Ч.		Arizona Form 140NR Nonresident P	Personal Inc	come Ta	ax Retur	'n	FOR CALENDAR YEAR
NULLA 82F		Check box 82F f filing under extension OR FISCAL YEAR BEGINNI	NG (M,M)D,D	12.0.2.		DING (M,M)C	D_D_2_0_Y_Y 66F
		First Name and Middle Initial	Last Name			You	r Social Security Number
						Enter your	
S 1	Spous	se's First Name and Middle Initial (if box 4 or 6 checked)	Last Name			SSN(s).	use's Social Security No.
	Curre	nt Home Address - number and street, rural route		Apt. No.	1	Daytime Phone 94	e (with area code)
N N N N N N N N N N N N N N N N N N N	City, T	Town or Post Office State	ZIP Code		Last Names	s Used in Last Fo	ur Prior Year(s) (if different) 97
	4	Married filing joint return 4a Injured Spouse Prot	action of loint Ove	ornovmont	REVENUE	USE ONLY. DO N	NOT MARK IN THIS AREA.
O NOT STAF	4 5	Head of household: Enter name of qualifying child or depen		erpayment	88R		
NOT ING ST	•						
	6	Married filing separate return: Enter spouse's name and S	ocial Security Numbe	er above.			
	7	Single					
EMPTIONS		↓ Enter the number claimed. Do not put a check mark					
PTIC	8	Age 65 or over (you and/or spouse) If completing lines and 48. For lines 1			81P PM		80R RCVD
	9	Blind (you and/or spouse)	· · ·		-		
	10a		lents: Age 17 and		_		
	11-13	Residency Status (check one): 11 Nonresident 12	Nonresident Activ	e Military 1	3 Compo	site Return (se	e instructions - page 28)
		(Box 10a and 10b): Dependent Information. See instruction					
		(a) FIRST AND LAST NAME SOC	(b) HAL SECURITY NO.	(c) RELATIONSH	(d) IP NO. OF MC	(e) MTHS ✓ Depender	nt Age (f) ✓ if you did not claim
nts		(Do not list yourself or spouse.)			LIVED IN HOME IN	YOUR Included	t Age d in: 2 if you did not claim this person on your federal return due to
ndei						2021 (Box 10a) (E	Box 10b) educational credits
Dependents							
. "							
R	10e						
40	10f	Check box 14 if married and you are the analyse of an active	dutu militan (mam	hor	2021 E		
after Form 140NR	14	Check box 14 if married and you are the spouse of an active who qualifies for relief under the Military Spouses Residency	, ,			Federal Return	Source Amount Only
orn	15	Wages, salaries, tips, etc			15	00	00
		Interest		Γ	16	00	00
lfte	17	Dividends			17	00	00
nts a		Arizona income tax refunds		F	18	00	00
	19	Business income or (loss) from federal Schedule C			19	00	
um na l	20	Gains or (losses) from federal Schedule D. See instructions for	ARIZONA column .		20	00	00
or other docume Arizona Inc		Rents, royalties, partnerships, estates, trusts, small business corporation				00	00
er c		Other income reported on your federal return. Include your of			22	00	00
th		Total income: Add lines 15 through 22 Other federal adjustments: Include your own schedule			23 24	00	00
2 I		Federal adjusted gross income: Subtract line 24 from line 23 in t		F		00	
		Arizona gross income: Subtract line 24 from line 23 in the ARIZOI				· · · · · · · · · · · · · · · · · · ·	00
schedules		Arizona income ratio: Divide line 26 by line 25, and enter the re					•
he	28	Small Business Income: 28S check the box if you are filing Form 140	NR-SBI and enter the a	mount from For	m 140NR-SBI, lir	ne 10 28	00
sc	29	Modified Arizona gross income. Subtract line 28 from 26					00
AZ 9		Total depreciation included in Arizona gross income					00
and Addit		Partnership Income adjustment. See instructions					00
		Other Additions to Income. Complete Other Additions to Ariz Subtotal: Add lines 29, 30, 31 and 32. Enter the total					00
ler:		Total Arizona sourced net capital gain or (loss). See instruction				00	
required federal s - cont. on page 2		Total net short-term capital gain or (loss) included on line 20,				00	
ed ed		Total net long-term capital gain or (loss) included on line 20, A			36	00	
quir _{cont} .	37	Net long-term capital gain from assets acquired after Decem	ber 31, 2011. See i	instructions	37	00	
rec c		Multiply line 37 by 25% (.25) and enter the result					00
ace any ^{ubtractions}		Net capital gain derived from investment in qualified small bu					00
CE 5		Recalculated Arizona depreciation					00
Place Subtrac		Partnership Income adjustment. See instructions					00
	42 २ 1017		2 Form 140NR (20				Page 1 of 6

