R.			Arizona Form							R CALENDAR YEAR	
THE RETURN			140PY Part-Yo	ear Resider	nt Persona	Incom	е Та	ax Retur	n	2017	
E	82F		Check box 82F filing under extension OR FISCAL	YEAR BEGINNIN	NG (M,MID,D	12.0.1.	7_ AI	ND ENDING	$M_1M_1D_1$	0 2 0 Y Y .	F
		Your F	First Name and Middle Initial		Last Name				Your So	ocial Security Number	= er
	1							Enter		1 1	
ANY ITEMS	_	Spous	e's First Name and Middle Initial (if box 4 o	6 checked)	Last Name			your SSN(s	Spouse	e's Social Security No	٥.
囯	1	-	Allows Address worth as and storet word			A 4 . N		,			_
≥	2	Jurrei	nt Home Address - number and street, rural	route	Apt. No.			Daytime Phone (with area code)			
A	_	Lity, Town or Post Office State			ZIP Code		Las	st Names Used	in Last Four F	Prior Year(s) (if different	t)
STAPLE	3	,,								9	7
STA.	<u>Ts</u>	4	☐ Married filing joint return 4a ☐ Inju	red Spouse Prote	ection of Joint Ov	erpayment	RE	VENUE USE C	NLY. DO NO	MARK IN THIS AREA	<u>.</u>
NOT	STATUS	5	II								
ž	S S										
00	FILING	6	Married filing separate return: Enter sp	ouse's name and So	ocial Security Numb	er above.					
		7	Single	ut a check mark							
	S S	8	Age 65 or over (you and/or spouse)			- 0	81P	PM		80R RCVD	_
	EXEMPTIONS	9	Blind (you and/or spouse)		If completing lines 8 through 11, also complete					_	
		10	Dependents: Do not include self or spo		nes 48 through	-					_
	Щ	11	Qualifying parents and grandparents				40 F	7 Dant Vaan (Danislam# An#	in a Military	
		12-1	Residency Status (check one): 12 (Box 10): Dependent Information: Childre					Part-Year F			_
			(a)		(b)	(c)		(d)	(e) if this pers	(f)	
			FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIA	AL SECURITY NO.	RELATIONS	L	O. OF MONTHS LIVED IN YOUR	did not qualify a dependent on y	on if you did not clair this person on your federal return due to	n
	Dependents							HOME IN 2017	federal return	educational credits	
		10а 10ь							- 	<u> </u>	\dashv
₽.	benc	100	(Box 11): Qualifying parents and grandpa	rents. See instruc	ctions. For more	space. (che	ck)	and comple	ete page 3.		_
40	De		(a)		(b)	(c)		(d)	(e) ✓ if	(f)	
n 1			FIRST AND LAST NAME (Do not list yourself or spouse.)		SOCIAL SECURITY NO. RELATIONS		L	LIVED IN YOUR age		or died in 2017	
nts after Form 140PY.		11a						HOME IN 2017			1
er		11 _b]
aft		14	Dates of Arizona residency: From [M,M D,D			.Y.Y.Y.		2017 FEDER		2017 ARIZONA	
		45	List other state(s) of residency:				15	unt from Feder	ar Return 00	Amount Only	_
or other docume			Wages, salaries, tips, etc				16		00	00	
noo		17 Dividends					17		00	00	- 1
r d		18	Arizona income tax refunds				18		00	00	- 1
the	ne		Alimony received				19		00	00	- 1
<u>r</u> 0	ncor		Business income (or loss) from federal Sch				20		00	00	- 1
SS (Arizona Incom		Gains (or losses) from federal Schedule D. Rents, royalties, partnerships, estates, trusts, small				22		00	00	- 1
schedules			Other income reported on your federal retu	-			23		00	00	- 1
hec			Total income: Add lines 15 through 23				24		00	00	- 1
			Other federal adjustments: Include your own						00	00	0
l AZ			Federal adjusted gross income: Subtract line						00	0.0	
and										00	J
<u>,</u>	ns		Total depreciation included in Arizona gross							00	0
Jer	Additior			instructions and include your own schedule					I	00	
l fe	Ad		Subtotal: Add lines 27, 29, and 30		ructions					00	0
lace any required federal	u o		Total Arizona sourced net capital gain or (lo						00		
	cont.		Total net short-term capital gain or (loss) ind						00		
y re	ns – (ge 2		Total net long-term capital gain or (loss): Some long-term capital gain from assets acquired to the long-term capital gain from assets acquired to the long-term capital gain from assets acquired to the long-term capital gain or (loss): Some long-term capital gain from assets acquired to the long-term capital gain gain gain gain gain gain gain gain					00			
an	pa			assets acquired <i>after</i> December 31, 2011. See instructions 35					00	0	
ce	ubtra		Net capital gain derived from investment in							00	
- 10	S		Subtract lines 36 and 37 from line 31 Ente						38	0(

