

## Resident Personal Income Tax Return

FOR  
CALENDAR YEAR

2012

OR FISCAL YEAR BEGINNING [M,MID,D,Y,Y,Y,Y] AND ENDING [M,MID,D,Y,Y,Y,Y]

66

NO TAPE:

82F ☐ Check box 82F if filing under extension

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

|                                                                                                                                                                                                                                                                                                                                                                |  |                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|--|
| 4 <input type="checkbox"/> Married filing joint return<br>5 <input type="checkbox"/> Head of household ..... NAME OF QUALIFYING CHILD OR DEPENDENT<br>6 <input type="checkbox"/> Married filing separate return. Enter spouse's name and Social Security No. above.<br>7 <input type="checkbox"/> Single<br>Enter the number claimed. Do not put a check mark. |  | REVENUE USE ONLY. DO NOT MARK IN THIS AREA. |  |
| 8 <input type="checkbox"/> Age 65 or over (you and/or spouse)<br>9 <input type="checkbox"/> Blind (you and/or spouse)<br>10 <input type="checkbox"/> Dependents. From page 2, line A2 - do not include self or spouse.<br>11 <input type="checkbox"/> Qualifying parents and grandparents. From page 2, line A5.                                               |  | 88<br>81<br>80                              |  |

|                                                                                                                                                             |    |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|
| 12 Federal adjusted gross income (from your federal return) .....                                                                                           | 12 | 00 |
| 13 Additions to income (from page 2, line B12) .....                                                                                                        | 13 | 00 |
| 14 Subtractions from income (from page 2, line C17 or line C30) .....                                                                                       | 14 | 00 |
| 15 Arizona adjusted gross income. Add lines 12 and 13 then subtract line 14 .....                                                                           | 15 | 00 |
| 16 Deductions: Check box and enter amount. See instructions, pages 14 and 15... 16I <input type="checkbox"/> ITEMIZED 16S <input type="checkbox"/> STANDARD | 16 | 00 |
| 17 Personal exemptions. See page 15 of the instructions .....                                                                                               | 17 | 00 |
| 18 Arizona taxable income: Subtract lines 16 and 17 from line 15. If less than zero, enter zero .....                                                       | 18 | 00 |
| 19 Compute the tax using amount on line 18 and Tax Table X, Y or Optional Tax Tables .....                                                                  | 19 | 00 |
| 20 Tax from recapture of credits from Arizona Form 301, Part II, line 35 .....                                                                              | 20 | 00 |
| 21 Subtotal of tax: Add lines 19 and 20 .....                                                                                                               | 21 | 00 |
| 22 Family income tax credit (from worksheet on page 16 of instructions) .....                                                                               | 22 | 00 |
| 23 Credits from Arizona Form 301, Part II, line 68, or Forms 310, 321, 322, and 323 if Form 301 is not required .....                                       | 23 | 00 |
| 24 Credit type: Enter form number of each credit claimed ..... 24 3 3 3 3                                                                                   |    |    |
| 25 Clean Elections Fund Tax Credit for donations made prior to August 2, 2012 (from worksheet on page 18 of the instructions)                               | 25 | 00 |
| 26 Balance of tax: Subtract lines 22, 23 and 25 from line 21. If the sum of lines 22, 23 and 25 is more than line 21, enter zero .....                      | 26 | 00 |
| 27 Arizona income tax withheld during 2012 .....                                                                                                            | 27 | 00 |
| 28 Arizona estimated tax payments for 2012 .....                                                                                                            | 28 | 00 |
| 29 2012 Arizona extension payment (Form 204) .....                                                                                                          | 29 | 00 |
| 30 Increased Excise Tax Credit (from Form 140PTC or worksheet on page 19 of the instructions) .....                                                         | 30 | 00 |
| 31 Property Tax Credit from Form 140PTC .....                                                                                                               | 31 | 00 |
| 32 Other refundable credits: Check the box(es) and enter the amount..... 321 <input type="checkbox"/> Form 308-I 322 <input type="checkbox"/> Form 342      | 32 | 00 |
| 33 Total payments/refundable credits: Add lines 27 through 32 .....                                                                                         | 33 | 00 |
| 34 TAX DUE: If line 26 is larger than line 33, subtract line 33 from line 26 and enter amount of tax due. Skip lines 35, 36 and 37 .....                    | 34 | 00 |
| 35 OVERPAYMENT: If line 33 is larger than line 26, subtract line 26 from line 33 and enter amount of overpayment .....                                      | 35 | 00 |
| 36 Amount of line 35 to be applied to 2013 estimated tax .....                                                                                              | 36 | 00 |
| 37 Balance of overpayment: Subtract line 36 from line 35 .....                                                                                              | 37 | 00 |

