

DO NOT STAPLE ANY ITEMS TO THE RETURN.

Arizona Form 140PY

Part-Year Resident Personal Income Tax Return

FOR CALENDAR YEAR

2016

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING [M,M,D,D] 2,0,1,6 AND ENDING [M,M,D,D] 2,0,Y,Y. 66F

Your First Name and Middle Initial Last Name Enter your SSN(s) Your Social Security Number

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

Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) 94

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

4 Married filing joint return 5 Head of household: Enter name of qualifying child or dependent on next line: REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88R

6 Married filing separate return: Enter spouse's name and Social Security Number above. 7 Single

Enter the number claimed. Do not put a check mark.

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 81P PM 80R RCVD

12-13 Residency Status (check one): 12 Part-Year Resident Other than Active Military 13 Part-Year Resident Active Military

(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 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 10b

(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 2016 (e) if age 65 or over (f) if died in 2016

11a 11b

14 Dates of Arizona residency: From [M,M,D,D] Y,Y,Y,Y to [M,M,D,D] Y,Y,Y,Y List other state(s) of residency: 2016 FEDERAL Amount from Federal Return 2016 ARIZONA Amount Only

15 Wages, salaries, tips, etc. 16 Interest 17 Dividends 18 Arizona income tax refunds 19 Alimony received 20 Business income (or loss) from federal Schedule C 21 Gains (or losses) from federal Schedule D 22 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E 23 Other income reported on your federal return 24 Total income: Add lines 15 through 23 25 Other federal adjustments: Include your own schedule 26 Federal adjusted gross income: Subtract line 25 from line 24 in the FEDERAL column 27 Arizona gross income: Subtract line 25 from line 24 in the ARIZONA column 28 Arizona income ratio: Divide line 27 by line 26, and enter the result (not over 1.000) 29 Total depreciation included in Arizona gross income 30 Other Additions to Income: See instructions and include your own schedule 31 Subtotal: Add lines 27, 29, and 30 32 Total Arizona sourced net capital gain or (loss) 33 Total net short-term capital gain or (loss) included on line 21, ARIZONA column 34 Total net long-term capital gain or (loss): Enter the amount from your worksheet, line 14, col. (b) 35 Net long-term capital gain from assets acquired after December 31, 2011. Enter the amount from your worksheet, line 14, col. (d) 36 Multiply line 35 by 25% (.25) and enter the result 37 Net capital gain derived from investment in qualified small business 38 Subtract lines 36 and 37 from line 31. Enter the difference

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

FILING STATUS

EXEMPTIONS

Dependents

Arizona Income

Additions

Subtractions - cont. on page 2

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

Table with 3 columns: Line number, Description, and Amount. Rows 39-47 under 'Subtractions - cont. from page 1'.

Table with 3 columns: Line number, Description, and Amount. Rows 48-54 under 'Exemptions'.

Table with 3 columns: Line number, Description, and Amount. Rows 55-63 under 'Balance of Tax'.

Table with 3 columns: Line number, Description, and Amount. Rows 64-69 under 'Total Payments and Refundable Credits'.

Table with 3 columns: Line number, Description, and Amount. Rows 70-73 under 'Tax Due or Overpayment'.

Table with 3 columns: Line number, Description, and Amount. Rows 74-83 under 'Voluntary Gifts to:'.

Table with 3 columns: Line number, Description, and Amount. Rows 85-87 under 'Penalty'.

Table with 3 columns: Line number, Description, and Amount. Rows 88-89 under 'Refund or Amount Owed'.

PLEASE SIGN HERE section with signature lines for YOU, SPOUSE, PAID PREPARER, and address/phone information.

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 <small>(Do not list yourself or spouse.)</small>	(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
10c					<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Qualifying parents and grandparents, continued from page 1.

	(a) FIRST AND LAST NAME <small>(Do not list yourself or spouse.)</small>	(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"/>