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## **Individual Amended Income Tax Return**

FOR CALENDAR YEAR **20**\_\_\_\_

		OR FISCAL YEAR BEGINNING [M,MID,D]Y	ıΥ	<u>, Y , Y ,</u>	AND EN	DING [MANA]	ノレ					
	our 1	First Name and Initial	Las	st Name				<u>must</u>	Your So	cial S	Security No.	
Spouse's First Name and Initial (if box 4 or 6 checked)					Last Name enter your Spous				Spouse'	s Soc	cial Security N	10.
	res 2	ent Home Address - number and street, rural route Apt. No.	Da	ytime Ph	one (witi	h area code)	Hom	ne Phone (	with are	a co	de)	
		Town or Post Office State Zip Code				REVENUE		ONLY DO	ΝΟΤ ΜΔ	RK IN	THIS AREA.	$\neg$
	3	Town or Fost Office State Zip Code		IGINAL	TILLO							
V	_			ETURN F	THIS							
2	12	heck box to indicate both filing and residency status:										
Status	4	Married filing joint return	4	님	H							
ഗ്	5	nead of flousefiold	5	Ш	Ш							
Filing	6	Married filing separate return: Enter spouse's name and		_		88						
還		Social Security No. above	6	$\sqsubseteq$	$\sqcup$	<del> </del>						$\dashv$
	-	Single		Ш	Ш	81			80			
>	8	Resident	8	Ш	Ш	<u> </u>						긆
Residency	9	Nonresident	9	Ш	Ш	Original Form						97
side	10	Part-year resident	10	Ш	Ш	1Form 140					1	
Šě	11	Part-year resident active military	11	Ш	Ш	2Form 140A					2	
	12	Nonresident active military	12			зForm 140EZ.					3	$\square$
SU	13	Age 65 or over: Enter the number claimed	13			4Form 140NR					4	. 🔲
ptions	14	Blind: Enter the number claimed	14			5Form 140PY.						
E		5 Dependents: Enter the number claimed							ected percentage of			
Ж	16	Qualifying parents or ancestors	16			Arizona reside	ncy			86		ı
		IMPORTANT: You <u>must</u> enter an amount in columns (a), (b), a and/or 18, lines 19 through 25, lines 27, 31, 32, 35, and lines 3				ORIGINAL AMO REPORTE (a)		AMOUNT OR SUB (b	TRACT		CORRECTED AMOUNT (c)	
	17	Federal adjusted gross income								17		П
	1	Form 140NR and 140PY filers only: Enter Arizona gross income				<b>I</b>				18		П
	1	Additions to income								19		П
;	1	Subtotal: Form 140, 140A, 140EZ filers: Add lines 17 and line 19.										П
return	-	140PY filers: <i>Add</i> lines 18 and 19								20		
<u>e</u>	21	Subtractions from income								21		П
the	1	Arizona adjusted gross income: Subtract line 21 from line 20								22		П
ģ	1	Deductions (itemized or standard)								23		П
g		Personal exemptions								24		П
page	1	Arizona taxable income: Subtract lines 23 and 24 from line 22								25		П
st	$\overline{}$	Tax from tax table:   Table X or Y (140, 140NR or 140PY)					F7)	1		26		П
<u>a</u>		Tax from recapture of credits from Arizona Form 301, Part II		•	Table (1	10, 140/10/140	1			27		П
ä	20	Subtotal of tax: Add lines 26 and 27, column (c)								28		П
7-2	20	Clean Elections Fund Tax Reduction claimed on original return					Τ	T		29		Н
>	30	Peduced tax: Subtract line 20 from line 28 column (c)								30		П
act	31	31 Family income tay credit								31		П
Ħ	32	30 Reduced tax: Subtract line 29 from line 28, column (c)								32		$\forall$
-		Credit type: Enter form number of each credit claimed								-		$\forall$
<u>.</u> .	1	Subtract lines 31 and 32 from line 30								34		
Z	35	Clean Elections Fund Tax Credit. See instructions					<u> </u>	<u> </u>		35		$\forall$
AYMENT	36	Balance of tax: Subtract line 35 from line 34. If line 35 is more than line				•		1		36		П
	37	Payments (withholding, estimated, or extension)				1	Τ	T		37		$\forall$
℩	۱۳′	Increased Excise Tax Credit					$\top$			38		H
$\circ$	امما	Property Tax Credit					+			39		$\forall$
ALLA	70						+					$\forall$
₹	40 Other refundable credits									41		$\forall$
O	<del> </del>	Total payments and refundable credits: Add lines 37 through 4								42		$\forall$
$\geq$												$\forall$
2	1		turn or as later adjusted. See instructions							43		++
	1	44 Balance of credits: Subtract line 43 from line 42								44		+
	1	45 REFUND/CREDIT DUE: If line 36 is less than line 44, subtract line 36 from line 44, and enter amount of refund/credit								45 46		+
		46 Amount of line 45 to be applied to 2010 estimated tax. If zero, enter "0"										+
	1	47 AMOUNT OWED: If line 36 is more than line 44, subtract line 44 from line 36, and enter the amount owed.   Payment enclosed.										Ш
<u></u>		Check box 48 if this amended return is the result of a net opera 91-5380f (09)	ting	ioss, and	a enter tl	ne year the loss	was	incurred	48∟∟		2 , 0 ,     ,     . 'ENUE USE ON	JI ∨
<b>\L</b>	, OR	5 1-55001 (VS)								82	99	

Vour Name	e (as shown on page 1)			Your Social Securi	h, No							
Your Name	e (as snown on page 1)			four Social Securi	ty INO.							
PART I:	Dependent Exemptions - d	o not list vourself o	r spouse as	dependents								
	List children and other dependents.	-	-	-								
	FIRST AND LAST NAME:		ECURITY NO.	RELATIONSHIP		ONTHS LIVED IN YOUR RING THE TAXABLE YEAR						
	TINGT AND EAST NAIVIE.	300IAL 31	LCORITI NO.	KLLAHONSHIF	TIONE DON	ING THE TAXABLE TEAN						
	<b>-</b>											
	Enter the names of the dependents	erai return:										
	Enter dependents listed above who were not claimed on your federal return due to education credits:											
	Enter dependents listed above who	S.										
	ART II: Qualifying Parents and Ancestors of Your Parents Exemptions (Arizona residents only)  List below qualifying parents and ancestors of your parents for which you are claiming an exemption. If more space is not separate sheet. Do not list the same person here that you listed in Part I, above, as a dependent. For information on who parent or ancestor of your parents, see the instructions for the original return that you filed.											
			· ·	,	NO 0514	ONITHOUNED INVOLUD						
	FIRST AND LAST NAME:	SOCIAL S	ECURITY NO.	RELATIONSHIP		ONTHS LIVED IN YOUR RING THE TAXABLE YEAR						
						-						
	-											
		te change(s) pertain(s) to an IRS audit, please attach a copy of the agent's report. If you filed an amended for 1040X), please attach a copy and all supporting schedules.										
Part IV:	Name and Address on Orig											
	If your name and address is the san	ne on this amended return	as it was on you	ur original return, <i>writ</i>	e "same" on the l	ine below.						
	Name	Number and Street,	R.R.	Apt. No. City, Town	or Post Office	State Zip Code						
TERE tr	I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and b true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any											
PLEASE SIGN HERE	OUR SIGNATURE		DATE	OCCUPATION								
ASE	POUSE'S SIGNATURE		DATE	SPOUSE'S OCC	CUPATION							
<b>H</b> P/												

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.

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