RETURN.			Arizona Form 140PY	40PY Part-Year Resident Personal Income Ta			e Tax	ax Return For Calendar Year 2016			
	82F		eck box 82F illing under extension OR FISCAL YEAR BEGINNING $\lfloor M, M \rfloor D, D \rfloor 2, 0, 1$				3⊥ ANI	D ENDING	$[M_1M_1D_1$	D12,0,Y,Y).	66F
	,	Your F	irst Name and Middle Initial Last Name						Your S	Social Security Nur	mber
TO THE	1							Enter			
	1	Spous	se's First Name and Middle Initi	al (if box 4 or 6 checked)	(if box 4 or 6 checked) Last Name			Spouse's Social Security No.			
ANY ITEMS	2	Curre	nt Home Address - number and	street, rural route	<u> </u>	Apt. No.	Daytime Phone (with area code)				
Ź'	_	City, T	own or Post Office	State	ZIP Code		Last		l in Last Four	Prior Year(s) (if diffe	erent)
<u> </u>	3										97
API	TATUS	4	Married filing joint return				REVENUE USE ONLY. DO NOT MARK IN THIS AREA.				REA.
<u> </u>	M	5	Head of household: Enter name of qualifying child or dependent on next line:				88R				
	G S										
	FILING	6	Married filing separate ret	turn: Enter spouse's name ar	nd Social Security Numb	per above.					
ے	S	7	Single	od Do not nut o obook m	a suk						
	lš	8	◆ Enter the number claims Age 65 or over (you and/o				81P F	PM		80R RCVD	
	IE I	9	Blind (you and/or spouse)	' '	If completing line		015			OUR	
	EXEMPTION	10	Dependents: Do not inclu		through 11, also	-					
		11	Qualifying parents and gr	andparents	lines 48 through	<i>33.</i>					
		12-1	3 Residency Status (check	one): 12 🗌 Part-Year Re	sident Other than Act	tive Military	13 🔲	Part-Year I	Resident Ac	tive Military	
			(Box 10): Dependent Informa	ation: Children and other of			heck) [1
			(a) FIRST AND LAS	ST NAME S	(b) SOCIAL SECURITY NO.	(c) RELATIONSI		(d) OF MONTHS	(e) if this per	rson if you did not	claim
			(Do not list yourself	or spouse.)				ED IN YOUR OME IN 2016	did not qualify dependent on federal retu	your federal return d	ue to
	ts	10a									Julio
	den	10 _b									
٠.	Dependents		(Box 11): Qualifying parents	and grandparents. See in		space, (che	ck) 🔲 :	and comple			
after Form 140PY.	۵		(a) FIRST AND LAS	ST NAME S	(b) SOCIAL SECURITY NO.	(c) RELATIONS	HIP NO.	(d) OF MONTHS	(e) √ if	(f) ✓ if	
			(Do not list yourself				LIV	ED IN YOUR OME IN 2016	age 65 or o		6
Ē		11a									
6		11ь									
ţe		14	Dates of Arizona residency: From					016 FEDER	ll l	2016 ARIZON	4
s af			List other state(s) of residency:					nt from Feder		Amount Only	
ents			Wages, salaries, tips, etc Interest				15		00		00
docume			Dividends				16 17		00		00
noc			Arizona income tax refunds			F	18		00		00
ğ			Alimony received			F	19		00		00
the	Income	20	Business income (or loss) from	r federal Schedule C			20		00		00
or other	드	21	Gains (or losses) from federal	Schedule D			21		00		00
S 0	zon	22	Rents, royalties, partnerships, esta	tes, trusts, small business cor	porations from federal S	Г	22		00		00
e	Ā		Other income reported on your				23		00		00
ed			Total income: Add lines 15 throu			24		00		00	
SC			Other federal adjustments: Inc Federal adjusted gross income						00		100
AZ schedules			Arizona gross income: Subtrac						, , , ,		00
			Arizona income ratio: Divide line 27 by line 26, and enter the result (not over 1.000)								
<u>a</u>	ons		Total depreciation included in A								00
era	Idition	30	Other Additions to Income: See	e instructions and include you	r own schedule				30		00
ed	Ad		Subtotal: Add lines 27, 29, and 3								00
ğ	ge 2		Total Arizona sourced net capit						00		
ij	n pa		Total net short-term capital gain						00		
any required federal and	ont. o		Total net long-term capital gain from				34		00		
٦	ı	35	Net long-term capital gain from from your worksheet, line 14, col. (c				35		00		
a	tions	36	Multiply line 35 by 25% (.25) at								00
Place	otrac		Net capital gain derived from in								00
置	Sub		Subtract lines 36 and 37 from I						I		00

