

140X

Individual Amended Income Tax Return

For Calendar Year: ☐ 2011 ☐ 2010 ☐ 2009 ☐ 2008 ☐ 2007 ☐ Other: Y,Y,Y,Y OR Fiscal Year End M,M,Y,Y MONTH YEAR **66**

Your First Name and Initial 1		Last Name		Your Social Security No.	
Spouse's First Name and Initial (if box 4 or 6 checked) 1		Last Name		Spouse's Social Security No.	
Current Home Address - number and street, rural route Apt. No. 2		Daytime Phone (with area code) 94		Home Phone (with area code) 94	
City, Town or Post Office 3	State	Zip Code			

**You must
enter your
SSN(s).**

Filing Status	Check a box to indicate both filing and residency status:		REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
	<input type="checkbox"/> 4 Married filing joint return	NAME OF QUALIFYING CHILD OR DEPENDENT		
	<input type="checkbox"/> 5 Head of household			
	<input type="checkbox"/> 6 Married filing separate return: Enter spouse's name and Social Security No. above.			
	<input type="checkbox"/> 7 Single			
Residency	<input type="checkbox"/> 8 Resident		88	
	<input type="checkbox"/> 9 Nonresident			
	<input type="checkbox"/> 10 Nonresident active military			
	<input type="checkbox"/> 11 Part-year resident		81	80
	<input type="checkbox"/> 12 Part-year resident active military			

Attach required documents in upper left corner after page 2 of the return. Include any payment, federal and Arizona Schedules A.	13 Exemption – Age 65 or over: Enter number claimed. ▶ 13	15 Exemption – Dependents: Enter number claimed. ▶ 15
	14 Exemption – Blind: Enter number claimed. ▶ 14	16 Exemption – Qualifying parents or grandparents: Enter number claimed. ▶ 16
17 Federal adjusted gross income.	17	
18 Nonresidents and part-year residents only: Enter Arizona gross income here.	18	
18a Arizona Residency: If you checked box 9, 10, 11 or 12 above, divide line 18 by line 17. <u> </u> %		
19 Additions to income	19	
20 Subtotal: Residents: Add line 17 and line 19. Nonresidents and part-year residents: Add lines 18 and 19	20	
21 Subtractions from income	21	
22 Arizona adjusted gross income: Subtract line 21 from line 20	22	
23 Deductions 23I <input type="checkbox"/> ITEMIZED 23S <input type="checkbox"/> STANDARD	23	
24 Personal exemptions	24	
25 Arizona taxable income: Subtract lines 23 and 24 from line 22	25	
26 Tax from tax table: <input type="checkbox"/> Table X or Y (140, 140NR or 140PY) <input type="checkbox"/> Optional Table (140, 140A or 140EZ)	26	
27 Tax from recapture of credits from Arizona Form 301, Part II	27	
28 Subtotal of tax: Add lines 26 and 27	28	
29 Clean Elections Fund Tax Reduction claimed on original return	29	
30 Reduced tax: Subtract line 29 from line 28	30	
31 Family income tax credit	31	
32 Credits from Arizona Form 301 or Forms 310, 321, 322 or 323	32	
33 Credit type: Enter form number of each credit claimed 33 <u> </u> <u> </u> <u> </u> <u> </u>		
34 Subtract lines 31 and 32 from line 30	34	
35 Clean Elections Fund Tax Credit. See instructions	35	
36 Balance of income tax: Subtract line 35 from line 34. If line 35 is more than line 34, enter "zero"	36	
37 Unpaid Arizona use tax (from worksheet on page 5 of instructions)	37	
38 Balance of tax: Add lines 36 and 37	38	
39 Payments (withholding, estimated, or extension)	39	
40 Increased Excise Tax Credit	40	
41 Property Tax Credit	41	
42 Other refundable credits (2010 and 2011 returns only) 42A1 <input type="checkbox"/> 308-I 42A2 <input type="checkbox"/> 342	42	
43 Payment with original return plus all payments after it was filed	43	
44 Total payments and refundable credits: Add lines 39 through 43	44	
45 Overpayment from original return or as later adjusted. See instructions	45	
46 Balance of credits: Subtract line 45 from line 44	46	
47 OVERPAYMENT: If line 38 is less than line 46, subtract line 38 from line 46	47	
48 Amount of line 47 to be applied to 2012 estimated tax. If zero, enter "0"	48	
49 REFUND: Subtract line 48 from line 47. If less than zero, enter amount owed on line 50	49	
Direct Deposit of Refund: Check box 49A if your deposit will be ultimately placed in a foreign account; see instructions. 49A <input type="checkbox"/>		
ROUTING NUMBER 98 <u> </u> ACCOUNT NUMBER <u> </u> C <input type="checkbox"/> Checking or S <input type="checkbox"/> Savings		
50 AMOUNT OWED: If line 38 is more than line 46, subtract line 46 from line 38, and enter the amount owed	50	
51 Check box 51 if this amended return is the result of a net operating loss, and enter the year the loss was incurred. 51 <input type="checkbox"/> <u>2,0,Y,Y</u>		

Your Name (as shown on page 1)	Your Social Security No.
--------------------------------	--------------------------

PART I: Dependent Exemptions

Complete Part I only if you are making a change to the number of dependents you are claiming on line 15. Even if not making a change, *enter the total number you are claiming* on page 1, line 15. Do not list yourself or your spouse as dependents on line 15.

