RETURN.			Arizona Form 140NR	Nonresident Personal Income Tax Return					FOR CALENDAR YEAR 2015		
Ĕ,	82F	OR FISCAL YEAR BEGINNING (M, M, D, D, 2, 0, 1, 5) AND ENDING					IDING IM.	/iDiDi	2 . 0 . Y . Y		
	,	Your First Name and Middle Initial Last Name							al Security Number		
뷝	1							Enter	1		
2		Spou	se's First Name and Middle In	Last Name	Last Name		your	Spouse's S	Social Security No.		
AS	1							SSN(s).	1	1	
鱼	(Curre	nt Home Address - number ar	nd street, rural route		Apt. No.		Daytime Phone (with area code)			
<u>_</u>	2					94					
ANY ITEMS	\neg	City, 7	Town or Post Office	ZIP Code		Last Names Used in Last Four Prior Year(s) (if different)					
<u>ال</u> ا	3						97				
DO NOT STAPLE	SI	4	■ Married filing joint return				E USE ONLY. D	O NOT M	ARK IN THIS AREA.		
S	TAT	5	Head of household: Enter name of qualifying child or dependent on next line:				88R				
0	FILING STATUS										
0		6	6 Married filing separate return: Enter spouse's name and Social Security Number above.								
Δ		7	Single	ned. Do not put a check n	nark						
	EXEMPTIONS	0				nc 9	81P PM 80R RCVD				
	MPT	8 9	Age 65 or over (you and Blind (you and/or spous	. ,		If completing lines 8 through 10, also complete				OUR	
		10	Dependents: Do not inc		lines 47 through		ll .				
			· ·	•					·		
		11-	13 Residency Status (che	eck one): 11 Nonresiden	t 12 Nonresider	nt Active Milit	ary 13 ∐	Composite Re	eturn		
				mation: Children and other o		re space, (c			page 3.		
			(a) FIRST AND LA		(b) OCIAL SECURITY NO.	(c) RELATIONSI	(d HP NO. OF N) NONTHS ✓ if t	(e) this person	(f) if you did not claim this person on your	
	ents		(Do not list yourse		001112 020011111110.	TALES (TIONO)	LIVED IN	YOUR did not	qualify as a dent on your	federal return due to	
	Dependents	4.0					TIONET	fede	ral return	educational credits	
	Dep								<u> </u>		
نہ									ᅡ		
Ä		10c							Ħ		
nts after Form 140NR			Check box 14 if married and	vou are the spouse of an ac	tive duty military me	mber	2015	FEDERAL		015 ARIZONA	
Ξ			who qualifies for relief under				Amount fro	m Federal Retu	ırn So	urce Amount Only	
For		15	Wages, salaries, tips, etc				15		00	00	
er		16	Interest				16		00	00	
aft		17	Dividends				17	ì	00	00	
ıts	ome		Arizona income tax refunds			i	18		00	00	
	()						19		00	00	
schedules or other docume	Arizona Ind	20	Gains or (losses) from federa			1	20	ì	00	00	
ę	Ariz	21	Rents, royalties, partnerships, est Other income reported on you				21	ì	00	00	
e		22 23	Total income: Add lines 15 thro				23	i	00	00	
oth		24	Other federal adjustments: In	·			24	i	00	00	
<u>-</u> 0		25	Federal adjusted gross incom	•		ı	i	i	00		
es		26	Arizona gross income: Subtra						26	00	
뒴		27	Arizona income ratio: Divide	e line 26 by line 25, and enter th	e result (not over 1.000)			27	•	
he	us	28	Total depreciation included in	Arizona gross income					28	00	
SC	Additions		Partnership Income: See instr	ructions					29	00	
Place any required federal and AZ			Other additions to income: S							00	
	-	31	Subtotal: Add lines 26, 28, 29,				I			00	
	7	32	Total Arizona sourced net cap					i	00 00		
	page	33 34	Total net short-term capital gai Total net long-term capital gai				34	i	00		
	n p	35	Net long-term capital gain fro	, ,			J-				
	nt. o	55	amount from your worksheet, line				35		00		
	00-	36	Multiply line 35 by 25% (.25)					•		00	
	ns.	37	Net capital gain derived from							00	
	ottio	38	Recalculated Arizona depreci	·						00	
	Subtractions	39	Adjustment for I.R.C. §179 ex	xpense not allowed					39	00	
ace	ร	40	Partnership Income: See instr							00	
_		41	Subtract lines 36 through 40 t	from line 31. Enter the total					41	100	

