

DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING MM,DD,YY 2,0,1,5 AND ENDING MM,DD,YY 2,0,Y,Y 66F

1 Your First Name and Middle Initial Last Name Enter your SSN(s) Your Social Security Number

1 Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No.

2 Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) 94

3 City, Town or Post Office State ZIP Code Last Names Used in Last Four Prior Year(s) (if different) 97

FILING STATUS 4 Married filing joint return 5 Head of household: Enter name of qualifying child or dependent on next line: 6 Married filing separate return: Enter spouse's name and Social Security Number above. 7 Single Enter the number claimed. Do not put a check mark.

REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88

EXEMPTIONS 8 Age 65 or over (you and/or spouse) 9 Blind (you and/or spouse) 10 Dependents: Do not include self or spouse. 11 Qualifying parents and grandparents If completing lines 8 through 11, also complete lines 38 through 41.

81 PM 80 RCVD

(Box 10): Dependent Information: Children and other dependents. For more space, (check) and complete page 3.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2015, (e) if this person did not qualify as a dependent on your federal return, (f) if you did not claim this person on your federal return due to educational credits. Rows 10a, 10b, 10c.

(Box 11): Qualifying parents and grandparents. See instructions. For more space, (check) and complete page 3.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2015, (e) if age 65 or over, (f) if died in 2015. Rows 11a, 11b.

Table with 3 columns: Line number, Description, Amount. Rows 12-17: Federal adjusted gross income, Non-Arizona municipal interest, Partnership Income, Total federal depreciation, Other additions to income, Subtotal.

Table with 3 columns: Line number, Description, Amount. Rows 18-36: Capital gains, Net capital gain, Recalculated Arizona depreciation, Partnership Income, Adjustments, Subtractions, Total.

Place any required federal and AZ schedules or other documents after Form 140.

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

Exemptions	37 Enter the amount from page 1, line 36 37 _____ 00
	38 Age 65 or over: Multiply the number in box 8 by \$2,100..... 38 _____ 00
	39 Blind: Multiply the number in box 9 by \$1,500 39 _____ 00
	40 Dependents: Multiply the number in box 10 by \$2,300 40 _____ 00
	41 Qualifying parents and grandparents: Multiply box 11 by \$10,000 41 _____ 00
42 Arizona adjusted gross income: Subtract lines 38 through 41 from line 37 42 _____ 00	
Balance of Tax	43 Deductions: Check box and enter amount. See instructions..... 43 <input type="checkbox"/> I ITEMIZED <input type="checkbox"/> S STANDARD 43 _____ 00
	44 Personal exemptions: See instructions..... 44 _____ 00
	45 Arizona taxable income: Subtract lines 43 and 44 from line 42..... 45 _____ 00
	46 Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables..... 46 _____ 00
	47 Tax from recapture of credits from Arizona Form 301, Part 2, line 40 47 _____ 00
	48 Subtotal of tax: Add lines 46 and 47 and enter the total 48 _____ 00
	49 Family income tax credit (from the worksheet - see instructions) 49 _____ 00
	50 Credits from Arizona Form 301, Part 2, line 76 50 _____ 00
	51 Balance of tax: Subtract lines 49 and 50 from line 48. If the sum of lines 49 and 50 is more than line 48, enter zero 51 _____ 00
Total Payments and Refundable Credits	52 Arizona income tax withheld during 2015..... 52 _____ 00
	53 Arizona estimated tax payments for 2015 53 _____ 00
	54 2015 Arizona extension payment (Form 204)..... 54 _____ 00
	55 Increased Excise Tax Credit (from the worksheet - see instructions) 55 _____ 00
	56 Property Tax Credit from Form 140PTC 56 _____ 00
	57 Other refundable credits: Check the box(es) and enter the total amount..... 57 <input type="checkbox"/> 308-I 57 <input type="checkbox"/> 342 57 <input type="checkbox"/> 349 57 _____ 00
	58 Total payments and refundable credits: Add lines 52 through 57 and enter the total 58 _____ 00
Tax Due or Overpayment	59 TAX DUE: If line 51 is larger than line 58, subtract line 58 from line 51 and enter amount of tax due. Skip lines 60, 61 and 62..... 59 _____ 00
	60 OVERPAYMENT: If line 58 is larger than line 51, subtract line 51 from line 58 and enter amount of overpayment..... 60 _____ 00
	61 Amount of line 60 to be applied to 2016 estimated tax..... 61 _____ 00
	62 Balance of overpayment: Subtract line 61 from line 60 and enter the difference 62 _____ 00
Voluntary Gifts	63 - 72 Voluntary Gifts to:
	Solutions Teams Assigned to Schools 63 _____ 00 Arizona Wildlife..... 64 _____ 00
	Child Abuse Prevention 65 _____ 00 Domestic Violence Shelter 66 _____ 00 Political Gift..... 67 _____ 00
	Neighbors Helping Neighbors.. 68 _____ 00 Special Olympics..... 69 _____ 00 Veterans' Donations Fund 70 _____ 00
	I Didn't Pay Enough Fund..... 71 _____ 00 Sustainable State Parks and Road Fund..... 72 _____ 00
	73 Political Party (if amount is entered on line 67 - check only one): 73 <input type="checkbox"/> Americans Elect 73 <input type="checkbox"/> AZ Green Party 73 <input type="checkbox"/> Democratic 73 <input type="checkbox"/> Libertarian 73 <input type="checkbox"/> Republican
	74 Estimated payment penalty and Arizona Long-Term Health Care Savings Account (AZLTHSA) penalty 74 _____ 00
	75 75 <input type="checkbox"/> Annualized/Other 75 <input type="checkbox"/> Farmer or Fisherman 75 <input type="checkbox"/> Form 221 included 75 <input type="checkbox"/> AZLTHSA Penalty
76 Add lines 63 through 72 and 74; enter the total..... 76 _____ 00	
Refund or Amount Owed	77 REFUND: Subtract line 76 from line 62. If less than zero, enter amount owed on line 78 77 _____ 00
	Direct Deposit of Refund: Check box 77A if your deposit will be ultimately placed in a foreign account ; see instructions. 77A <input type="checkbox"/> ROUTING NUMBER <input type="text"/> ACCOUNT NUMBER <input type="text"/> <input type="checkbox"/> C Checking or <input type="checkbox"/> S Savings
	78 AMOUNT OWED: Add lines 59 and 76. Make check payable to Arizona Department of Revenue; write your SSN on payment, and include with your return 78 _____ 00

