

DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING [M,M,D,D] 2,0,1,5 AND ENDING [M,M,D,D] 2,0,Y,Y. 66F

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

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

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

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

FILING STATUS: 4 Married filing joint return, 5 Head of household, 6 Married filing separate return, 7 Single. EXEMPTIONS: 8 Age 65 or over, 9 Blind, 10 Dependents. Includes instructions for completing lines 8-10.

11-13 Residency Status (check one): 11 Nonresident, 12 Nonresident Active Military, 13 Composite Return

(Box 10): Dependent Information: Children and other dependents. For more space, (check) and complete page 3.

Table with 6 columns: (a) FIRST AND LAST NAME, (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, (f) if you did not claim this person.

Table for Arizona Income with columns for 2015 FEDERAL Amount from Federal Return and 2015 ARIZONA Source Amount Only. Rows 14-27.

Table for Additions with rows 28-31. Row 31 is Subtotal.

Table for Subtractions - cont. on page 2 with rows 32-41.

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

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

Subtractions - cont. from page 1	42	Enter the amount from page 1, line 41 .....	42		00
	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills.....	43		00
	44	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only) .....	44		00
	45	Agricultural crops contributed to Arizona charitable organizations.....	45		00
	46	Other subtractions: See instructions and include your own schedule.....	46		00
Exemptions	47	Age 65 or over: Multiply the number in box 8 by \$2,100.....	47		00
	48	Blind: Multiply the number in box 9 by \$1,500 .....	48		00
	49	Dependents: Multiply the number in box 10 by \$2,300 .....	49		00
	50	Add lines 47, 48, and 49 and enter the total.....	50		00
	51	Multiply line 50 by the Arizona ratio on line 27 .....	51		00
	52	<b>Arizona adjusted gross income:</b> Subtract lines 43 through 46 and 51 from line 42.....	52		00
Balance of Tax	53	<b>Deductions: Check box and enter amount.</b> See instructions..... 53I <input type="checkbox"/> ITEMIZED 53S <input type="checkbox"/> STANDARD	53		00
	54	Personal exemptions: See instructions.....	54		00
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52.....	55		00
	56	Compute the tax using amount from line 55 and Tax Table X or Y.....	56		00
	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 40 .....	57		00
	58	Subtotal of tax: Add lines 56 and 57 and enter the total .....	58		00
	59	Credits from Arizona Form 301, Part 2, line 76 .....	59		00
	60	<b>Balance of tax:</b> Subtract line 59 from line 58. If line 59 is more than line 58, enter zero.....	60		00
Total Payments and Refundable Credits	61	Arizona income tax withheld during 2015.....	61		00
	62	Arizona estimated tax payments for 2015 .....	62		00
	63	2015 Arizona extension payment (Form 204).....	63		00
	64	Other refundable credits: Check the box(es) and enter the total amount..... 641 <input type="checkbox"/> 308-I 642 <input type="checkbox"/> 342 643 <input type="checkbox"/> 349	64		00
	65	<b>Total payments and refundable credits:</b> Add lines 61 through 64 and enter the total.....	65		00
Tax Due or Overpayment	66	<b>TAX DUE:</b> If line 60 is larger than line 65, subtract line 65 from line 60, and enter amount of tax due. Skip lines 67, 68 and 69.....	66		00
	67	<b>OVERPAYMENT:</b> If line 65 is larger than line 60, subtract line 60 from line 65, and enter amount of overpayment.....	67		00
	68	Amount of line 67 to be applied to 2016 estimated tax.....	68		00
	69	Balance of overpayment: Subtract line 68 from line 67.....	69		00
Voluntary Gifts	70	Solutions Teams Assigned to Schools.....	70		00
	71	Arizona Wildlife.....	71		00
	72	Child Abuse Prevention .....	72		00
	73	Domestic Violence Shelter .....	73		00
	74	Political Gift.....	74		00
	75	Neighbors Helping Neighbors.....	75		00
	76	Special Olympics .....	76		00
	77	Veterans' Donations Fund.....	77		00
78	I Didn't Pay Enough Fund.....	78		00	
79	Sustainable State Parks and Road Fund.....	79		00	
80	Political Party (if amount is entered on line 74 - check only one): 801 <input type="checkbox"/> Americans Elect 802 <input type="checkbox"/> AZ Green Party 803 <input type="checkbox"/> Democratic 804 <input type="checkbox"/> Libertarian 805 <input type="checkbox"/> Republican				
Penalty	81	Estimated payment penalty and Arizona Long-Term Health Care Saving Account (AZLTHSA) penalty.....	81		00
	82	821 <input type="checkbox"/> Annualized/Other 822 <input type="checkbox"/> Farmer or Fisherman 823 <input type="checkbox"/> Form 221 included 824 <input type="checkbox"/> AZLTHSA Penalty			
	83	Add lines 70 through 79 and 81; enter the total.....	83		00
Refund or Amount Owed	84	<b>REFUND:</b> Subtract line 83 from line 69. If less than zero, enter amount owed on line 85.....	84		00
	85	<b>AMOUNT OWED:</b> Add lines 66 and 83. Make check payable to Arizona Department of Revenue; write your SSN on payment ...	85		00

Under 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 are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**PLEASE SIGN HERE**

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ OCCUPATION \_\_\_\_\_

SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SPOUSE'S OCCUPATION \_\_\_\_\_

PAID PREPARER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) \_\_\_\_\_

PAID PREPARER'S STREET ADDRESS \_\_\_\_\_ PAID PREPARER'S TIN \_\_\_\_\_

PAID PREPARER'S CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PAID PREPARER'S PHONE NUMBER \_\_\_\_\_

Your Name (as shown on page 1)

Your Social Security Number

### 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 (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
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"/>
10u					<input type="checkbox"/>	<input type="checkbox"/>
10v					<input type="checkbox"/>	<input type="checkbox"/>