A1	FIRST AND LAST NAME:	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME DURING THE TAXABLE YEAR	ADD	DELETE

A2 If adding dependents, enter the name of any dependent added above who does not qualify as a dependent on your federal return:

--	--	--	--

A3 If adding dependents, enter the name of any dependent added above not claimed as a dependent on your federal return due to education credits:

--	--	--	--

PART II: Qualifying Parents or Grandparents (Arizona residents only)

Complete Part II only if you are making a change to the number of qualifying parents or grandparents you are claiming on page 1, line 16. Even if not making a change, *enter the total number you are claiming* on page 1, line 16.

FIRST AND LAST NAME:	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME DURING THE TAXABLE YEAR	ADD	DELETE

PART III: Income, Deductions, and Credits

On Part III, column (a), *list the items you are changing*. In column (b), enter the amount claimed on your original return or most recent amended return. In column (c), enter the amount of the change. In column (d), enter the corrected amount for the item you are changing.

(a) ITEM	(b) ORIGINAL AMOUNT REPORTED	(c) AMOUNT TO ADD OR SUBTRACT	(d) CORRECTED AMOUNT
	\$.00	\$.00	\$.00
	\$.00	\$.00	\$.00
	\$.00	\$.00	\$.00
	\$.00	\$.00	\$.00

PART IV: Reason for the Change - give the reason for each changed listed in Part III

PART V: Name and Address on Original Return

If your name and address is the same on this amended return as it was on your original return, *write "same" on the line below*.

Name	Number and Street, R.R.	Apt. No.	City, Town or Post Office	State	Zip Code
------	-------------------------	----------	---------------------------	-------	----------

PLEASE SIGN HERE	I have read this return and any attachments with it. Under penalties of perjury, I declare that 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.		
	<div style="display: flex; align-items: center;"> <div style="width: 10px; height: 10px; background-color: black; margin-right: 5px;"></div> <div style="flex-grow: 1;">YOUR SIGNATURE</div> </div>	<div style="display: flex; align-items: center;"> <div style="width: 10px; height: 10px; background-color: black; margin-right: 5px;"></div> <div style="flex-grow: 1;">DATE</div> </div>	<div style="display: flex; align-items: center;"> <div style="width: 10px; height: 10px; background-color: black; margin-right: 5px;"></div> <div style="flex-grow: 1;">OCCUPATION</div> </div>
	<div style="display: flex; align-items: center;"> <div style="width: 10px; height: 10px; background-color: black; margin-right: 5px;"></div> <div style="flex-grow: 1;">SPOUSE'S SIGNATURE</div> </div>	<div style="display: flex; align-items: center;"> <div style="width: 10px; height: 10px; background-color: black; margin-right: 5px;"></div> <div style="flex-grow: 1;">DATE</div> </div>	<div style="display: flex; align-items: center;"> <div style="width: 10px; height: 10px; background-color: black; margin-right: 5px;"></div> <div style="flex-grow: 1;">SPOUSE'S OCCUPATION</div> </div>
	<div style="display: flex; align-items: center;"> <div style="width: 10px; height: 10px; background-color: black; margin-right: 5px;"></div> <div style="flex-grow: 1;">PAID PREPARER'S SIGNATURE</div> </div>	<div style="display: flex; align-items: center;"> <div style="width: 10px; height: 10px; background-color: black; margin-right: 5px;"></div> <div style="flex-grow: 1;">DATE</div> </div>	<div style="display: flex; align-items: center;"> <div style="width: 10px; height: 10px; background-color: black; margin-right: 5px;"></div> <div style="flex-grow: 1;">FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)</div> </div>
	<div style="display: flex; align-items: center;"> <div style="width: 10px; height: 10px; background-color: black; margin-right: 5px;"></div> <div style="flex-grow: 1;">PAID PREPARER'S TIN</div> </div>	<div style="display: flex; align-items: center;"> <div style="width: 10px; height: 10px; background-color: black; margin-right: 5px;"></div> <div style="flex-grow: 1;">PAID PREPARER'S ADDRESS</div> </div>	<div style="display: flex; align-items: center;"> <div style="width: 10px; height: 10px; background-color: black; margin-right: 5px;"></div> <div style="flex-grow: 1;">PAID PREPARER'S PHONE NO.</div> </div>

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

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.