ſ	Your I	Name (as shown on page 1) Your Social Securi	ty Number	
s je 1	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	43	00
Subtractions cont. from page 1	44	Agricultural crops contributed to Arizona charitable organizations	44	00
fror	45	Other Subtractions from Income: Complete Other Subtractions from Arizona Gross Income schedule on page 6.	45	00
SI Cont	46	Subtract lines 43, 44 and 45 from line 42. Enter the difference	46	00
	47	Age 65 or over: Multiply the number in box 8 by \$2,100	00)
su	48	Blind: Multiply the number in box 9 by \$1,500	00)
ptic	49	Other Exemptions: See instructions49E Multiply the number in box 49E by \$2,300 49	00)
Exemptions	50	Add lines 47, 48, and 49. Enter the total 50	00)
ш	51	Multiply line 50 by the Arizona ratio on line 27	51	00
	52	Arizona adjusted gross income: Subtract line 51 from line 46. If less than zero, enter "0"	52	00
	53	Deductions: Check box and enter amount. See instructions	RD 53	00
	54	If you checked box 53S and claim charitable contributions, check 54C Complete page 3. See instructions	54	00
×	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"	55	00
of Tax	56a	Compute the tax using amount from line 55 and Tax Tables X and Y	56a	a 00
e o	56b	Reserved	56k	
Balance	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 30	57	00
Ba	58	Subtotal of tax: Add lines 56a and 57. Enter the total	58	00
	59	Dependent Tax Credit. See instructions	59	00
	60	Nonrefundable credits from Arizona Form 301, Part 2, line 61	60	00
50	61	Balance of tax: Subtract lines 59 and 60 from line 58. If the sum of lines 59 and 60 is more than line 58, enter "0"	61	00
s an edit:	62	2021 AZ income tax withheld		00
Total Payments and Refundable Credits	63	2021 AZ estimated tax payments 63a 00 Claim of Right 63b 00 Add 63a and 0	63b. 63c	
Payn	64	2021 AZ extension payment (Form 204)		00
otal F efun	65	Other refundable credits: Check the box(es) and enter the total amount		00
-	66	Total payments and refundable credits: Add lines 62 through 65. Enter the total		00
nent	67	TAX DUE: If line 61 is larger than line 66, subtract line 66 from line 61. Enter amount of tax due. Skip lines 68, 69 and 70		00
Due	68	OVERPAYMENT: If line 66 is larger than line 61, subtract line 61 from line 66. Enter amount of overpayment		00
Tax Due or Overpayment	69	Amount of line 68 to be applied to 2022 estimated tax		00
	70	Balance of overpayment: Subtract line 69 from line 68. Enter the difference		00
Voluntary Gifts	/1 -		00	
ary (Child Abuse Prevention 73 00 Domestic Violence Services 74 00 Political Gift 75 Neighbors Helping Neighbors76 00 Special Olympics 77 00 Veterans' Donations Fund 78	00	
unta		Neignbors Heiping Neignbors	00	
٩ ا	82	Political Party (if amount is entered on line 75 - check only one): 821 Democratic 822 Libertarian 823 Republican	00	
ţ	83	Estimated payment penalty	83	00
		841 Annualized/Other 842 Farmer or Fisherman 843 Form 221 included	03	00
Pena		Add lines 71 through 81 and 83. Enter the total	85	00
	86	REFUND: Subtract line 85 from line 70. If less than zero, enter amount owed on line 87		00
Refund or Amount Owed	00	Direct Deposit of Refund: Check box 86Å if your deposit will be ultimately placed in a foreign account; see instructions. 86Å		
nt O				
Refu				
٩	87	AMOUNT OWED: Add lines 67 and 85. Make check payable to Arizona Department of Revenue; write your SSN, 140NR on payment.		00
Г		Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of m		
		true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which pr		
	→			
		YOUR SIGNATURE DATE OCCUPATION		
14				
z		SPOUSE'S SIGNATURE DATE SPOUSE'S OCCUPA	TION	
Ľ)			
FASE SIGN HERE)	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYE	D)	
S.			,	
⊿ ⊔	Ì	PAID PREPARER'S STREET ADDRESS PAID PREPA	RER'S TIN	
ā	1	()	
	-	PAID PREPARER'S CITY STATE ZIP CODE PAID PREPA	RÉR'S PHO	ONE 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 140NR. 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. ADOR 10177 (21) AZ Form 140NR (2021) Page 2 of 6

