Four Prior Year(s) (if different)																															
<b>4</b> <input type="checkbox"/> Married filing joint return		<b>REVENUE USE ONLY. DO NOT MARK IN THIS AREA.</b>																													
<b>5</b> <input type="checkbox"/> Head of household: Enter name of qualifying child or dependent on next line:		<b>88</b>																													
<b>6</b> <input type="checkbox"/> Married filing separate return: Enter spouse's name and Social Security Number above.																															
<b>7</b> <input type="checkbox"/> Single																															
<b>↓ Enter the number claimed. Do not put a check mark.</b>																															
<b>8</b> <input type="checkbox"/> Age 65 or over (you and/or spouse)		<b>81</b> PM																													
<b>9</b> <input type="checkbox"/> Blind (you and/or spouse)		<b>80</b> RCVD																													
<b>10</b> <input type="checkbox"/> Dependents: <b>Do not include self or spouse.</b>																															
<b>11</b> <input type="checkbox"/> Qualifying parents and grandparents																															
<b>If completing lines 8 through 11, also complete lines 38 through 41.</b>																															
<b>(Box 10): Dependent Information: Children and other dependents. For more space, (check) <input type="checkbox"/> and complete page 3.</b>																															
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th></th><th>(a) FIRST AND LAST NAME (Do not list yourself or spouse.)</th><th>(b) SOCIAL SECURITY NO.</th><th>(c) RELATIONSHIP</th><th>(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2016</th><th>(e) ✓ if this person did not qualify as a dependent on your federal return</th><th>(f) ✓ if you did not claim this person on your federal return due to educational credits</th></tr></thead><tbody><tr><td>10a</td><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>10b</td><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>10c</td><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>					(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 2016	(e) ✓ if this person did not qualify as a dependent on your federal return	(f) ✓ if you did not claim this person on your federal return due to educational credits	10a					<input type="checkbox"/>	<input type="checkbox"/>	10b					<input type="checkbox"/>	<input type="checkbox"/>	10c					<input type="checkbox"/>	<input type="checkbox"/>
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<b>(Box 11): Qualifying parents and grandparents. See instructions. For more space, (check) <input type="checkbox"/> and complete page 3.</b>																															
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11a					<input type="checkbox"/>	<input type="checkbox"/>																									
11b					<input type="checkbox"/>	<input type="checkbox"/>																									
<b>12 Federal adjusted gross income (from your federal return) ..... 12</b>																															
<b>13 Non-Arizona municipal interest..... 13</b>																															
<b>14 Partnership Income adjustment: See instructions ..... 14</b>																															
<b>15 Total federal depreciation ..... 15</b>																															
<b>16 Other Additions to Income: See instructions and include your own schedule..... 16</b>																															
<b>17 Subtotal: Add lines 12 through 16 and enter the total ..... 17</b>																															
<b>18 Total net capital gain or (loss): See instructions ..... 18</b>																															
<b>19 Total net short-term capital gain or (loss): See instructions ..... 19</b>																															
<b>20 Total net long-term capital gain or (loss): Enter the amount from your worksheet, line 14, col. (a) ..... 20</b>																															
<b>21 Net long-term capital gain from assets acquired after December 31, 2011. Enter the amount from your worksheet, line 14, col. (c) ..... 21</b>																															
<b>22 Multiply line 21 by 25% (.25) and enter the result ..... 22</b>																															
<b>23 Net capital gain derived from investment in qualified small business..... 23</b>																															
<b>24 Recalculated Arizona depreciation ..... 24</b>																															
<b>25 Partnership Income adjustment: See instructions ..... 25</b>																															
<b>26 Adjustment for I.R.C. §179 expense not allowed ..... 26</b>																															
<b>27 Interest on U.S. obligations such as U.S. savings bonds and treasury bills..... 27</b>																															
<b>28 Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer)..... 28</b>																															
<b>29 Arizona state lottery winnings included as income on your federal return (up to \$5,000 only) ..... 29</b>																															
<b>30 U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (taxable amount) ..... 30</b>																															
<b>31 Certain wages of American Indians..... 31</b>																															
<b>32 Pay received for active service as a member of the reserves, national guard or the U.S. armed forces..... 32</b>																															
<b>33 Net operating loss adjustment: See instructions before you make an entry here..... 33</b>																															
<b>34 Contributions to 529 College Savings Plans ..... 34</b>																															
<b>35 Other Subtractions from Income: See instructions and include your own schedule..... 35</b>																															
<b>36 Subtract lines 22 through 35 from line 17 and enter the difference..... 36</b>																															