|                                                                                                                                                                                                                                                        |    |                |                                  |                                                                           |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------|----------------------------------|---------------------------------------------------------------------------|----|
| 38 - 47 Voluntary Gifts to:                                                                                                                                                                                                                            |    |                |                                  |                                                                           |    |
| Aid to Education .....                                                                                                                                                                                                                                 | 38 | 00             | Arizona Wildlife .....           | 39                                                                        | 00 |
| Child Abuse Prevention .....                                                                                                                                                                                                                           | 40 | 00             | Domestic Violence Shelter .....  | 41                                                                        | 00 |
| I Didn't Pay Enough Fund .....                                                                                                                                                                                                                         | 42 | 00             | National Guard Relief Fund ..... | 43                                                                        | 00 |
| Neighbors Helping Neighbors .....                                                                                                                                                                                                                      | 44 | 00             | Special Olympics .....           | 45                                                                        | 00 |
| Veterans' Donations Fund .....                                                                                                                                                                                                                         | 46 | 00             | Political Gift .....             | 47                                                                        | 00 |
| 48 Voluntary Political Gift (check only one): 481 <input type="checkbox"/> Americans Elect 482 <input type="checkbox"/> Democratic 483 <input type="checkbox"/> Green 484 <input type="checkbox"/> Libertarian 485 <input type="checkbox"/> Republican |    |                |                                  |                                                                           |    |
| 49 Estimated payment penalty and MSA withdrawal penalty .....                                                                                                                                                                                          |    |                |                                  | 49                                                                        | 00 |
| 50 Check applicable boxes.... 501 <input type="checkbox"/> Annualized/Other 502 <input type="checkbox"/> Farmer or Fisherman 503 <input type="checkbox"/> Form 221 attached 504 <input type="checkbox"/> MSA Penalty                                   |    |                |                                  |                                                                           |    |
| 51 Total of lines 38 through 47 and 49 .....                                                                                                                                                                                                           |    |                |                                  | 51                                                                        | 00 |
| 52 REFUND: Subtract line 51 from line 37. If less than zero, enter amount owed on line 53 .....                                                                                                                                                        |    |                |                                  | 52                                                                        | 00 |
| Direct Deposit of Refund: Check box 52A if your deposit will be ultimately placed in a foreign account; see instructions. 52A <input type="checkbox"/>                                                                                                 |    |                |                                  |                                                                           |    |
| ROUTING NUMBER                                                                                                                                                                                                                                         |    | ACCOUNT NUMBER |                                  | C <input type="checkbox"/> Checking or S <input type="checkbox"/> Savings |    |
| 98                                                                                                                                                                                                                                                     |    |                |                                  |                                                                           |    |
| 53 AMOUNT OWED: Add lines 34 and 51. Make check payable to Arizona Department of Revenue; include SSN on payment.                                                                                                                                      |    |                |                                  | 53                                                                        | 00 |

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

**PART A: Dependents, Qualifying Parents and Grandparents - do not list yourself or spouse**

*If completing Part A, also complete Part C, lines C15 and/or C16 and C17.*

|                                                                                                                                                                                                                                                                     |                     |              |                                             |                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------|---------------------------------------------|---------------------------------------------|
| <b>A1</b> List children and other dependents. If more space is needed, attach a separate sheet.                                                                                                                                                                     |                     |              |                                             | NO. OF MONTHS LIVED<br>IN YOUR HOME IN 2012 |
| FIRST AND LAST NAME                                                                                                                                                                                                                                                 | SOCIAL SECURITY NO. | RELATIONSHIP |                                             |                                             |
|                                                                                                                                                                                                                                                                     |                     |              |                                             |                                             |
|                                                                                                                                                                                                                                                                     |                     |              |                                             |                                             |
|                                                                                                                                                                                                                                                                     |                     |              |                                             |                                             |
| <b>A2</b> Enter total number of persons listed in A1 here and on the front of this form, box 10; also complete Part C below... TOTAL                                                                                                                                |                     |              |                                             | <b>A2</b>                                   |
| <b>A3 a</b> Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:                                                                                                                                             |                     |              |                                             |                                             |
|                                                                                                                                                                                                                                                                     |                     |              |                                             |                                             |
| <b>b</b> Enter dependents listed above who were not claimed on your federal return due to education credits:                                                                                                                                                        |                     |              |                                             |                                             |
|                                                                                                                                                                                                                                                                     |                     |              |                                             |                                             |
| <b>A4</b> List qualifying parents and grandparents. If more space is needed, attach a separate sheet.<br>You cannot list the same person here and also on line A1. For information on who is a<br>qualifying parent or grandparent, see page 6 of the instructions. |                     |              |                                             |                                             |
| FIRST AND LAST NAME                                                                                                                                                                                                                                                 | SOCIAL SECURITY NO. | RELATIONSHIP | NO. OF MONTHS LIVED<br>IN YOUR HOME IN 2012 |                                             |
|                                                                                                                                                                                                                                                                     |                     |              |                                             |                                             |
|                                                                                                                                                                                                                                                                     |                     |              |                                             |                                             |
|                                                                                                                                                                                                                                                                     |                     |              |                                             |                                             |
| <b>A5</b> Enter total number of persons listed in A4 here and on the front of this form, box 11 ... TOTAL                                                                                                                                                           |                     |              |                                             | <b>A5</b>                                   |

