Arizona Schedule

Itemized Deduction Adjustments For Full-Year Residents Filing Form 140

2017

Include with your return.

Your Name as shown on Form 140 Spouse's Name as shown on Form 140 (if filing joint)		Your Social Security Number Spouse's Social Security Number	
Adj	ustment to Medical and Dental Expenses		
2	Medical and dental expenses	00 00 00 00	
5 6	If line 1 is the same as or more than line 4, subtract line 4 from line 1; otherwise, go to line 6 If line 4 is more than line 1, subtract line 1 from line 4	5 5	00
Adj	ustment to Interest Deduction		
	If you received a federal credit for interest paid on mortgage credit certificates (from federal enter the amount of mortgage interest you paid for 2017 that is equal to the amount of your federal credit	2017	00
	ustment to Gambling Losses	00	
9 10 11	Wagering losses allowed as a federal itemized deduction	00 00 00 00	00
	The first to the control of the cont	12	100
Adj	ustment to Charitable Contributions		
	Amount of charitable contributions for which you are claiming a credit under Arizona law	13	00
	er Adjustments Amount allowed as a federal itemized deduction that relates to income not subject to Arizon	o toy 14	00
14	Amount anowed as a rederal itemized deduction that relates to income hot subject to Anzon	a lax 14	100
Adj	usted Itemized Deductions		
15 16 17 18 19 20 21	Add the amounts on lines 5 and 7	00 00 00 00 00 00	
	and on Form 140, page 2, line 43	21	00



You must include a copy of federal Form 1040, Schedule A with your return if you itemize your deductions.