	Your	Name (as shown on page 1)	ımber	iber	
1	42	Enter the amount from page 1, line 41		42	00
Subtractions – cont. from page 1	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
	45	Agricultural crops contributed to Arizona charitable organizations			00
	46				00
	47	Age 65 or over: Multiply the number in box 8 by \$2,100		46	100
ons	48	Blind: Multiply the number in box 9 by \$1,500		00	
Exemptions	49	Dependents: Multiply the number in box 10 by \$2,300		00	
	50	Add lines 47, 48, and 49 and enter the total		00	
	51	Multiply line 50 by the Arizona ratio on line 27		51	00
	52	Arizona adjusted gross income: Subtract lines 43 through 46 and 51 from line 42		52	00
	53	Deductions: Check box and enter amount. See instructions			00
	54	Personal exemptions: See instructions.			00
of Tax	55	Arizona taxable income: Subtract lines 53 and 54 from line 52			00
	56	Compute the tax using amount from line 55 and Tax Table X or Y			00
nce	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 40			00
Balance	58	Subtotal of tax: Add lines 56 and 57 and enter the total			00
	59	Credits from Arizona Form 301, Part 2, line 76			00
	60	Balance of tax: Subtract line 59 from line 58. If line 59 is more than line 58, enter zero			00
ind	61	Arizona income tax withheld during 2015			00
Total Payments and Refundable Credits	62	Arizona estimated tax payments for 2015			00
yme	63	2015 Arizona extension payment (Form 204)		63	00
I Pay	64	Other refundable credits: Check the box(es) and enter the total amount			00
Tota Refu	65	Total payments and refundable credits: Add lines 61 through 64 and enter the total		- 1	00
	66	TAX DUE: If line 60 is larger than line 65, subtract line 65 from line 60, and enter amount of tax due. Skip line			00
Tax Due or Overpayment	67	OVERPAYMENT: If line 65 is larger than line 60, subtract line 60 from line 65, and enter amount of overpar		00	
Tax Due Overpayn	68	Amount of line 67 to be applied to 2016 estimated tax		68	00
Ëδ	69	Balance of overpayment: Subtract line 68 from line 67		69	00
ts	70	- 79 Voluntary Gifts to: Solutions Teams Assigned to Schools 70 Arizona Wildlife			· · · · · · · · · · · · · · · · · · ·
Gif		Child Abuse Prevention72 00 Domestic Violence Shelter . 73 00 Political Gift			
tary		Neighbors Helping Neighbors 75 00 Special Olympics 76 00 Veterans' Donations F	und 77		
Voluntary Gifts		I Didn't Pay Enough Fund78 00 Sustainable State Parks and Road Fund79 00			
>	80	Political Party (if amount is entered on line 74 - check only one): 801 Americans Elect 802 AZ Green Party	y 803 Democratic 804	Lib	ertarian 805 Republican
ty	81	Estimated payment penalty and Arizona Long-Term Health Care Saving Account (AZLTHSA) per	nalty	81	00
enalty	82				
ď	83	Add lines 70 through 79 and 81; enter the total		83	00
-	84	REFUND: Subtract line 83 from line 69. If less than zero, enter amount owed on line 85		84_	00
Refund or Amount Owed		Direct Deposit of Refund: Check box 84A if your deposit will be ultimately placed in a foreign account; see			
func		ROUTING NUMBER ACCOUNT NUMBER 98	C Checking or		
Re Amo			່ S □ Savingsັ		
,	85	AMOUNT OWED: Add lines 66 and 83. Make check payable to Arizona Department of Revenue; write you	ur SSN on payment	85	00
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information			
		titue, correct and complete. Declaration of preparer (other than taxpayer) is based on an informati	ion or which prepare	i iias	any knowledge.
PLEASE SIGN HERE	→				
		YOUR SIGNATURE DATE O	CCUPATION		
	_				
	→	PATE DATE	DOLLOGIO OCCUPATION		
		SPOUSE'S SIGNATURE DATE SI	POUSE'S OCCUPATION		
		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S I	F SELF-EMPLOYED)		
				- 11.	
4	PAID PREPARER'S STREET ADDRESS PAID PREPAR			ER'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 140NR.

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			

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.

Children and other dependents, continued from page 1

	Children and other dependents, continued from page 1.								
	(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 2015	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			
10e									
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