<b>A</b>	ARIZONA FORM 140NR
ui	<sub>82F</sub> ☐ < Che
TAP	Your First Name ar

## **Nonresident Personal Income Tax Return**

	<u>ARI</u>	ZONA FORM	Vonr	nahisa	t Pars	onal Income Tax I	Return		FOR
<b>A</b>	1	40NR OR FISCAL YEAR	R BEGIN	INING M.	MIDIDI)	(,Y,Y,Y) AND ENDING (M)		66 66	LENDAR YEAR 2011
i	82	Check box 82F if f	iling u	nder exte	ension				89 X
TAPE.	/	ur First Name and Initial				Last Name	Your	Social Se	ecurity No.
7							You must	1	I
N N		pouse's First Name and Initial <i>(if box 4 or 6 checked)</i>				Last Name enter your Spot			ial Security No.
Ä	Cu	urrent Home Address - number and	street, ru	ural route	Apt. No.	Daytime Phone (with area code	Home Phone (with a	area cod	le)
CORNER.	2	2			1		94		
		ty, Town or Post Office	State	Zip Code					
IN UPPER LEFT	3	3							
=	S	4 Married filing joint return					REVENUE USE ONLY. DO N	NOT MAR	K IN THIS AREA.
ËR	Status	5 Head of household		NAME OF 0	QUALIFYING (	CHILD OR DEPENDENT			
Ы	g S	6 Married filing separate return		enouse's na	ama and Sa	ocial Security No. above			
Z	Filing		II. LINGI	spouse s m	anie and St	ocial Security No. above.			
Щ	$\rightarrow$	7 Single <b>↓</b> Enter the number claim	ad Dari	ot put a ab	ook mork				
STAPLE	Exemptions	8 Age 65 or over (you and/o			eck mark.	<u> </u>	38		
ΣŢ	mpt	9 Blind (you and/or spouse)		;)					
Ш	Ä,	Dependents. From page		Do not i	ncluda sal	f or snouse	B1	80	
ONE	_	13 Residency Status (check one						Ш	
	Ä	This box may be blank or may conta						)	
	es /						rom page 2, line B16)	15	00
	qn						ne (from page 2, line C21).	16	00
	che						page 2, line D32)	17	00
	a S					I	es (15 + 16) – line 17	18	00
	payment, federal and Arizona Schedules					19 19 <b>I</b> □ ITEMIZED		19	00
	Ari					20 Personal exempti	ons	20	00
	and						e: Line 18 - lines (19 + 20)	21	00
	ral					22 Compute the tax:	Use Tax Table X or Y	22	00
	əqei					23 Tax from recaptur	e of credits	23	00
	t, fe					24 Subtotal of tax: A	dd lines 22 and 23	24	00
	nen					25 - 26 251□ YOUR	SELF 252□ SPOUSE	26	00
	ayr					27 Reduced tax: Sub	stract line 26 from line 24	27	00
	any p						s 301, 321, 322, 323) 3	28	00
	oυ ′	29 Credit type: Enter form number of							
		O Clean Elections Fund Tax Credit. From worksheet on page 15 of the instructions					30	00	
		31 Balance of income tax: Subtract					*		00
	=	32 Unpaid Arizona use tax (from wo							00
		33 Balance of tax: Add lines 31 and							00
		34 Arizona income tax withheld du	-						00
	of	35 Arizona estimated tax payment						35	00
	43	36 2011 Arizona extension paymen 37 Other refundable credits: Checo	•	,				36 37	00
	pa	38 Total payments/refundable cr		. ,					00
	ao i	39 TAX DUE: If line 33 is larger than							00
		40 OVERPAYMENT: If line 38 is lar				·		40	00
	=	41 Amount of line 40 to be applied						41	00
		42 Balance of overpayment: Subtr						42	00
		43 - 53 Voluntary Gifts to				43 00 Arizona Wildlife		C	
	bbe	Citizens Clean Elections 45		Child Abuse			ce 47 00	)	
	in u	I Didn't Pay Enough Fund 48	00	National Gua	rd Relief Fun	d 49 00 Neighbors Helpi	ng <b>50</b> 00	0	
	ents i	Special Olympics 51		Veterans' Do				0	
	men	Check only one if making a poli	tical gift	5	<b>₄1</b> □Demo	cratic 542□Green 543□Libert	arian <b>544</b> □Republican		
		55 Estimated payment penalty and			-			55	00
	ο (	56 Check applicable boxes 56	<b>1</b> 🗆 Annua	lized/Other	<b>562</b> □Farme	er or Fisherman 563 TForm 221 atta	iched 564 MSA Penalty		
		57 Total of lines 43 through 53 and	1 55					57	00
	requi	58 REFUND: Subtract line 57 from li						58	00
		Direct Deposit of Refund: Check ROUTING NUMBER		f your deposit ACCOUNT NUM		ately placed in a <b>foreign account</b> ; <u>se</u>	e instructions58A∐ ¬C□ Checking or		
	Attach	98					<b>」s</b> □ Savingsັ		
	⋖ !	59 AMOUNT OWED: Add lines 39	and 57. M	lake check pa	yable to Ariz	ona Department of Revenue; <b>include</b>		59	00