2021 Form 140NR - Standard Deduction Increase for Charitable Contributions

You must complete this worksheet if you are taking an increased standard deduction for charitable contributions. Include the completed worksheet with your tax return, when filed. If you do not include the completed worksheet, your standard deduction will not be increased.

Taxpayers electing to take the Standard Deduction may *increase* the standard deduction amount by 25% (.25) of the total amount of the taxpayer's charitable deductions that would have been allowed if the taxpayer elected to claim itemized deductions on the Arizona tax return.

Charitable contributions (lines 1C, 2C, and 3C) are those gifts allowed on federal Form 1040 Schedule A (Gifts to Charity) that you would have claimed had you elected to take itemized deductions on your federal return.

NOTE 1: As a nonresident filing Form 140NR, you are required to apportion your allowable increased standard deduction based on your Arizona income ratio computed on page 1, line 27.

NOTE 2: You must reduce your contribution amount by the total charitable contributions you made during January 1, 2021 through December 31, 2021 for which you are claiming an Arizona tax credit under Arizona law for the current tax year return or claimed on the prior tax year return. Enter this amount on line 5C.

NOTE 3: If you itemized deductions on your federal return (1040 Schedule A) and were required to adjust the amount of your allowable contributions on your federal 1040 Schedule A for the amount claimed as a tax credit on your Arizona income tax return, include the amount of the federal contribution adjustment to line 1C and enter the amount of the Arizona tax credit on line 5C.

1C	2021 Gifts by cash or check	1C	00
2C	2021 Other than by cash or check	2C	00
3C	Carryover from prior year	3C	00
4C	Add lines 1C through 3C and enter the total	4C	00
5C	Total charitable contributions made in 2021 for which you are claiming a credit under Arizona law for the current (2021) or prior (2020) tax year	5C	00
6C	Subtract line 5C from line 4C and enter the difference. If less than zero, enter "0"	6C	00
7C	Multiply line 6C by 25% (.25) and enter the result	7C	00
8C	Enter your Arizona income ratio from page 1, line 27	8C	
9C	Multiply line 7C by the ratio on line 8C and enter the result	9C	00

Complete the worksheet to determine your allowable increased standard deduction for charitable contributions.

• Enter the amount shown on line 9C on page 2, line 54

• Be sure to check box 53S for Standard Deduction on line 53.

• Check box 54C for charitable contributions on line 54. If you do not check this box, you may be denied the increased standard deduction.

•

2021 Form 140NR Dependent and Other Exemption Information

Include page 4 with your return if:

You are listing additional dependents (for box 10a and 10b) from page 1.

• You are claiming Other Exemptions on page 2, line 49.

Part 1: Dependents (Box 10a and 10b) continued from page 1

Information used to compute your allowable **Dependent Tax Credit** on page 2, line 59.

NOTE: If you have more than three qualifying dependents, you *must* complete Part 1 *and* the worksheet in the instructions to compute your Dependent Tax Credit on line 59.

[(a)	(b)	(C)	(d)	(6	e)	(f)
	FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2021	✓ Depen includ	ident Age led in:	✓ IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL RETURN DUE TO
					1 2 (Box 10a) (Box 10		EDUCATIONAL CREDITS
10g							
10h							
10i							
10j							
10k							
10 1							
10m							
10n							
10o							
10p							
10q							

Part 2: Other Exemptions

Information used to compute your allowable Other Exemptions on page 2, line 49.

