Properties Pro	URN		140		Resident Personal Income Tax Return					015				
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Content Home Address - number and street, rural route Colly, Town or Post Office State Colly, Town or Post Office Colly, Town o		_	Spous	se's First Name and Middle Initial (i	f box 4 or 6 checked)	Last Name			Spouse's S	Social Security No.				
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OF Single DONATION Part Donat Dona	LS	STA	5	Head of household: Enter nan										
OF Single DONATION Part Donat Dona	9		WITH						l TAX C	REDIT				
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			-	↓ Enter the number claimed. Do not put a check mark.										
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		<u>I</u> Ψ	9		,			81 PM	80 RCVD					
			10	Dependents: Do not include s	self or spouse.		-							
Partnership Income: See instructions and include your own schedule 17 Subtotal: Add lines 12 through 16 and enter the result. 18 19 10 10 10 10 10 10 10		ĺШ́	11					L						
The part of the					n: Children and other dep					/f)				
104 105 106				FIRST AND LAST N				IP NO. OF MONTHS	if this person	if you did not claim				
10a				(Do not list yourself or s	pouse.)				did not quality as a dependent on your	federal return due to				
106			102						lederal return	educational credits				
FIRST AND LAST NAME		nts												
FIRST AND LAST NAME		pue												
FIRST AND LAST NAME		Dep		(Box 11): Qualifying parents and	grandparents. See instru	uctions. For more	space, (chec	k) 🔲 and comple	ete page 3.					
15 Total federal depreciation 15 00	5.													
15 Total federal depreciation 15 00	17							LIVED IN YOUR						
15 Total federal depreciation 15 00	orn		4.4											
15 Total federal depreciation 15 00	Ē								H	<u> </u>				
15 Total federal depreciation 15 00	ffe			'	(from your federal return	1)			12					
15 Total federal depreciation 15 00	ts a				-					00				
Total federal depreciation 15 00 16 Other additions to income: See instructions and include your own schedule 16 Other additions to income: See instructions and include your own schedule 17 Subtotal: Add lines 12 through 16 and enter the total 17 00 18 Total net capital gain or (loss): See instructions 18 00 19 Total net short-term capital gain or (loss): See instructions 19 00 20 Total net long-term capital gain or (loss): Enter the amount from your worksheet, line 14, col. (a) 20 00 21 Net long-term capital gain from assets acquired after December 31, 2011. Enter the amount from your worksheet, line 14, col. (a) 20 00 22 Multiply line 21 by 25% (.25) and enter the result 23 Net capital gain derived from investment in qualified small business. 23 00 00 24 Recalculated Arizona depreciation 24 00 00 25 Partnership Income: See instructions 25 00 00 26 Adjustment for I.R.C. §179 expense not allowed 27 Interest on U.S. obligations such as U.S. savings bonds and treasury bills. 27 00 00 29 Arizona state lottery winnings included as income on your federal return (up to \$5,000 only) 29 00 00 00 00 00 00 00 00 00 00 00 00 00	en	suc		· ·						00				
17 Subtotal: Add lines 12 through 16 and enter the total	E		15	Total federal depreciation					15	00				
24 Recalculated Arizona depreciation	er doci	Ą	16	Other additions to income: See ins	tructions and include your ow	n schedule			16	00				
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35 Other Subtractions: See instructions and include your own schedule	YZ		24	Recalculated Arizona depreciation					24	00				
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35 Other Subtractions: See instructions and include your own schedule				=						00				
35 Other Subtractions: See instructions and include your own schedule			33							00				
35 Other Subtractions: See instructions and include your own schedule 35 00 36 Subtract lines 22 through 35 from line 17. Enter the total 36 00 ADOR 10413 (15) AZ Form 140 (2015) Page 1 of 3 ADOR 10413 (15) Page 1 of 3 ADOR 10413 (15) Page 1 of 3 AZ Form 140 (2015) P	e a		34	Contributions to 529 College Savir	ngs Plans				34	00				