	lame (as shown on page 1)				Your So	cial Securit	ty No.		
PAF	RT A: Dependents - do not li	ist yourself o	or spous	e					
A1	List children and other dependents. If mo	ore space is neede	ed. attach a s	eparate shee	et.	NO OF	MONTHS LIVED		
	List children and other dependents. If more space is needed, attach a separate sheet.  FIRST AND LAST NAME  SOCIAL SECURITY NO. RELATIONS								
,									
	Enter total number of persons listed in A1  a Enter the names of the dependents lis			*				A2	
Αυ .	a Enter the names of the dependents ha	The above who do	Thot quality a	is your acper	ident on ye	our reacti	arretarri.		
	Enter dependents listed above who w	ere not claimed or	n your federa	return due t	o educatio	n credits:	:		
PAF	RT B: Arizona Percent of To	tal Income							
	Check box B4 if married and you are the who qualifies for relief under the Military S		-	-	В4□		I1 FEDERAL from Federal Return		1 ARIZONA se Amount Only
	Wages, salaries, tips, etc					В5	00		0(
B6	Interest					В6	00		0(
B7	Dividends					B7	00		00
B8	Arizona income tax refunds					B8	00		00
B9	Business income (or loss) from federal Se	chedule C				В9	00		0
B10	Gains (or losses) from federal Schedule L	D				B10	00		0
B11	Rents, royalties, partnerships, estates, trusts	s, small business co	orporations fro	m federal Sche	edule E	B11	00		0
B12	Other income reported on your federal re	turn				B12	00		0
	Total income: Add lines B5 through B12					B13	00		0
B14	Other federal adjustments. Attach your own	n schedule				B14	00		0
B15	Federal adjusted gross income. Subtract I	ine B14 from line B1	3 in the FEDE	RAL column		B15	00		
B16	Arizona income: Subtract line B14 from line	B13 in the ARIZONA	A column. Ente	r here and on	the front of t	his form o	n line 15	B16	0(
	Arizona percentage: Divide line B16 by lin	ne B15, and enter the	e result (not ove	er 100%)				B17	9/
	RT C: Additions to Income								
C18	I.R.C. §179 expense in excess of allowab	ole amount. Also s	ee the instructi	ons for line D3	0			C18	0(
	Total depreciation included in Arizona gro							C19	0(
	Other additions to income. See instructions	,						C20	0(
	Total: Add lines C18 through C20. Enter		nt of this form o	n line 16				C21	00
PAF	RT D: Subtractions from Inc	ome					1		
	Exemption: Age 65 or over. Multiply the num					D22	00		
	Exemption: Blind. Multiply the number in box					D23	00		
	Exemption: Dependents. Multiply the number	· -	-			D24	00		
	Total exemptions: Add lines D22 through D24					D25	00		
	Multiply line D25 by the percentage on lin							D26	0(
	Interest on U.S. obligations such as U.S.	-						D27	00
	Arizona state lottery winnings included or							D28	00
	Agricultural crops contributed to Arizona of	-						D29	0(
	Adjustment for I.R.C. §179 expense not a							D30	0
	Other subtractions from income. See instr	•						D31	0(
	Total: Add lines D26 through D31. Enter							D32	00
	t E: Last Name(s) Used in P	rior Years – i	f different froi	m name(s) us	sed in curre	ent year			
E33	I have read this return and any attach true, correct and complete. Declarati		her than taxp		d on all inf		of which prepare		
IN HERE	YOUR SIGNATURE								
SIGN	YOUR SIGNATURE  SPOUSE'S SIGNATURE			DATE	SPC	OUSE'S O	CCUPATION		
PLEASE SIGN HERE	YOUR SIGNATURE			DATE			CCUPATION S IF SELF-EMPLOY		

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

PAID PREPARER'S PHONE NO.

PAID PREPARER'S ADDRESS

PAID PREPARER'S TIN