	(a)	(b)	(c)	(d)
	FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURITY NO.	✓ AGE 65 OR OVER (see instructions)		✓ STILLBORN CHILD IN 2021
			C1	C2	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Enter the total number of individuals listed in Part 2 in box 49E on page 2, line 49.

Your Name (as shown on page 1)	Your Social Security Number

2021 Form 140NR - Other Additions to Arizona Gross Income

Complete and include this schedule with your tax return **only** if you are making any adjustments *increasing* your Arizona Gross Income.

Note: If you are making any adjustments reducing your Arizona Gross Income complete page 6.

Other Additions to Arizona Gross Income - Line 32 (see instructions for more information)

Α	Fiduciary Adjustment from Arizona Form 141AZ Schedule K-1(NR)	Α	00
в	Items Previously Deducted for Arizona Purposes	в	00
С	Claim of Right Adjustment for Amounts Repaid in 2021	С	00
D	Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years	D	00
E	Addition to S corporation Income Due to Claiming Pass-through Credit (Forms 312 and 315)	Е	00
F	Adjusted Basis in Property for Which You Have Claimed a Credit for Investment in Qualified Small Businesses (Form 338)	F	00
G	Sole Proprietorship Loss of an Arizona Nonprofit Medical Marijuana Dispensary Included in Federal Adjusted Gross Income. Sole Proprietorship loss of an Arizona dual licensee that has not elected to operate on a for-profit basis must also add back the portion of their loss that is from the medical marijuana portion of the business that is included in their federal adjusted gross income.	G	00
н	Americans with Disabilities Act - Access Expenditures	н	00
1	Amortization or Depreciation for Childcare Facility Before 1990	I	00
J	Net capital (loss) derived from the exchange of legal tender: See instructions	J	00
к	Other Adjustments Related to Tax Credits	к	00
L	Other Adjustments - see instructions	L	00
м	Total Other Additions: Add all amounts and enter the total here and on page 1, line 32	м	00

2021 Form 140NR - Other Subtractions from Arizona Gross Income

Complete and include this schedule with your tax return **only** if you are making any adjustments **decreasing** your Arizona Gross Income.

Note: If you are making any adjustments increasing your Arizona Gross Income complete page 5.

Other Subtractions From Arizona Gross Income - Line 45 (see instructions for more information)

Α	Certain Wages of American Indians	Α	00
В	Qualified Wood Stove, Wood Fireplace, or Gas-Fired Fireplace	в	00
С	Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years	С	00
D	Certain Expenses Not Allowed for Federal Purposes (due to claiming federal tax credits)	D	00
E	Basis Adjustment for Property Sold or Otherwise Disposed of During the Taxable Year	Е	00
F	Fiduciary Adjustment from Arizona Form 141AZ Schedule K-1(NR)	F	00
G	Net Operating Loss Adjustment	G	00
н	Sole Proprietorship Income of an <i>Arizona Nonprofit Medical Marijuana Dispensary</i> Included in Federal Adjusted Gross Income. In addition, Sole Proprietorship income of an Arizona dual licensee that has not elected to operate on a for-profit basis may subtract the portion of their federal taxable income that is from the medical marijuana portion of the business.	н	00
I	Americans with Disabilities Act – Access Expenditures	I	00
J	Exploration Expenses Deferred Before January 1, 1990	J	00
К	Sole Proprietorship of an Arizona Marijuana Establishment, Marijuana Testing Facilities and dual licensees that operate on a for-profit basis: enter the total amount of ordinary and necessary expenses related to the sales of recreational use products reported on Schedule DFE (line 16). An LLC that has elected to be treated as a disregarded entity for federal purposes, and also elected to operate on a for-profit basis may subtract the total amount of ordinary and necessary expenses related to the sales of recreational use products reported on Schedule DFE (line 16).	к	00
L	S corporation Shareholders of an Arizona Marijuana Establishment, Marijuana Testing Facilities and dual licensees that operate on a for-profit basis: enter the amount of your pro-rata share of ordinary and necessary expenses related to the sales of recreational use products as shown on your 120S Schedule K-1(NR), line 20.	L	00
М	Net capital gain derived from the exchange of legal tender: See instructions	м	00
N	Other Adjustments - see instructions	N	00
0	Total Other Subtractions: Add all amounts and enter the total here and on page 2, line 45	0	00