

DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING MM,DD,YY 2,0,1,6 AND ENDING MM,DD,YY 2,0,Y,Y 66F

Your First Name and Middle Initial Last Name Your Social Security Number

Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No.

Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code)

City, Town or Post Office State ZIP Code Last Names Used in Last Four Prior Year(s) (if different)

FILING STATUS 4 Married filing joint return 5 Head of household: Enter name of qualifying child or dependent on next line: 6 Married filing separate return: Enter spouse's name and Social Security Number above. 7 Single

REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 81 PM 80 RCVD

EXEMPTIONS Enter the number claimed. Do not put a check mark. 8 Age 65 or over (you and/or spouse) 9 Blind (you and/or spouse) 10 Dependents: Do not include self or spouse. 11 Qualifying parents and grandparents

Dependents (Box 10): Dependent Information: Children and other dependents. For more space, (check) and complete page 3.

Qualifying parents and grandparents (Box 11): Qualifying parents and grandparents. See instructions. For more space, (check) and complete page 3.

12 Federal adjusted gross income (from your federal return) 13 Non-Arizona municipal interest 14 Partnership Income adjustment 15 Total federal depreciation 16 Other Additions to Income 17 Subtotal: Add lines 12 through 16 and enter the total

18 Total net capital gain or (loss) 19 Total net short-term capital gain or (loss) 20 Total net long-term capital gain or (loss) 21 Net long-term capital gain from assets acquired after December 31, 2011

22 Multiply line 21 by 25% (.25) and enter the result 23 Net capital gain derived from investment in qualified small business 24 Recalculated Arizona depreciation 25 Partnership Income adjustment 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 28 Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer) 29 Arizona state lottery winnings included as income on your federal return (up to \$5,000 only) 30 U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (taxable amount) 31 Certain wages of American Indians 32 Pay received for active service as a member of the reserves, national guard or the U.S. armed forces 33 Net operating loss adjustment: See instructions before you make an entry here 34 Contributions to 529 College Savings Plans 35 Other Subtractions from Income: See instructions and include your own schedule 36 Subtract lines 22 through 35 from line 17 and enter the difference

Place any required federal and AZ schedules or other documents after Form 140.

Your Name (as shown on page 1)			Your Social Security Number				
Exemptions	37	Enter the amount from page 1, line 36	37	34,000	00		
	38	Age 65 or over: Multiply the number in box 8 by \$2,100	38		00		
	39	Blind: Multiply the number in box 9 by \$1,500	39		00		
	40	Dependents: Multiply the number in box 10 by \$2,300	40	2,300	00		
	41	Qualifying parents and grandparents: Multiply box 11 by \$10,000	41		00		
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37 and enter the difference	42	31,700	00		
Balance of Tax	43	Deductions: Check box and enter amount. See instructions..... 43I <input type="checkbox"/> ITEMIZED 43S <input checked="" type="checkbox"/> STANDARD	43	10,189	00		
	44	Personal exemptions: See instructions.....	44	6,300	00		
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter zero	45	15,211	00		
	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables.....	46	394	00		
	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 40	47		00		
	48	Subtotal of tax: Add lines 46 and 47 and enter the total	48	394	00		
	49	Family income tax credit (from the worksheet - see instructions)	49		00		
	50	Credits from Arizona Form 301, Part 2, line 76	50		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	394	00		
Total Payments and Refundable Credits	52	2016 AZ income tax withheld.....	52		00		
	53	2016 AZ estimated tax payments.. 53a <input type="text" value="00"/> Claim of Right 53b <input type="text" value="00"/> Add 53a and 53b..	53c		00		
	54	2016 AZ extension payment (Form 204)	54		00		
	55	Increased Excise Tax Credit (from the worksheet - see instructions)	55		00		
	56	Property Tax Credit from Form 140PTC	56		00		
	57	Other refundable credits: Check the box(es) and enter the total amount..... 571 <input type="checkbox"/> 308-I 572 <input type="checkbox"/> 342 573 <input type="checkbox"/> 349	57		00		
	58	Total payments and refundable credits: Add lines 52 through 57 and enter the total.....	58		00		
Tax Due or Overpayment	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		
	60	OVERPAYMENT: If line 58 is larger than line 51, subtract line 51 from line 58 and enter amount of overpayment.....	60		00		
	61	Amount of line 60 to be applied to 2017 estimated tax.....	61		00		
	62	Balance of overpayment: Subtract line 61 from line 60 and enter the difference	62		00		
Voluntary Gifts	63 - 72 Voluntary Gifts to:						
	Solutions Teams Assigned to Schools.....	63	<input type="text" value="00"/>	Arizona Wildlife.....	64	<input type="text" value="00"/>	
	Child Abuse Prevention.....	65	<input type="text" value="00"/>	Domestic Violence Shelter.....	66	<input type="text" value="00"/>	
	Neighbors Helping Neighbors.....	68	<input type="text" value="00"/>	Special Olympics.....	69	<input type="text" value="00"/>	
	I Didn't Pay Enough Fund.....	71	<input type="text" value="00"/>	Sustainable State Parks and Road Fund.....	72	<input type="text" value="00"/>	
	Political Party (if amount is entered on line 67 - check only one):	731 <input type="checkbox"/> Democratic	732 <input type="checkbox"/> Green Party	733 <input type="checkbox"/> Libertarian	734 <input type="checkbox"/> Republican		
	74 Estimated payment penalty and Arizona Long-Term Health Care Savings Account (AZLTHSA) penalty						
	75 751 <input type="checkbox"/> Annualized/Other 752 <input type="checkbox"/> Farmer or Fisherman 753 <input type="checkbox"/> Form 221 included 754 <input type="checkbox"/> AZLTHSA Penalty						
Penalty	76 Add lines 63 through 72 and 74; enter the total.....					76	00
	77 REFUND: Subtract line 76 from line 62. If less than zero, enter amount owed on line 78					77	00
Refund or Amount Owed	Direct Deposit of Refund: Check box 77A if your deposit will be ultimately placed in a foreign account; see instructions. 77A <input type="checkbox"/>						
	<input checked="" type="checkbox"/> C <input type="checkbox"/> Checking or <input type="checkbox"/> S <input type="checkbox"/> Savings	ROUTING NUMBER	ACCOUNT NUMBER				
	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

