

DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING MM,DD,YY 2,0,1,7 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 4a Injured Spouse Protection of Joint Overpayment 5 Head of household... 6 Married filing separate return... 7 Single. EXEMPTIONS: 8 Age 65 or over... 9 Blind... 10 Dependents... 11 Qualifying parents and grandparents. Includes box 88 and 97.

Dependents table with columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2017, (e) if this person did not qualify as a dependent, (f) if you did not claim this person.

Qualifying parents and grandparents table with columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2017, (e) if age 65 or over, (f) if died in 2017.

Additions table with rows 12-17: Federal adjusted gross income, Non-Arizona municipal interest, Partnership Income adjustment, Total federal depreciation, Other Additions to Income, Subtotal.

Subtractions table with rows 18-36: Total net capital gain or (loss), Total net short-term capital gain or (loss), Total net long-term capital gain or (loss), Net long-term capital gain from assets acquired after December 31, 2011, Multiply line 21 by 25% (.25) and enter the result, Net capital gain derived from investment in qualified small business, Recalculated Arizona depreciation, Partnership Income adjustment, Reserved, Interest on U.S. obligations, Exclusion for federal, Arizona state or local government pensions, Arizona state lottery winnings, U.S. Social Security or Railroad Retirement Act benefits, Certain wages of American Indians, Pay received for active service, Net operating loss adjustment, Contributions to 529 College Savings Plans, Other Subtractions from Income, Subtract lines 22 through 35 from line 17.

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 and enter the difference	42		00					
Balance of Tax	43	Deductions: Check box and enter amount. See instructions..... 43 <input type="checkbox"/> ITEMIZED 43 <input type="checkbox"/> STANDARD	43		00					
	44	Personal exemptions: See instructions.....	44		00					
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"	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 greater than line 48, enter "0".....	51		00					
Total Payments and Refundable Credits	52	2017 AZ income tax withheld.....	52		00					
	53	2017 AZ estimated tax payments.. 53a <input type="text" value="00"/> Claim of Right 53b <input type="text" value="00"/> Add 53a and 53b..	53c		00					
	54	2017 AZ 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..... 571 <input type="checkbox"/> 308-I 572 <input type="checkbox"/> 342 573 <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 2018 estimated tax.....	61		00					
	62	Balance of overpayment: Subtract line 61 from line 60 and enter the difference	62		00					
Voluntary Gifts	63 - 73 Voluntary Gifts to:									
		Solutions Teams Assigned to Schools.....	63	<input type="text" value="00"/>	Arizona Wildlife.....	64	<input type="text" value="00"/>			
		Child Abuse Prevention.....	65	<input type="text" value="00"/>	Domestic Violence Shelter.....	66	<input type="text" value="00"/>			
		Neighbors Helping Neighbors..	68	<input type="text" value="00"/>	Special Olympics.....	69	<input type="text" value="00"/>			
		I Didn't Pay Enough Fund.....	71	<input type="text" value="00"/>	Sustainable State Parks and Road Fund.....	72	<input type="text" value="00"/>			
		Political Party (if amount is entered on line 67 - check only one):	741	<input type="checkbox"/> Democratic	742	<input type="checkbox"/> Green Party	743	<input type="checkbox"/> Libertarian	744	<input type="checkbox"/> Republican
		75	Estimated payment penalty and Arizona Long-Term Health Care Savings Account (AZLTHSA) penalty	75					00	
Penalty	76	761 <input type="checkbox"/> Annualized/Other 762 <input type="checkbox"/> Farmer or Fisherman 763 <input type="checkbox"/> Form 221 included 764 <input type="checkbox"/> AZLTHSA Penalty								
	77	Add lines 63 through 73 and 75; enter the total.....	77					00		
Refund or Amount Owed	78	REFUND: Subtract line 77 from line 62. If less than zero, enter amount owed on line 79	78					00		
		Direct Deposit of Refund: Check box 78A if your deposit will be ultimately placed in a foreign account; see instructions. 78A <input type="checkbox"/> <input type="checkbox"/> C <input type="checkbox"/> Checking or SAVINGS <input checked="" type="checkbox"/> S <input type="checkbox"/> Savings ROUTING NUMBER: <input type="text" value=""/> ACCOUNT NUMBER: <input type="text" value=""/>								
	79	AMOUNT OWED: Add lines 59 and 77. Make check payable to Arizona Department of Revenue; write your SSN on payment, and include with your return.....	79					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 (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2017	(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 (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2017	(e) ✓ if age 65 or over	(f) ✓ if died in 2017
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"/>