Ī	Your	Name (as shown on page 1) Your Social Security No	y Number					
-	39	Enter the amount from page 1, line 38	39	00				
page	40	Recalculated Arizona depreciation		00				
m d	41	Contributions to 529 College Savings Plans		00				
: fro	42	Adjustment for I.R.C. §179 expense not allowed		00				
– cont. from	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills		00				
	44	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)		00				
Subtractions	45	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income		00				
trac	46	Other Subtractions from Income: See instructions and include your own schedule		00				
gng	47	Subtract lines 40 through 46 from line 39	. 47	00				
	48	Age 65 or over: Multiply the number in box 8 by \$2,100	00	100				
	49	Blind: Multiply the number in box 9 by \$1,500	00					
Suc	50	Dependents: Multiply the number in box 10 by \$2,300	00					
Exemptions	51	Qualifying parents and grandparents: Multiply the number in box 11 by \$10,000	00					
xem	52	Add lines 48 through 51	00					
ш	53	Multiply line 52 by the Arizona income ratio on line 28.	100	00				
	54	Arizona adjusted gross income: Subtract line 53 from line 47		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. If less than zero, enter zero		00				
of Tax	58	Compute the tax using amount from line 57 and Tax Table X or Y		00				
0 e 0	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		00				
Ba	61	Family income tax credit (from the worksheet - see instructions)		00				
	62	Credits from Arizona Form 301, Part 2, line 76		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		00				
- m	64	2016 AZ income tax withheld		00				
s an	65	2016 AZ estimated tax payments 65a 00 Claim of Right 65b 00 Add 65a and 65b		00				
I Payments and Indable Credits	66	2016 AZ extension payment (Form 204)		00				
ayn dabl	67	Increased Excise Tax Credit (from the worksheet - see instructions)		00				
Total F Refun	68	Other refundable credits: Check the box(es) and enter the total amount		00				
2 ~	69	Total payments and refundable credits: Add lines 64 through 68 and enter the total		00				
_ t	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		00				
Tax Due or Overpayment	71	OVERPAYMENT: If line 69 is larger than line 63, subtract line 63 from line 69, and enter amount of overpayment		00				
Tax D	72	Amount of line 71 to be applied to 2017 estimated tax		00				
ò	73	Balance of overpayment: Subtract line 72 from line 71	. 73	00				
ţs	74	- 83 Voluntary Gifts to: Solutions Teams Assigned to Schools 74 00 Arizona Wildlife 75 00						
Gifts		Child Abuse Prevention76 00 Domestic Violence Shelter .77 00 Political Gift78 00						
tary		Neighbors Helping Neighbors 79 00 Special Olympics 80 00 Veterans' Donations Fund 81 00						
Voluntary		I Didn't Pay Enough Fund82 00 Sustainable State Parks and Road Fund83 00	_					
8	84	Political Party (if amount is entered on line 78 - check only one): 841 Democratic 842 Green Party 843 Libertarian 844	Republican					
Ę	85	Estimated payment penalty and Arizona Long-Term Health Care Savings Account (AZLTHSA) penalty	85	00				
Penalty	86	861 Annualized/Other 862 Farmer or Fisherman 863 Form 221 included 864 AZLTHSA Penalty						
٣	87	Add lines 74 through 83 and 85; enter the total	87	00				
ъ	88	REFUND: Subtract line 87 from line 73. If less than zero, enter amount owed on line 89	88	00				
Owe		Direct Deposit of Refund: Check box 88A if your deposit will be ultimately placed in a foreign account; see instructions. 88A						
Refund or Amount Owed		Checking or ROUTING NUMBER ACCOUNT NUMBER						
Amo		98 S Savings		00				
3E	l t	Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my kn rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowle	owledge and belief,	, they are				
三	→ `	The state of the s	- J -:					
I	_	OUR SIGNATURE DATE OCCUPATION						
SIGN HER	→ ॄ	POLICE'S CIONATURE PATE OPOLICE'S CONTRACTOR						
S	,	SPOUSE'S SIGNATURE DATE SPOUSE'S OCCUPATION						
	Ē	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)						
AS	_	NUS DESCRIPTION OF STATE ADDRESS	TIN					
PLEASE	F	PAID PREPARER'S STREET ADDRESS PAID PREPARER'S ()	IIN					
П	7	DAIN DEEDABED'S CITY STATE 7ID CODE	DHONE NUMBER					

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.

	(a)	(b)	(c)	(d)	, (e)	(f)
	FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2016	if this person did not qualify as a dependent on your federal return	if you did not claim this person on your federal return due to educational credits
Qualify	ying parents and grandparents, continu	ued from page 1.				
	(a)	(b)	(c)	(d)	(e)	(f)
	FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR	✓ if	✓ if

	Qualifying parents and grandparents, continued from page 1.								
	(a)		(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									
11d									
11e									
11f									
11g									
11 _h									
11i									
11 _i									