**PART B: Additions to Income**

|                                                                                                           |            |    |
|-----------------------------------------------------------------------------------------------------------|------------|----|
| <b>B6</b> Non-Arizona municipal interest.....                                                             | <b>B6</b>  | 00 |
| <b>B7</b> Ordinary income portion of lump-sum distributions excluded on your federal return.....          | <b>B7</b>  | 00 |
| <b>B8</b> Total federal depreciation. Also see the instructions for line C22 .....                        | <b>B8</b>  | 00 |
| <b>B9</b> Medical savings account (MSA) distributions. See page 7 of the instructions.....                | <b>B9</b>  | 00 |
| <b>B10</b> I.R.C. §179 expense in excess of allowable amount. Also see the instructions for line C26..... | <b>B10</b> | 00 |
| <b>B11</b> Other additions to income. See instructions and attach your own schedule.....                  | <b>B11</b> | 00 |
| <b>B12 Total:</b> Add lines B6 through B11. Enter here and on the front of this form, line 13 .....       | <b>B12</b> | 00 |

**PART C: Subtractions From Income**

|                                                                                                                                                                                                          |            |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|--|
| <b>C13</b> Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100 .....                                                                                                             | <b>C13</b> | 00 |  |
| <b>C14</b> Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500 .....                                                                                                                      | <b>C14</b> | 00 |  |
| <b>C15</b> Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300 .....                                                                                                                | <b>C15</b> | 00 |  |
| <b>C16</b> Exemption: Qualifying parents and grandparents. Multiply the number in<br>box 11, page 1, by \$10,000 .....                                                                                   | <b>C16</b> | 00 |  |
| <b>C17</b> Total exemptions: Add lines C13 through C16. If you have no other subtractions from<br>income, skip lines C18 through C30 and enter the amount on line C17 on Form 140, Page 1, line 14 ..... |            |    |  |
| <b>C18</b> Interest on U.S. obligations such as U.S. savings bonds and treasury bills .....                                                                                                              | <b>C18</b> | 00 |  |
| <b>C19</b> Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer) .....                                                                                          | <b>C19</b> | 00 |  |
| <b>C20</b> Arizona state lottery winnings included as income on your federal return (up to \$5,000 only) .....                                                                                           | <b>C20</b> | 00 |  |
| <b>C21</b> U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (the taxable amount) ..                                                                    | <b>C21</b> | 00 |  |
| <b>C22</b> Recalculated Arizona depreciation .....                                                                                                                                                       | <b>C22</b> | 00 |  |
| <b>C23</b> Certain wages of American Indians .....                                                                                                                                                       | <b>C23</b> | 00 |  |
| <b>C24</b> Income tax refund from other states. See instructions.....                                                                                                                                    | <b>C24</b> | 00 |  |
| <b>C25</b> Deposits and employer contributions into MSAs. See page 11 of the instructions .....                                                                                                          | <b>C25</b> | 00 |  |
| <b>C26</b> Adjustment for I.R.C. §179 expense not allowed.....                                                                                                                                           | <b>C26</b> | 00 |  |
| <b>C27</b> Pay received for active service as a member of the reserves, national guard or the U.S. armed forces .....                                                                                    | <b>C27</b> | 00 |  |
| <b>C28</b> Net operating loss adjustment. See instructions before you enter any amount here .....                                                                                                        | <b>C28</b> | 00 |  |
| <b>C29</b> Other subtractions from income. See instructions and attach your own schedule .....                                                                                                           | <b>C29</b> | 00 |  |
| <b>C30 Total:</b> Add lines C17 through C29. Enter here and on the front of this form, line 14 .....                                                                                                     | <b>C30</b> | 00 |  |

**Part D: Last Name(s) Used in Prior Years – if different from name(s) used in current year**

**D31** \_\_\_\_\_

|                  |                                                                                                                                                                                                                                                                                             |                               |                                                 |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------|
| 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. |                               |                                                 |
|                  | → 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 TIN _____                                                                                                                                                                                                                                                                   | PAID PREPARER'S ADDRESS _____ | PAID PREPARER'S PHONE NO. ( ) _____             |

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.