| URN. | | | Arizona Form 140PY | Part-Year Res | ide | nt Persona | l Incom | ie T | Гах Retur | 'n | | 015 | |
|--|----------------|-----------------|--|-------------------------------|-------------------------------------|------------------------|---------------|-------------------------------|--------------------------------|---------------------------------|-------|--|--|
| REI | 82F | | Check box 82F filing under extension | OR FISCAL YEAR BEG | IINNI | NG IM.MID.D | 12.0.1 | 5 | AND FNDING | ıM.MıD | Di2 | 2.0.7.71 | 66F |
| | | Your F | First Name and Middle Initial | 0.11.100/12.12/111220 | | Last Name | | | , 12 | | | I Security Num | |
| TO THE | 1 | | | | | | | | Enter | | , | , | |
| 2 | ; | Spous | se's First Name and Middle Initia | al (if box 4 or 6 checked) | I (if box 4 or 6 checked) Last Name | | | your Spouse's Social Security | | | | No. | |
| EMS | 1 | • | | , | | | | | SSN(| s). | | | |
| <u></u> | | Curre | nt Home Address - number and | street, rural route | | | Apt. No. | | Dayti | me Phone | (with | area code) | |
| _ | 2 | | | | | | | | 94 | | | | |
| ANY | (| City, T | own or Post Office | State | | ZIP Code | | L | ast Names Used | d in Last Fou | Prior | Year(s) (if differ | rent) |
| | 3 | | | | | | | 9 | 97 | | | | |
| DO NOT STAPLE | TATUS | 4 | ☐ Married filing joint return | | | | | | REVENUE USE O | ONLY. DO NO | OT MA | ARK IN THIS AR | EA. |
| S | Ι¥Ι | 5 | Head of household: Enter | name of qualifying child or | depen | dent on next line: | | Ľ | 8R | | | | |
| 5 | G S | | | | | | | | | | | | |
| Z 0 | | 6 | Married filing separate ret | urn: Enter spouse's name | and S | ocial Security Numb | oer above. | | | | | | |
| ă | 뜨 | 7 | 5 | | | | | | | | | | |
| | EXEMPTIONS | _ | ♦ Enter the number claims | | mark | | | | PM | | | RCVD | |
| | ΙĔΙ | 8 9 | Age 65 or over (you and/o | . , | If | completing line | es 8 | B | 81P PM | | | 80R RCVD | |
| | EM | 10 | Blind (you and/or spouse) Dependents: Do not inclu | | | rough 11, also | - | | | | | | |
| | X | 11 | Qualifying parents and gra | • | li | nes 48 through | 53. | _ | | | | | — |
| | П | 12-1 | | | eside | nt Other than Act | tive Military | 13 | ☐ Part-Year | Resident A | ctive | Military | mber y No. erent) REA. |
| | | | (Box 10): Dependent Informa | ation: Children and other | depe | endents. For mo | re space, (| chec | k) 🔲 and cor | nplete pag | e 3. | · · · · · | |
| | | | (a) FIRST AND LAS | ST NAME | 80CI | (b) AL SECURITY NO. | (C) | מוט | (d) NO. OF MONTHS | ✓ (e) if this pe | rson | ✓ (f) | claim |
| | | | (Do not list yourself | | SOCI | AL SECURITY NO. | RELATIONS | эпіР | LIVED IN YOUR | did not qualify dependent or | as a | if you did not of this person on y federal return du | our e to |
| | | | | | | | | | HOME IN 2015 | federal ret | | educational cred | dits |
| | ents | 10a | | | | | | | | 片片 | | | \dashv |
| | Dependents | 10 _b | (Box 11): Qualifying parents | and grandparents. See i | netru | ctions For more | space (ch | ock) | and comple | oto pago 3 | | | |
| Ξ. | Dep | | (a) | and grandparents. See i | i i Sti u | (b) | (c) | eck) | (d) | (e) | | (f) | |
| 40 | | | FIRST AND LAS (Do not list yourself | | SOCI | AL SECURITY NO. | RELATIONS | SHIP | NO. OF MONTHS LIVED IN YOUR | ✓ if | | √ if | |
| after Form 140PY. | | | (Do not not yoursen | or spouse.) | | | | | HOME IN 2015 | age 65 or o | vei | died in 2015 | |
| 5 | | 11a | | | | | | | | 片片 | | | \dashv |
| F | | 11b 14 | Dates of Arizona residency: From [| M.Mid.Diy Y.Y | Yito | im Mid Diy | Y Y Y | | 2015 FEDEI | RAI | 2 | │ | = |
| ij | | | List other state(s) of residency: | | | | | Ar | nount from Fede | ll l | _ | Amount Only | |
| nts | | | Wages, salaries, tips, etc | | | | | 15 | | 00 | | | 00 |
| | | 16 | Interest | | | | | 16 | | 00 | | | I I |
