RETURN.		Arizona Form <b>140</b> Resident Personal Income Tax Retu								rn 2015			
Ш	82F	□C if	heck box 82F filing under extension	OR FISCAL YEAR BEG	SINNI	NG (M,M)D,D	12.0.1.5	5 I A		IM-MI	D <sub>1</sub> D <sub>1</sub> 2	2,0,Y,Y.	66F
Ξ	``		First Name and Middle Initial			Last Name				Yo		al Security Nu	
⊨	1								Enter			1	
2	;	Spous	e's First Name and Middle Initi	al (if box 4 or 6 checked)		Last Name			your	Sp	ouse's S	Social Securit	y No.
ИS	1								SSN(s).			I	
Ξ		Curre	nt Home Address - number and	d street, rural route			Apt. No.		Dayti	me Pho	ne (with	area code)	
<b>ANY ITEMS</b>	2								94				
A	_	City, T	own or Post Office	State		ZIP Code			ast Names Usec	l in Last I	our Prio	r Year(s) (if diff	erent)
Щ.	3					9							
DO NOT STAPLE	Ĩ	4 Married filing joint return							EVENUE USE C 8	INLY. DC	NOTMA	ARK IN THIS A	REA.
	STA	5	Head of household: Enter name of qualifying child or dependent on next line:										
N N	FILING STATUS	6						WITH TAX CREDI					T
DO		7	Married filing separate return: Enter spouse's name and Social Security Number above.						DONATION				
	ē	8	Age 65 or over (you and/o	or spouse)	[	If completing liv	205 8	•					
	<b>P</b> T	9	Blind (you and/or spouse)		If completing lines 8 through 11, also complete			1 PM		80 RCVD			
	EXEMPTIONS	10	Dependents: Do not inclu	ide self or spouse.		lines 38 through 41.							
	Ш	11	Qualifying parents and gr										
			(Box 10): Dependent Informa (a)	ation: Children and other	r dep	endents. For mo (b)	re space, (cl (c)	nec	k) [_] and cor (d)		<b>bage 3.</b> e)	(f)	
			FIRST AND LAS				RELATIONSH	IIP	NO. OF MONTHS LIVED IN YOUR			✓ if you did no this person on federal return of	t claim
	Dependents		(Do not list yourself	f or spouse.)					HOME IN 2015	did not q depende	s person ualify as a nt on your I return	federal return c educational cr	your due to
		10a											Cuits
		10b											
		10c											
ents after Form 140.			(Box 11): Qualifying parents	and grandparents. See	instru			:k) [					
			(a) FIRST AND LAS	ST NAME	soc	(b) IAL SECURITY NO.	(c) RELATIONSH	IIP	(d) NO. OF MONTHS		e) ⁄ <sub>if</sub>	(f) ✓ if	
			(Do not list yourself						LIVED IN YOUR HOME IN 2015		or over	died in 201	5
orn								_		Г	-		
يت ي		11а 11ь								L	-	⊢⊢⊢	
fte			Federal adjusted gross inco	me (from your federal r	eturr	)					2		00
ts a			Non-Arizona municipal interes			•					-		00
	suo		Partnership Income: See instru						14 00				
m	Additio	15 Total federal depreciation								1	5		00
loc	Ă	16	Other additions to income: See						00				
schedules or other docum			Subtotal: Add lines 12 through 1										00
			Total net capital gain or (loss):								0		
ore			Total net short-term capital gai	-		from your worksheet, line 14, col. (a)				1	0		
es			Net long-term capital gain from	, ,		-		20			<u></u>		
qul			amount from your worksheet, line					21		C	0		
he		22	Multiply line 21 by 25% (.25) a	nd enter the result							22		00
Z SC		23	Net capital gain derived from in	nvestment in qualified sm	nall b	usiness				2	23		00
IAZ		24 Recalculated Arizona depreciation											00
anc	tion	25 Partnership Income: See instructions											00
al	Subtractions		26 Adjustment for I.R.C. §179 expense not allowed										00
der	Sub	27	<ul> <li>27 Interest on U.S. obligations such as U.S. savings bonds and treasury bills</li></ul>										00
fe				-									00
red		<ul> <li>29 Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)</li></ul>											00
any required federal and												00	
		32 Pay received for active service as a member of the reserves, national guard or the U.S. armed forces										00	
			Net operating loss adjustment:	-		-							00
e S			Contributions to 529 College S	-									00
Place			Other Subtractions: See instruct										00
-			Subtract lines 22 through 35 fr 10413 (15)			AZ Form 140 (20				<u></u>		Page	1 of 3

ſ	Your	Name (as shown on page 1) Your Social Security N	lumbe	ər
ľ	37	Enter the amount from page 1, line 36	37	7 00
Exemptions	38			
	39			
	40			
xer	41			
Ш	42			
	43			
	44			
×	45			
of Tax	46			
io e	47			
Balance	48			
Ba	49			
	50			
	51			
	52			
and dits	53			
Cred	54			
Total Payments and Refundable Credits	55			
unda	56			
Tota	57			
	58			
۲, E	59			
ue o iyme	60			
Tax Due or Overpayment	61			
	62		62	
Voluntary Gifts	63	- 72 Voluntary Gifts to: Solutions Teams 63 00 Arizona Wildlife	<u>)</u>	
		Child Abuse Prevention         65         00         Domestic Violence Shelter         66         00         Political Gift         67         01	0	
		Neighbors Helping Neighbors68       OO       Special Olympics69       OO       Veterans' Donations Fund 70       OI         I Didn't Pay Enough Fund	0	
		I Didn't Pay Enough Fund 71 00 Sustainable State Parks 00 and Road Fund		
>	73	Political Party (if amount is entered on line 67 - check only one): 731 Americans Elect 732 AZ Green Party 733 Democratic 73	4 l	
Į	74	Estimated payment penalty and Arizona Long-Term Health Care Savings Account (AZLTHSA) penalty	74	<u>۱</u>
Penalty	75	751 Annualized/Other 752 Farmer or Fisherman 753 Form 221 included 754 AZLTHSA Penalty		
•	76	Add lines 63 through 72 and 74; enter the total	. 76	1
p	77	REFUND: Subtract line 76 from line 62. If less than zero, enter amount owed on line 78	-	/ 00
2 No		Direct Deposit of Refund: Check box 77A if your deposit will be ultimately placed in a foreign account; see instructions. 77A ACCOUNT NUMBER		
n t		98     C </th <th></th> <th></th>		
Retund or Amount Owec	78			
		and include with your return	. 78	3 00
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my know	owled	dge and belief, they are
		true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	er ha	as any knowledge.
Щ	_			
Ш	7			
<b>PLEASE SIGN HERE</b>		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 STREET ADDRES	RER'S	5 TIN
			)	
			RER'S	PHONE NUMBER
	If vo	u are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016.		

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016. Include the payment with Form 140.

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.