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140X

Individual Amended Income Tax Return

FOR CALENDAR YEAR **20**

•	1	OR FISCAL YEAR BEGINNING $[M,M]D,D]Y$	Ϋ́	ΥΥ	AND EN	DING M.M.	D ₁ D ₁	Y, Y, Y	Υ . 66	6	20	Ĺ	
/	Your First Name and Initial								cial S	Security No.			
Sp	Spouse's First Name and Initial (if box 4 or 6 checked)								er your Spouse's Social Security No.				
				Daytime Phone (with area code)			Home Phone (with area code)						
2	_	1	, .		(94	(
	_	Town or Post Office State Zip Code				REVENUE	USE	ONLY. DO	NOT MAR	RK IN	N THIS AREA.	\Box	
3	_			SINAL	THIS]							
S		eck box to indicate both filing and residency status:	<u>KE I</u>	URN I	RETURN								
Status	4	Married filing joint return	4 L	=	H								
St	•		5 _		Ш								
Filing	ь	Married filing separate return: Enter spouse's name and Social Security No. above	e \Box	7		88							
	7	Single		╡	H								
\neg		7 Sirigle											
5								Filed: (Check only one) 97					
Residency	0	D Part-year resident											
Ses 1	11	Part-year resident active military 1	11 [2Form 140A					2	2	
1	2	Nonresident active military1	12			3Form 140EZ.						3	
ptions	3	Age 65 or over: Enter the number claimed	13			4Form 140NR					4	1	
-		Blind: Enter the number claimed	_ F			5Form 140PY.						5	
		Dependents: Enter the number claimed			-	If 140NR or 14					1	_,	
<u> </u>	6	Qualifying parents or ancestors			<u> </u>	Arizona reside				86	CORRECTED	<u> %</u>	
		IMPORTANT: You <u>must</u> enter an amount in columns (a), (b), a				REPORTE		OR SUB	TRACT		AMOUNT		
	_	and/or 18, lines 19 through 25, lines 27, 31, 32, 35, and lines 3				(a)	00	(b	00	4-7	(c)	00	
- 1		Federal adjusted gross income					00		00			00	
	, , , , , , , , , , , , , , , , , , , ,								19		00		
_: I		Additions to income								13			
return		140PY filers: Add lines 18 and 19				00		00	20		00		
9 2 0 2	11 Subtractions from income 00 00										00		
<u></u>		Arizona adjusted gross income: Subtract line 21 from line 20								22		00	
4- I		Deductions (itemized or standard)				1	00		00	23		00	
age 2	24	4 Personal exemptions 00 00							24		00		
9 2		Arizona taxable income: Subtract lines 23 and 24 from line 22					00		00			00	
<u> </u>		Tax from tax table: Table X or Y (140, 140NR or 140PY)				1				26		00	
ωII		Tax from recapture of credits from Arizona Form 301, Part II		00		00			00				
$ \gamma ^2$		8 Subtotal of tax: Add lines 26 and 27, column (c)								28		00	
-1		9 Clean Elections Fund Tax Reduction claimed on original return								29		00	
ΟI		Reduced tax: Subtract line 29 from line 28, column (c)					00		00	30		00	
Att.		Family income tax credit				I	00		00			00	
۱۳		Credit type: Enter form number of each credit claimed	_				 		•	32			
. · I.		Subtract lines 31 and 32 from line 30						القال		34		00	
										35		00	
≥ 3		Balance of tax: Subtract line 35 from line 34. If line 35 is more than lin				•				36		00	
/		Payments (withholding, estimated, or extension)					00		00	37		00	
$\pm 3 $	8	Increased Excise Tax Credit					00		00			00	
S S		Property Tax Credit					00		00			00	
' -		Other refundable credits40A					00		00			00	
		Payment with original return plus all payments after it was filed								41		00	
711			otal payments and refundable credits: Add lines 37 through 41, column (c)							42		00	
വ്	13 Overpayment from original return or as later adjusted. See instructions									43		00	
		4 Balance of credits: Subtract line 43 from line 42								44 45		00	
- 1	15 REFUND/CREDIT DUE: If line 36 is less than line 44, subtract line 36 from line 44, and enter amount of refund/credit									46		00	
	I6 Amount of line 45 to be applied to 2010 estimated tax. If zero, <i>enter "0"</i>											00	
- 1		Check box 48 if this amended return is the result of a net operat									2,0,Y,Y,		
		91-5380f (09)		,						RE	VENUE USE O	NLY	
										82	99		

Your Name	(as shown on page 1)				Your So	cial Security No.						
PART I:	Dependent Exemptions - d	o not list	yourself or sp	ouse as	depend	ents						
	List children and other dependents.	If more spa	ace is needed, attac	h a separat	te sheet.		NO. OF M	IONTHS LIVED IN YOUR				
	FIRST AND LAST NAME:		SOCIAL SECUR	ITY NO.	REL	ATIONSHIP	HOME DUF	RING THE TAXABLE YEAR				
	Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:											
	and appendent inter appendent into do not qualify do your depondent on your reduction.											
	Enter dependents listed above who	were not cla	imed on your feder	ition credits:								
	· ·											
PART II:	Qualifying Parents and And	cestors o	f Your Parents	Exempti	ions (Ar	izona reside	ents only	')				
	List below qualifying parents and a	ncestors of	your parents for wh	nich you are	e claiming	an exemption.	If more sp	ace is needed, attach a				
	separate sheet. Do not list the san	ne person he	ere that you listed in	n Part I, ab	ove, as a	dependent. For	r informatio	n on who is a qualifying				
	parent or ancestor of your parents,	see the instr	uctions for the origin	nal return th	nat you file	d.						
							NO. OF M	ONTHS LIVED IN YOUR				
	FIRST AND LAST NAME:		SOCIAL SECUR	ITY NO.	REL	ATIONSHIP	HOME DUF	RING THE TAXABLE YEAR				
	documents required. If the change(return with the IRS (Form 1040X), p					the agent's repo	ort. If you i	iled an amended federa				
Dart IV:	Name and Address on Original	sinal Patu	rn.									
Part IV:	Name and Address on Orig	•		waa an vau	r original r	oturo writo "oor	no" on the	lina halaw				
	If your name and address is the san		er and Street, R.R.			City, Town or Po		State Zip Code				
	Name	Numbe	and Street, IX.IX.		Αρί. Νο.	Oity, TOWIT OF T	ost Office	State Zip Code				
	nave read this return and any attachm											
# tru	ue, correct and complete. Declaration	of preparer	(other than taxpaye	er) is based	on all info	rmation of whic	h preparer	has any knowledge.				
□ _												
	OUR SIGNATURE		DA1	TE	— OCC	UPATION						
SIGN HERE												
	DOLIGEIO CIONATURE			_		10510 0001151	ION					
PLEASE	POUSE'S SIGNATURE		DAT	E	SPO	USE'S OCCUPAT	ION					
Ä												
4 P/	AID PREPARER'S SIGNATURE		DATE	FIRM'S	NAME (PRE	EPARER'S IF SEL	F-EMPLOYE	ED)				
_	AID PREPARER'S TIN PAID PRE	PARER'S ANI	DESS				DAID DDED	ARER'S PHONE NO				

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.

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016.