ADOR 10413 (15) ADOR 10413 (15) AZ Form 140 (2015) AZ Form 140 (2015) AZ Form 140 (2015)	ac									00				
	Δ.				line 17. Enter the total	AZ Form 140 (20)15)		36	Page 1 of 3				

	Your	Name (as shown on page 1) Your Social Security N	lumber	•
	37	Enter the amount from page 1, line 36	37	00
ons	38	Age 65 or over: Multiply the number in box 8 by \$2,100		00
	39	Blind: Multiply the number in box 9 by \$1,500		00
Exemptions	40	Dependents: Multiply the number in box 10 by \$2,300		00
xen	41	Qualifying parents and grandparents: Multiply box 11 by \$10,000		00
ш	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37		00
	43	Deductions: Check box and enter amount. See instructions		00
	44	Personal exemptions: See instructions.		00
×	45	Arizona taxable income: Subtract lines 43 and 44 from line 42.		00
ce of Tax	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables	46	00
	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 40		00
Balance	48	Subtotal of tax: Add lines 46 and 47 and enter the total		00
Ва	49	Family income tax credit (from the worksheet - see instructions)	49	00
	50	Credits from Arizona Form 301, Part 2, line 76		00
	51	Balance of tax: Subtract lines 49 and 50 from line 48. If the sum of lines 49 and 50 is more than line 48, enter zero	51	00
	52	Arizona income tax withheld during 2015	52	00
and	53	Arizona estimated tax payments for 2015	53	00
Cre	54	2015 Arizona extension payment (Form 204)	54	00
Fotal Payme Refundable	55	Increased Excise Tax Credit (from the worksheet - see instructions)		00
Total Payments and Refundable Credits	56	Property Tax Credit from Form 140PTC	56	00
를 를	57	Other refundable credits: Check the box(es) and enter the total amount	9 57	00
	58	Total payments and refundable credits: Add lines 52 through 57 and enter the total	58	00
r t	59	TAX DUE: If line 51 is larger than line 58, subtract line 58 from line 51 and enter amount of tax due. Skip lines 60, 61 and 62	59	00
Tax Due or Overpayment	60	OVERPAYMENT: If line 58 is larger than line 51, subtract line 51 from line 58 and enter amount of overpayment	60	00
ax [61	Amount of line 60 to be applied to 2016 estimated tax	61	00
٦ó	62	Balance of overpayment: Subtract line 61 from line 60 and enter the difference	62	00
fts	63	- 72 Voluntary Gifts to: Solutions Teams Assigned to Schools 63 00 Arizona Wildlife 64 00	2	
Voluntary Gifts		Child Abuse Prevention	_	
ntar		Neighbors Helping Neighbors 68 00 Special Olympics 69 00 Veterans' Donations Fund 70 00)	
悥		I Didn't Pay Enough Fund71 00 Sustainable State Parks and Road Fund72 00		
>	73	Political Party (if amount is entered on line 67 - check only one): 731 Americans Elect 732 AZ Green Party 733 Democratic 73		
ž.	74	Estimated payment penalty and Arizona Long-Term Health Care Savings Account (AZLTHSA) penalty	74	00
Penalty	75	751 Annualized/Other 752 Farmer or Fisherman 753 Form 221 included 754 AZLTHSA Penalty		
		Add lines 63 through 72 and 74; enter the total		00
. pa	77	_	_	00
Refund or Amount Owec		Direct Deposit of Refund: Check box 77A if your deposit will be ultimately placed in a foreign account; see instructions. 77A ROUTING NUMBER ACCOUNT NUMBER	J	
afur m		98 C C Checking or S Savings		
A R	78	AMOUNT OWED: Add lines 59 and 76. Make check payable to Arizona Department of Revenue; write your SSN on payment		
·		and include with your return	78	00
	Į	Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my known	owled	ge and belief, they are
		true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare		
Щ	→			
出	Ι			
PLEASE SIGN HERE)	YOUR SIGNATURE DATE OCCUPATION		
	→			
		SPOUSE'S SIGNATURE DATE SPOUSE'S OCCUPATION		
	Ē	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)		
Ē				
L	Ē	PAID PREPARER'S STREET ADDRESS PAID PREPA	RER'S	ΓΙΝ
		()	
	1 2	PAID PREPARER'S CITY STATE ZIP CODE PAID PREPAI	RÉR'S E	PHONE NUMBER

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.