

Test 7510
Form 140EZ

ARIZONA

SSN: 400-00-7510

Description: EZ Form, MFJ, Direct Debit, STATE ONLY

Arizona Information:

Forms used: Form 140EZ

Other:

Clean Election Deduction = 5

Contribution to Clean Elections Fund = 2

Family Income Tax Credit = 80

Routing Number: 122167676

Savings Acct #: 98765432001

Income Information:

Wages from two W-2 Forms

Federal AGI

Total

19,999

19,999

PAID PREPARER INFO:

JOHN SMITH ACCOUNTING

101 ROBIN LN, PHOENIX, AZ 85008

PTIN: P24680000

ONE STAPLE ONLY IN UPPER LEFT CORNER. NO TAPE.

82F **Check box 82F if filing under extension**

Your First Name and Initial 1		Last Name	Your Social Security No.	
Spouse's First Name and Initial (if box 4 checked) 1		Last Name	Spouse's Social Security No.	
Present Home Address - number and street, rural route Apt. No. 2		Daytime Phone (with area code)	Home Phone (with area code) 94	
City, Town or Post Office 3	State	Zip Code	REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	

STOP You **must** use Arizona Form 140 if:

- Your Arizona taxable income is \$50,000 or more
- You are claiming estimated payments

FILING STATUS: Check one box.

- 4 Married filing joint return
5 Single

88

81

80

Enclose, but do not attach payment. Attach W-2 as last page of the return.

6 Federal adjusted gross income from your federal return	6		00
7 Standard deduction and personal exemption: If you checked filing status box 4, enter \$13,554; if you checked filing status box 5, enter \$6,777	7		00
8 Arizona taxable income: Subtract line 7 from line 6. If less than zero, enter zero. If \$50,000 or more, use Form 140	8		00
9 Amount of tax from Optional Tax Tables	9		00
10 Clean Elections Fund Tax Reduction: See instructions pages 4 and 5. 101 <input type="checkbox"/> YOURSELF 102 <input type="checkbox"/> SPOUSE	11		00
12 Reduced tax: Subtract line 11 from line 9	12		00
13 Family income tax credit from worksheet on page 5 of instructions	13		00
14 Clean Elections Fund Tax Credit from worksheet on page 5 of the instructions	14		00
15 Balance of tax: Subtract lines 13 and 14 from line 12. If the sum of lines 13 and 14 is more than line 12, enter zero	15		00
16 Arizona income tax withheld during 2009	16		00
17 2009 Arizona extension payment (Form 204)	17		00
18 Increased Excise Tax Credit from worksheet on page 6 of the instructions	18		00
19 Total payments/credits: Add lines 16 through 18	19		00
20 TAX DUE: If line 15 is larger than line 19, subtract line 19 from line 15, and enter the amount of tax due. Skip lines 21 and 23	20		00
21 OVERPAYMENT: If line 19 is larger than line 15, subtract line 15 from line 19	21		00
22 VOLUNTARY CONTRIBUTION TO THE CITIZENS CLEAN ELECTIONS FUND: See page 6 of instructions. If making a contribution, check this box: 22A1 <input type="checkbox"/> and enter the amount	22		00
23 REFUND: Subtract line 22 from line 21. If less than zero, enter amount owed on line 24	23		00
Direct Deposit of Refund: Check the box if direct deposit will be ultimately placed in a foreign account..... <input type="checkbox"/>			
ROUTING NUMBER		ACCOUNT NUMBER	
98			
24 AMOUNT OWED: Add lines 20 and 22. Make check payable to Arizona Department of Revenue; include SSN on payment	24		00
<input type="checkbox"/> Payment enclosed. Check the box and enclose payment. PLEASE DO NOT SEND CASH.			
25 Last name(s) used in prior years - if different from name(s) used in current year			

PLEASE SIGN HERE

I have read this return and any attachments with it. Under penalties of perjury, I declare that 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.

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 TIN _____ PAID PREPARER'S ADDRESS _____ PAID PREPARER'S PHONE NO. _____

22222		a Employee's social security number 400-00-7560	OMB No. 1545-0008			
b Employer identification number (EIN) 11-6321571		1 Wages, tips, other compensation 2,000.00	2 Federal income tax withheld 300.00			
c Employer's name, address, and ZIP code THE BOND COURT HOTEL 1617 W CLEVELAND AVE PHOENIX AZ 85007		3 Social security wages 2,000.00	4 Social security tax withheld 124.00			
		5 Medicare wages and tips 2,000.00	6 Medicare tax withheld 29.00			
		7 Social security tips	8 Allocated tips			
d Control number		9 Advance EIC payment	10 Dependent care benefits			
e Employee's first name and initial Last name Suff. MARY J EASY 215 LAID BACK WAY B117 PHOENIX AZ 85014		11 Nonqualified plans	12a			
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12b			
		14 Other	12c			
			12d			
f Employee's address and ZIP code						
15 State AZ	Employer's state ID number 11-6321571	16 State wages, tips, etc. 2,000.00	17 State income tax 10.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2009

Department of the Treasury—Internal Revenue Service

22222		a Employee's social security number 400-00-7510	OMB No. 1545-0008			
b Employer identification number (EIN) 11-6321582		1 Wages, tips, other compensation 17,999.00	2 Federal income tax withheld 895.00			
c Employer's name, address, and ZIP code THE BOND COURT BISTRO 1617 W CLEVELAND AVE PHOENIX AZ 85007		3 Social security wages 17,999.00	4 Social security tax withheld 1,116.00			
		5 Medicare wages and tips 17,999.00	6 Medicare tax withheld 261.00			
		7 Social security tips	8 Allocated tips			
d Control number		9 Advance EIC payment	10 Dependent care benefits			
e Employee's first name and initial Last name Suff. DANNY S EASY 215 LAID BACK WAY B117 PHOENIX AZ 85014		11 Nonqualified plans	12a			
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12b			
		14 Other	12c			
			12d			
f Employee's address and ZIP code						
15 State AZ	Employer's state ID number 11-6321582	16 State wages, tips, etc. 17,999.00	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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