Under penalties of perjury, I declare that I have read this return and any documents with it, and 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.

PLEASE SIGN HERE → 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 STREET ADDRESS _____ PAID PREPARER'S TIN _____

PAID PREPARER'S CITY _____ STATE _____ ZIP CODE _____ PAID PREPARER'S PHONE 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 140.

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.

Your Name (as shown on page 1)	Your Social Security Number
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Dependent Information - Continuation Sheet from Page 1 Dependents

Include with your return **only** if listing additional dependents.

Complete this form *only* if you need additional space from page 1 to list your dependents.
If you do not list **all** dependents claimed on page 1 of your income tax return, you may lose the exemptions.

Children and other dependents, continued from page 1.

	(a) FIRST AND LAST NAME <small>(Do not list yourself or spouse.)</small>	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2015	(e) ✓ if this person did not qualify as a dependent on your federal return	(f) ✓ if you did not claim this person on your federal return due to educational credits
10d					<input type="checkbox"/>	<input type="checkbox"/>
10e					<input type="checkbox"/>	<input type="checkbox"/>
10f					<input type="checkbox"/>	<input type="checkbox"/>
10g					<input type="checkbox"/>	<input type="checkbox"/>
10h					<input type="checkbox"/>	<input type="checkbox"/>
10i					<input type="checkbox"/>	<input type="checkbox"/>
10j					<input type="checkbox"/>	<input type="checkbox"/>
10k					<input type="checkbox"/>	<input type="checkbox"/>
10l					<input type="checkbox"/>	<input type="checkbox"/>
10m					<input type="checkbox"/>	<input type="checkbox"/>
10n					<input type="checkbox"/>	<input type="checkbox"/>
10o					<input type="checkbox"/>	<input type="checkbox"/>
10p					<input type="checkbox"/>	<input type="checkbox"/>
10q					<input type="checkbox"/>	<input type="checkbox"/>
10r					<input type="checkbox"/>	<input type="checkbox"/>
10s					<input type="checkbox"/>	<input type="checkbox"/>
10t					<input type="checkbox"/>	<input type="checkbox"/>
10u					<input type="checkbox"/>	<input type="checkbox"/>

Qualifying parents and grandparents, continued from page 1.

	(a) FIRST AND LAST NAME <small>(Do not list yourself or spouse.)</small>	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2015	(e) ✓ if age 65 or over	(f) ✓ if died in 2015
11c					<input type="checkbox"/>	<input type="checkbox"/>
11d					<input type="checkbox"/>	<input type="checkbox"/>
11e					<input type="checkbox"/>	<input type="checkbox"/>
11f					<input type="checkbox"/>	<input type="checkbox"/>
11g					<input type="checkbox"/>	<input type="checkbox"/>
11h					<input type="checkbox"/>	<input type="checkbox"/>
11i					<input type="checkbox"/>	<input type="checkbox"/>
11j					<input type="checkbox"/>	<input type="checkbox"/>