PLEASE SIGN HERE

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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 TIN _____

PAID PREPARER'S CITY _____ STATE _____ ZIP CODE _____ PAID PREPARER'S 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.

Your Name (as shown on page 1)	Your Social Security Number
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Dependent Information - Continuation Sheet from Page 1 Dependents

Include 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.

Children and other dependents, continued from page 1.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2016	(e) ✓ if this person did not qualify as a dependent on your federal return	(f) ✓ if you did not claim this person on your federal return due to educational credits
10d					<input type="checkbox"/>	<input type="checkbox"/>
10e					<input type="checkbox"/>	<input type="checkbox"/>
10f					<input type="checkbox"/>	<input type="checkbox"/>
10g					<input type="checkbox"/>	<input type="checkbox"/>
10h					<input type="checkbox"/>	<input type="checkbox"/>
10i					<input type="checkbox"/>	<input type="checkbox"/>
10j					<input type="checkbox"/>	<input type="checkbox"/>
10k					<input type="checkbox"/>	<input type="checkbox"/>
10l					<input type="checkbox"/>	<input type="checkbox"/>
10m					<input type="checkbox"/>	<input type="checkbox"/>
10n					<input type="checkbox"/>	<input type="checkbox"/>
10o					<input type="checkbox"/>	<input type="checkbox"/>
10p					<input type="checkbox"/>	<input type="checkbox"/>
10q					<input type="checkbox"/>	<input type="checkbox"/>
10r					<input type="checkbox"/>	<input type="checkbox"/>
10s					<input type="checkbox"/>	<input type="checkbox"/>
10t					<input type="checkbox"/>	<input type="checkbox"/>
10u					<input type="checkbox"/>	<input type="checkbox"/>

Qualifying parents and grandparents, continued from page 1.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2016	(e) ✓ if age 65 or over	(f) ✓ if died in 2016
11c					<input type="checkbox"/>	<input type="checkbox"/>
11d					<input type="checkbox"/>	<input type="checkbox"/>
11e					<input type="checkbox"/>	<input type="checkbox"/>
11f					<input type="checkbox"/>	<input type="checkbox"/>
11g					<input type="checkbox"/>	<input type="checkbox"/>
11h					<input type="checkbox"/>	<input type="checkbox"/>
11i					<input type="checkbox"/>	<input type="checkbox"/>
11j					<input type="checkbox"/>	<input type="checkbox"/>