**ARIZONA FORM** 

## Part-Year Resident Personal Income Tax Return

<u>OR</u> FISCAL YEAR BEGINNING [M,M]D,D[Y,Y,Y,Y] AND ENDING [M,M]D,D[Y,Y,Y,Y].

FOR CALENDAR YEAR 2012

***	140	40P			
177	82F				
1/	Your Fi	rst N			
μ̈́	1				

82F	Check box 82F if filin	g under extension			2012	
Your Firs	t Name and Middle Initial		Last Name	Enter	our Social Security No.	
<u>1</u>	First Name and Middle Initial (i	f have day Cahaalaad	Look Nome	vour		
Spouse's	First Name and Middle Initial (ii	r box 4 or 6 cneckea)	Last Name	SSN(s).	pouse's Social Security I	
	Home Address - number and stre	eet, rural route Apt. No.	Daytime Phone (with area co	ode) Home Phone	e (with area code)	
2		1		94		
<u> </u>	n or Post Office	State Zip Code				
3 .10				DEVENUE USE ONLY D	O NOT MARK IN THIS ARE	
(EMPTIONS FILING STATUS 8 9 10	= " " " " " " " " " " " " " " " " " " "	NAME OF QUALIFYING CHILD OR	DEPENDENT	REVENUE USE ONLI. D	O NOT WARK IN THIS ARE	
1S 5	Head of household▶					
9 6 7	Married filing separate retu	ırn. <i>Enter spouse's name</i> a	nd Social Security No. above.			
문 7				88		
8 9 10 11	Age 65 or over (you and/o	-	ark.			
	Blind (you and/or spouse					
<b>≥</b> 10		, 2, line A2 – <b>do not include</b> s	self or spouse.	81	80	
11 12-13	Qualifying parents and gr	andparents from page 2, line	A5.			
	Residency Status (check one):					
l .	deral adjusted gross income (fro				00	
l	izona income (from page 2, line B1 Iditions to income (from page 2, lin	,				
ı	ibtractions from income (from page 2, iii)					
	izona adjusted gross income:					
	eductions. Check box and ent			_		
<b>20</b> Pe	ersonal exemptions. See page 16	of the instructions				
	izona taxable income: Subtract li					
	mpute the tax using Tax Table X					
	x from recapture of credits from abtotal of tax: Add lines 22 and 23.					
l .	mily income tax credit from work					
	edits from Arizona Form 301, Pa					
	edit type: Enter form number of ea					
28 Cle 29 Ba	ean Elections Fund Tax Credit fo	or donations made prior to A	ugust 2, 2012 (from worksheet or	n page 20 of the instructions	28	
	lance of tax: Subtract lines 25, 2					
	izona income tax withheld during				30	
	izona estimated tax payments for 12 Arizona extension payment (				31 32	
	creased Excise Tax Credit: From	,				
	her refundable credits: Check th					
35 To	tal payments/refundable credi	its: Add lines 30 through 34			35	
36 TA	X DUE: If line 29 is larger than line	e 35, <i>subtract</i> line 35 from line 2	9, and enter amount of tax due. Skip	p lines 37, 38 and 39		
37 01	/ERPAYMENT: If line 35 is larger			• •		
	nount of line 37 to be applied to					
	lance of overpayment: Subtract Voluntary Gifts to:	line 38 from line 37			39	
	•	40 00	Arizona Wildlife	41	00	
	ild Abuse Prevention	42 00	Domestic Violence Shelter	43	00	
l Di	idn't Pay Enough Fund	44 00	National Guard Relief Fund	45	00	
	ighbors Helping Neighbors	46 00	Special Olympics	47	00	
	erans' Donations Fund		Political Gift		00	
	50 Voluntary Political Gift ( <i>check only one</i> ): 501 ☐ Americans Elect 502 ☐ Democratic 503 ☐ Green 504 ☐ Libertarian 505 ☐ Republ 51 Estimated payment penalty and MSA withdrawal penalty					
	tal of lines 40 through 49 and 51				1 1	
	<b>EFUND:</b> Subtract line 53 from line 3					
	rect Deposit of Refund: Check box ROUTING NUMBER			see instructions54A		
98				C Checking or Savings		
	MOUNT OWED: Add lines 36 and 149 (12)	53. Make check payable to A	rizona Department of Revenue; inc		55	