Your Name (as shown on page 1)		Your Social Security Number		
<b>Exemptions</b>	37	Enter the amount from page 1, line 36 .....	37	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	<b>Arizona adjusted gross income:</b> Subtract lines 38 through 41 from line 37 and enter the difference .....	42	00
<b>Balance of Tax</b>	43	<b>Deductions: Check box and enter amount.</b> See instructions ..... 43 <input type="checkbox"/> <b>ITEMIZED</b> 43 <input type="checkbox"/> <b>STANDARD</b> 43		00
	44	Personal exemptions: See instructions .....	44	00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter zero .....	45	00
	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables .....	46	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	00
	49	Family income tax credit (from the worksheet - see instructions) .....	49	00
	50	Credits from Arizona Form 301, Part 2, line 76 .....	50	00
	51	<b>Balance of tax:</b> Subtract lines 49 and 50 from line 48. If the sum of lines 49 and 50 is more than line 48, enter zero .....	51	00
<b>Total Payments and Refundable Credits</b>	52	2016 AZ income tax withheld .....	52	00
	53	2016 AZ estimated tax payments.. 53a <input type="text" value="00"/> Claim of Right 53b <input type="text" value="00"/> Add 53a and 53b.. 53c	53c	00
	54	2016 AZ extension payment (Form 204) .....	54	00
	55	Increased Excise Tax Credit (from the worksheet - see instructions) .....	55	00
	56	Property Tax Credit from Form 140PTC .....	56	00
	57	Other refundable credits: Check the box(es) and enter the total amount..... 57 <input type="checkbox"/> 308-I 57 <input type="checkbox"/> 342 57 <input type="checkbox"/> 349 57	57	00
	58	<b>Total payments and refundable credits:</b> Add lines 52 through 57 and enter the total .....	58	00
<b>Tax Due or Overpayment</b>	59	<b>TAX DUE:</b> 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
	60	<b>OVERPAYMENT:</b> If line 58 is larger than line 51, subtract line 51 from line 58 and enter amount of overpayment .....	60	00
	61	Amount of line 60 to be applied to 2017 estimated tax.....	61	00
	62	<b>Balance of overpayment:</b> Subtract line 61 from line 60 and enter the difference .....	62	00
<b>Voluntary Gifts</b>	63 - 72 <b>Voluntary Gifts to:</b>			
		Solutions Teams Assigned to Schools .....	63	00
		Arizona Wildlife .....	64	00
		Domestic Violence Shelter .....	66	00
		Political Gift .....	67	00
		Special Olympics .....	69	00
		Veterans' Donations Fund .....	70	00
	Child Abuse Prevention .....	65	00	
	Neighbors Helping Neighbors..	68	00	
	I Didn't Pay Enough Fund.....	71	00	
	Sustainable State Parks and Road Fund .....	72	00	
	73	<b>Political Party</b> (if amount is entered on line 67 - check only one): 73 <input type="checkbox"/> Democratic 73 <input type="checkbox"/> Green Party 73 <input type="checkbox"/> Libertarian 73 <input type="checkbox"/> Republican		
<b>Penalty</b>	74	Estimated payment penalty and Arizona Long-Term Health Care Savings Account (AZLTHSA) penalty .....	74	00
	75	75 <input type="checkbox"/> Annualized/Other 75 <input type="checkbox"/> Farmer or Fisherman 75 <input type="checkbox"/> Form 221 included 75 <input type="checkbox"/> AZLTHSA Penalty		
	76	Add lines 63 through 72 and 74; enter the total.....	76	00
<b>Refund or Amount Owed</b>	77	<b>REFUND:</b> Subtract line 76 from line 62. If less than zero, enter amount owed on line 78 .....	77	00
	<b>Direct Deposit of Refund: Check box 77A</b> if your deposit will be ultimately placed in a <b>foreign account</b> ; see instructions. 77A <input type="checkbox"/> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> <b>C</b> Checking or  <input type="checkbox"/> <b>S</b> Savings </div> <div> ROUTING NUMBER  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> ACCOUNT NUMBER  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div>			
	78	<b>AMOUNT OWED:</b> Add lines 59 and 76. Make check payable to Arizona Department of Revenue; write your SSN on payment, and include with your return .....	78	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 \_\_\_\_\_

OCCUPATION \_\_\_\_\_

SPOUSE'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SPOUSE'S OCCUPATION \_\_\_\_\_

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 sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016.  
 Include the payment with Form 140.

If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.

Your Name (as shown on page 1)	Your Social Security Number
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## Dependent Information - Continuation Sheet

### from Page 1 Dependents

Include with your return **only** if listing additional dependents.

Complete this form *only* if you need additional space from page 1 to list your dependents.  
If you do not list **all** dependents claimed on page 1 of your income tax return, you may lose the exemptions.

#### Children and other dependents, continued from page 1.

	(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 2016	(e) ✓ if this person did not qualify as a dependent on your federal return	(f) ✓ if you did not claim this person on your federal return due to educational credits
10d					<input type="checkbox"/>	<input type="checkbox"/>
10e					<input type="checkbox"/>	<input type="checkbox"/>
10f					<input type="checkbox"/>	<input type="checkbox"/>
10g					<input type="checkbox"/>	<input type="checkbox"/>
10h					<input type="checkbox"/>	<input type="checkbox"/>
10i					<input type="checkbox"/>	<input type="checkbox"/>
10j					<input type="checkbox"/>	<input type="checkbox"/>
10k					<input type="checkbox"/>	<input type="checkbox"/>
10l					<input type="checkbox"/>	<input type="checkbox"/>
10m					<input type="checkbox"/>	<input type="checkbox"/>
10n					<input type="checkbox"/>	<input type="checkbox"/>
10o					<input type="checkbox"/>	<input type="checkbox"/>
10p					<input type="checkbox"/>	<input type="checkbox"/>
10q					<input type="checkbox"/>	<input type="checkbox"/>
10r					<input type="checkbox"/>	<input type="checkbox"/>
10s					<input type="checkbox"/>	<input type="checkbox"/>
10t					<input type="checkbox"/>	<input type="checkbox"/>
10u					<input type="checkbox"/>	<input type="checkbox"/>

#### Qualifying parents and grandparents, continued from page 1.

	(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 2016	(e) ✓ if age 65 or over	(f) ✓ if died in 2016
11c					<input type="checkbox"/>	<input type="checkbox"/>
11d					<input type="checkbox"/>	<input type="checkbox"/>
11e					<input type="checkbox"/>	<input type="checkbox"/>
11f					<input type="checkbox"/>	<input type="checkbox"/>
11g					<input type="checkbox"/>	<input type="checkbox"/>
11h					<input type="checkbox"/>	<input type="checkbox"/>
11i					<input type="checkbox"/>	<input type="checkbox"/>
11j					<input type="checkbox"/>	<input type="checkbox"/>