| docume | | 17 | Dividends | | | | | 17 | | 00 | | | 00 |
| ခွ | | 18 | Arizona income tax refunds | | | | | 18 | | 00 | | | |
| | e | | Alimony received | | | | | | | 00 | | | |
| Ě | com | | Business income (or loss) from | | | | | | | 00 | | | |
| Ξ | | | Gains (or losses) from federal | | | | | 1 | | 00 | | | |
| SS | izor | | Rents, royalties, partnerships, esta | | | | | | | 00 | | | Claim our e to dits |
| ≝ | Arizona Income | | Other income reported on your | | | | | | | 00 | | | |
| ချ | | | Total income: Add lines 15 through Other federal adjustments: Incl. | | | | | | | 00 | | | |
| SC | | | Federal adjusted gross income | | | | | | | 00 | | | 00 |
| | | | Arizona gross income: Subtract | | | | | | | | | | 00 00 00 00 00 00 |
| | | | Arizona income ratio: Divide | | | | | | | | | | |
| <u></u> | Suc | 29 | Total depreciation included in A | Arizona gross income | | | | | | 29 | | | 00 |
| era e | đ | 30 | Other additions to income: See | e instructions and include yo | ur owr | n schedule | | | | 30 | | | 00 |
| ĕ | Ad | | | 30 | | | | | | | | | 00 |
| ٥ | ge 2 | | Total Arizona sourced net capit | | | | | | | 00 | | | |
| = | n page | | Total net short-term capital gain | | | | | | | 00 | | | |
| ng. | cont. on | | Total net long-term capital gain | | | | | | | 00 | | | |
| S Z | - - - | | Net long-term capital gain from | | | | | | | | | | |
| al | ns | | from your worksheet, line 14, col. (c | | | | | | | 00 | | | No. Pent) EA. 000 000 000 000 000 000 000 000 000 |
| any required federal and AZ schedules or | Subtractio | | Multiply line 35 by 25% (.25) as Net capital gain derived from in | | | | | | | | | | $\overline{}$ |
| | Sub | | Subtract lines 36 and 37 from I | | | | | | | | | | |

| 1 | Your | Name (as shown on page 1) | umber | | | | |
|-----------------------------|------|---|-------------------------------|------|-----|--|--|
| page 1 | 39 | Enter the amount from page 1, line 38 | | 30 | 00 | | |
| | 40 | Recalculated Arizona depreciation | | 00 | | | |
| ğ. | 41 | Contributions to 529 College Savings Plans | | | 00 | | |
| cont. from | 42 | Adjustment for I.R.C. §179 expense not allowed | | | 00 | | |
| | 43 | Interest on U.S. obligations such as U.S. savings bonds and treasury bills | | | 00 | | |
| - 1 | 44 | Arizona state lottery winnings included as income on your federal return (up to \$5,000 only) | | | 00 | | |
| tion | 45 | U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income | | I | 00 | | |
| trac | 46 | Other subtractions: See instructions and include your own schedule | | | 00 | | |
| Subtractions | 47 | Subtract lines 40 through 46 from line 39 | | 00 | | | |
| | 48 | Age 65 or over: Multiply the number in box 8 by \$2,100 | | 00 | 133 | | |
| | 49 | Blind: Multiply the number in box 9 by \$1,500 | | 00 | | | |
| Exemptions | 50 | Dependents: Multiply the number in box 10 by \$2,300 | | 00 | | | |
| | 51 | Qualifying parents and grandparents: Multiply the number in box 11 by \$10,000 | | 00 | | | |
| | 52 | | | 00 | | | |
| ш | 53 | Multiply line 52 by the Arizona income ratio on line 28 | | | 00 | | |
| | 54 | | | | 00 | | |
| | 55 | Deductions: Check box and enter amount. See instructions | | | 00 | | |
| | 56 | Personal exemptions: See instructions. | | | 00 | | |
| × | 57 | Arizona taxable income: Subtract lines 55 and 56 from line 54 | | | 00 | | |
| of Tax | 58 | Compute the tax using amount from line 57 and Tax Table X or Y | | | 00 | | |
| ce | 59 | Tax from recapture of credits from Arizona Form 301, Part 2, line 40 | | | 00 | | |
| Balance | 60 | Subtotal of tax: Add lines 58 and 59 and enter the total | | . 60 | 00 | | |
| | 61 | Family income tax credit (from the worksheet - see instructions) | | . 61 | 00 | | |
| | 62 | Credits from Arizona Form 301, Part 2, line 76 | | . 62 | 00 | | |