Toul	ivai	ie (as snown on page 1)			Tour	Social Security IV	0.			
	A1	List children and other dependents. Do not list yours	self or spous	e. If more	space is needed					
		attach a separate sheet.					10NTHS LIVED			
			CIAL SECURI	TY NO	RELATIONSHII		HOME IN 2012			
		THOTAGE ENGINEE	01712 0200111	1110.	TKEE/ (TOTO) III	114 10011	TIONIE IIV 2012			
ts										
Dependents	Α2	Enter total number of persons listed in A1 here and of	on the front o	f this form	box 10		TOTAL	A2		
)eu		a Enter the names of the dependents listed above w						7		
Deg						,		]		
		b Enter dependents listed above who were not claimed on your federal return due to education credits:						J		
PART A:		Enter approache initial above with their first draining on your reading reading reading reading.						]		
A	Α4	List qualifying parents and grandparents. If more space is needed, attach a separate sheet.						J		
		You cannot list the same person here and also on line A1. For information on who is a								
		qualifying parent or grandparent, see page 5 of the in				NO. OF N	ONTHS LIVED			
			CIAL SECURI	TY NO.	RELATIONSHII	P IN YOUR	HOME IN 2012			
	Α5	Enter total number of persons listed in A4 here and of	on the front o	f this form	, box 11		TOTAL	A5		
	В6	Dates of Arizona residency: From M, M, D, D, Y	(Y,Y,Y,Y)	to [M, M]	D D Y Y Y	2012	FEDERAL	201	2 ARIZONA	
		List other state(s) of residency:				1	om Federal Return	II	mount Only	
of Total Income	В7	Wages, salaries, tips, etc.				В7	00		00	
nco		Interest					00		00	
ta	В9	Dividends				В9	00		00	
L E	10	Arizona income tax refunds				B10	00		00	
	311	Alimony received				B11	00		00	
je E		Business income (or loss) from federal Schedule C					00		00	
asl		Gains (or losses) from federal Schedule D					00		00	
σl		Rents, royalties, partnerships, estates, trusts, small to					00		00	
		Other income reported on your federal return					00		00	
I P		Total income: Add lines B7 through B15					00		00	
ш		Federal adjustments. Attach your own schedule					00		00	
ш-		Federal adjusted gross income: Subtract line B17 from					00			
		Arizona income: Subtract line B17 from line B16 in the Al					15	B19	00	
В	20	Arizona percentage: Divide line B19 by line B18, and e	enter the result	(not over 1	00%)			B20	%	
		I.R.C. §179 expense in excess of allowable amount. Also see the instructions for line D34					C21	00		
) <u> </u>		Total depreciation included in Arizona gross income.						C22	00	
/ <u>≔</u>		Other additions to income: See instructions and attach						C23	00	
- Œ		<b>Total:</b> Add lines C21 through C23. Enter here and on the						C24	00	
D	25	Exemption: Age 65 or over. Multiply the number in box	8, page 1, by	\$2,100		D25	00	,		
		Exemption: Blind. <i>Multiply</i> the number in box 9, page 1,					00			
		Exemption: Dependents. Multiply the number in box 10					00			
_l_	28	Exemption: Qualifying parents and grandparents. M	<i>fultiply</i> the nun	nber in box	11, page 1, by \$10,0	000. <b>D28</b>	00			
.⊱ _	29	Total exemptions: Add lines D25 through D28					00			
	30	Multiply line D29 by the percentage on line B20, and	enter the re	sult				D30	00	
ਨ।		Interest on U.S. obligations such as U.S. savings both						D31	00	
t p		Arizona state lottery winnings included on line B15 ir						D32	00	
		U.S. Social Security or Railroad Retirement Act bene						D33	00	
		Adjustment for I.R.C. §179 expense not allowed						D34	00	
<b>∝</b>  _	35	Other subtractions from income: See instructions and a						D35	00	
	36	Total: Add lines D30 through D35. Enter here and on the						D36	00	
	E37	Last name(s) used in prior years – if different from name								
HERE		I have read this return and any attachments with it true, correct and complete. Declaration of prepare	. Under pen	alties of pe	erjury, I declare th					
I NOIS	. 7	YOUR SIGNATURE DATE			E	OCCUPATION	OCCUPATION			
		SPOUSE'S SIGNATURE		DAT	E	SPOUSE'S O	CCUPATION			
O. A		DAID DDEDADED'S SIGNATURE	DATE		M'S NAME (DDEDA	DED'S IF OF F	EMDLOVED)			
PI FASE	1	PAID PREPARER'S SIGNATURE	DATE	FIR	M'S NAME (PREPA	KEK S IF SELF	( (	)		
	•	PAID PREPARER'S TIN PAID PREPARER'S ADDR	FSS				PAID PREPA	PER'S D	HONE NO	