1	Your	Name (as shown on page 1) Your Social Secur	Your Social Security Number				
_	39	Enter the amount from page 1, line 38	39	00			
cont. from page	40	Recalculated Arizona depreciation	Г	00			
	41	Contributions to 529 College Savings Plans		00			
	42	Reserved	Ī	, , ,			
con	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills		00			
- 1	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			
Suk	47	Subtract lines 40 through 46 from line 39	Г	00			
	48	Age 65 or over: Multiply the number in box 8 by \$2,100	00				
	49	Blind: Multiply the number in box 9 by \$1,500	00				
Exemptions	50	Dependents: Multiply the number in box 10 by \$2,300	00				
mpti	51	Qualifying parents and grandparents: Multiply the number in box 11 by \$10,000	00				
Exel	52	Add lines 48 through 51	00				
	53	Multiply line 52 by the Arizona income ratio on line 28	53	00			
	54	Arizona adjusted gross income: Subtract line 53 from line 47	54	00			
	55	Deductions: Check box and enter amount. See instructions	ARD 55	00			
	56	Personal exemptions: See instructions	56	00			
ax	57	Arizona taxable income: Subtract lines 55 and 56 from line 54. If less than zero, enter "0"	57	00			
of Tax	58	Compute the tax using amount from line 57 and Tax Table X or Y	Г	00			
Balance	59	Tax from recapture of credits from Arizona Form 301, Part 2, line 40	59	00			
3ala	60	Subtotal of tax: Add lines 58 and 59 and enter the total	60	00			
	61	Family income tax credit (from the worksheet - see instructions)	Г	00			
	62	Credits from Arizona Form 301, Part 2, line 76	Г	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 "0"		00			
yments and able Credits	64	2017 AZ income tax withheld		00			
Cre	65	2017 AZ estimated tax payments65a 00 Claim of Right 65b 00 Add 65a and	Г	00			
able	66	2017 AZ extension payment (Form 204)	I	00			
al Pay fundat	67	Increased Excise Tax Credit (from the worksheet - see instructions)		00			
Total Refu	68 69	Total payments and refundable credits: Add lines 64 through 68 and enter the total		00			
_ <u>+</u>	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	ĺ	00			
ue or /ment	71	OVERPAYMENT: If line 69 is larger than line 63, subtract line 63 from line 69, and enter amount of overpayment		00			
ıx Due ərpayn	72	Amount of line 71 to be applied to 2018 estimated tax	Г	00			
Tax		Balance of overpayment: Subtract line 72 from line 71		00			
Ŋ		- 84 Voluntary Gifts to: Solutions Teams Assigned to Schools 74 00 Arizona Wildlife 75	00	100			
Voluntary Gifts		Child Abuse Prevention	00				
tary		Neighbors Helping Neighbors, 79 00 Special Olympics 80 00 Veterans' Donations Fund 81	00				
lun		I Didn't Pay Enough Fund82 00 Sustainable State Parks and Road Fund83 00 Spay/Neuter of Animals 84	00				
×	85	Political Party (if amount is entered on line 78 - check only one): 851 Democratic 852 Green Party 853 Libertarian 8	54 ☐ Rep	ublican			
ť	86	Estimated payment penalty and Arizona Long-Term Health Care Savings Account (AZLTHSA) penalty	86	00			
Penalty	87	871 Annualized/Other 872 Farmer or Fisherman 873 Form 221 included 874 AZLTHSA Penalty					
-	88	Add lines 74 through 84 and 86; enter the total		00			
. pa	89	REFUND: Subtract line 88 from line 73. If less than zero, enter amount owed on line 90		00			
o o d		Direct Deposit of Refund: Check box 89A if your deposit will be ultimately placed in a foreign account; see instructions. 89A CCOUNT NUMBER ACCOUNT NUMBER ACCOUNT NUMBER	·□□				
Refund or Amount Owed		98 S Savings	7				
Am	90		ont on	00			
ш							
2		Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of mirue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any kr	iowledge.	g,,			
HERE	→	YOUR SIGNATURE DATE OCCUPATION					
Z	→	DATE OCCUPATION					
SIGN		SPOUSE'S SIGNATURE DATE SPOUSE'S OCCUPAT	ION				
	i	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)				
AS		THAN O I ANNE (I NEI ANEIXO II OEEI "EINIFEOTED	,				
PLEASE	Ī	PAID PREPARER'S STREET ADDRESS PAID PREPAR	ER'S TIN				
П	;	DAID DEDADED'S CITY STATE 7ID CODE DAID DEDAD) ED'S DHON	E NI IMRED			

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 2017	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

	Qualifying parents and grandparents, continued from page 1.									
	FIRST AND (Do not list you	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2017	(e) ✓ if age 65 or over	(f) ✓ if died in 2017				
11c										
11d										
11e										
11f										
11g										
11h										
11i										
11i										