| | 63 | Balance of tax: Subtract lines 61 and 62 from line 60. If the sum of lines 61 and 62 is more than line 60 | , enter zero | . 63 | 00 | | |
| ts d | 64 | Arizona income tax withheld during 2015 | | . 64 | 00 | | |
| Payments and ndable Credits | 65 | Arizona estimated tax payments for 2015 | | . 65 | 00 | | |
| | 66 | 2015 Arizona extension payment (Form 204) | | . 66 | 00 | | |
| Pay | 67 | Increased Excise Tax Credit (from the worksheet - see instructions) | | . 67 | 00 | | |
| Total Refu | 68 | Other refundable credits: Check the box(es) and enter the total amount | 682 342 683 349 | 68 | 00 | | |
| | 69 | Total payments and refundable credits: Add lines 64 through 68 and enter the total | | . 69 | 00 | | |
| or Jent | 70 | TAX DUE: If line 63 is larger than line 69, subtract line 69 from line 63, and enter amount of tax due. Skip | lines 71, 72 and 73 | . 70 | 00 | | |
| Due o payme | 71 | OVERPAYMENT: If line 69 is larger than line 63, subtract line 63 from line 69, and enter amount of over | payment | . 71 | 00 | | |
| Tax | 72 | Amount of line 71 to be applied to 2016 estimated tax | | . 72 | 00 | | |
| 0 | | Balance of overpayment: Subtract line 72 from line 71 | | | 00 | | |
| ifts | 74 | - 83 Voluntary Gifts to: Solutions Teams Assigned to Schools74 00 Arizona Wildlife | | 1 | | | |
| y G | | Child Abuse Prevention76 00 Domestic Violence Shelter .77 00 Political Gift | | 7 | | | |
| ntar | | Neighbors Helping Neighbors 79 O Special Olympics 80 O Veterans' Donation | s Fund 81 00 | | | | |
| Voluntary Gifts | | I Didn't Pay Enough Fund82 00 Sustainable State Parks and Road Fund83 00 | _ | _ | _ | | |
| | 84 | | | | | | |
| Penalty | 85 | Estimated payment penalty and Arizona Long-Term Health Care Savings Account (AZLTHSA) | | 85 | 00 | | |
| Pen | 86 | 861 Annualized/Other 862 Farmer or Fisherman 863 Form 221 included 864 AZLTHSA Pena | = | | | | |
| | 87 | Add lines 74 through 83 and 85; enter the total. | | | 00 | | |
| r /ed | 88 | REFUND: Subtract line 87 from line 73. If less than zero, enter amount owed on line 89 Direct Deposit of Refund: Check box 88A if your deposit will be ultimately placed in a foreign account; | - 88 | 00 | | | |
| Refund or Amount Owed | | ROUTING NUMBER ACCOUNT NUMBER | | | | | |
| Refu | | 98 | C☐ Checking or S☐ Savings | | | | |
| _ <u>Ā</u> | 89 | AMOUNT OWED: Add lines 70 and 87. Make check payable to Arizona Department of Revenue; writ | e your SSN on payment. | 89 | 00 | | |
| Щ | | Inder 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 a | | | | | |
| HERE | → | true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which | eage. | | | | |
| I | | YOUR SIGNATURE DATE | | | | | |
| S | → | ODGUGETO GIGULTUDE | analiania assisti | | | | |
| SIGN | | SPOUSE'S SIGNATURE DATE | SPOUSE'S OCCUPATION | | | | |
| EASE | | PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S | S IF SELF-EMPLOYED) | | | | |
| Ä | | PAID PREPARER'S STREET ADDRESS | TIN | | | | |
| 7 | | | | | | | |
| _ | | DAID DDEDADEDIO OITY | DAID DDEDAGES: | | | | |

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

Dependent Information - Continuation Sheet from Page 1 DependentsInclude 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.

| Chi | ildren and other depen | dents, 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 2015 | (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 |
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| Qua | alifying parents and gr | andparents, continued | from page 1. | | | | |
| | FIRST AND | (a) D LAST NAME urself or spouse.) | (b) SOCIAL SECURITY NO. | (c) RELATIONSHIP | (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2015 | (e) ✓ if age 65 or over | (f) ✓ if died in 2015 |
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