Individual Amended Income Tax Return

	For calendar year Y, Y, Y, Y or fiscal year beginn			D_1Y	, Y , Y , Y , and er						
YOUR FIRST NAME AND INITIAL			LAST NAME					YOUR SOCIAL SECURITY NO.			
	IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL			LAST NAME				SPOUSE'S SOCIAL SECURITY NO.			
1											
PRE	SENT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE APT. NO.	DAYTIN	IE PHONE	W/ARE	A CODE:		1	IMP	ORTANT	1	
2		94 HO	ME PHON	IE W/AR	EA CODE:			ust e	nter your SSN:	s.	
_	, TOWN OR POST OFFICE STATE ZIP CODE					FOR DOR	USE O	NLY			
3)										
<u>, </u>	Check box to indicate both filing and residency status:		Original Return	This Return	_						
	4 Married filing joint return				1						
	5 Head of household: Name of qualifying child or dependent	5									
Filing	6 Married filing separate return. Enter spouse's Social Security Number	er			88						
	above and full name here. ▶	6			-						
	7 Single				81		80				
\sim	8 Resident						<u>, , , , , , , , , , , , , , , , , , , </u>			97	
as I	9 Nonresident		-		Original Form F		only one)1			9.1	
pisi 1	0 Part-year resident				1						
	1 Part-year resident active military				2Form 140A						
<u>σ</u> 1	2 Nonresident active military	12	_		3Form 140EZ						
ļģ,	3 Age 65 or over: Enter the number claimed	13			4Form 140NR						
텔	5 Dependents: Enter the number element	14 15	-		5Form 140PY If 140NR or 140F	Y. enter correc	ted ner	enta	5 ne.of		
ĮĮ.	6 Qualifying parents or appeators: Enter the number claimed	15 16	-		Arizona residenc		,	86	_		
	MPORTANT: You <u>must</u> enter an amount in columns (a), (b), and (c) for	10 r lin≙s 1		. (ORIGINAL AMOUNT REPORTED				CORRECTED		
.	18, lines 19 through 25, lines 27, 31, 32, 35, and lines 3.				REPORTED (a)	AMOUNT TO BE OR SUBTRAI (b)	CTED		AMOUNT (c)		
1	7 Federal adjusted gross income	-			(4)	(-,		17	(-)	\Box	
	8 Form 140NR and 140PY filers only: Enter Arizona gross income							18			
	9 Additions to income							19		\top	
₫ ₂	O Subtotal: Form 140, 140A, 140EZ filers: Add lines 17 and line 19. F							\top			
Je	140PY filers: Add lines 18 and 19							20			
of the	1 Subtractions from income							21			
<u>a</u> 2	2 Arizona adjusted gross income. Subtract line 21 from line 20							22			
-	3 Deductions (itemized or standard)							23			
ts 2	4 Personal exemptions							24			
	Arizona taxable income. Subtract lines 23 and 24 from line 22							25 26			
V 2	Tax from tax rate table: Table X or Y (140, 140NR or 140PY)										
∞ ∠	7 Tax from recapture of credits from Arizona Form 301, Part II							27		_	
	8 Subtotal of tax. Add lines 26 and 27, column (c)							28			
	9 Clean Elections Fund Tax Reduction claimed on original return							29			
$\stackrel{\sim}{>} 3$	0 Reduced tax. Subtract line 29 from line 28, column (c)				·····	 T		30		-	
> 3	1 Family income tax credit			_				31		_	
any 3	2 Credits from Arizona Form 301 or Forms 310, 321, 322 or 323							32		+	
ر ا ا	3 Credit type: Enter form number of each credit claimed: 4 Subtract lines 31 and 32 from line 30							24			
	4 Subtract lines 31 and 32 from line 30							34 35		+	
\ 3	6 Balance of tax. Subtract line 35 from line 34. If line 35 is more than		ontor =					35 36		+	
# 3	7 Payments (withholding, estimated, or extension)	ши 34 <u>,</u>	entel Ze	-10				36 37		+	
	8 Increased Excise Tax Credit							38		+	
								39		+	
	9 Property Tax Credit	329 <i>₄</i>	A5□′	330				40		+	
$\left(\succeq \right]_{4}$	40 Other refundable credits. 40A1LISTS 40A2LISSO 40A3LISSI 40A4LISSO 40A3LISSO 40A3LIS									\top	
$\left\{\begin{array}{c} 1 \\ 4 \end{array}\right\}$	42 Total payments and refundable credits. Add lines 37 through 41, column (c)									\top	
T 4	3 Overpayment from original return or as later adjusted. See instructions							42 43		\top	
7.5	Balance of credits: Subtract line 43 from line 42							44		\top	
4	5 REFUND/CREDIT DUE: If line 36 is less than line 44, subtract line 36 from line 44, and enter amount of refund/credit							45			
' /	Amount of line 45 to be applied to 2006 estimated tax. If zero, enter "0"							46			
	7 AMOUNT OWED: If line 36 is more than line 44, subtract line 44 fro						Г	47			
	Payment enclosed. Check the box and attach payment.								OOR USE ONLY	Y	
	8 Is this amended return the result of a net operating loss? If "yes", ch	eck the	box: 48	☐ YE	S			82	99		
ADOR 91-5380f (05)											

Form 140X (2005) Page 2 of 2 PART I: Dependent Exemptions - do not list yourself or spouse as dependents List children and other dependents. If more space is needed, attach a separate sheet. NO. OF MONTHS LIVED IN YOUR SOCIAL SECURITY NO. FIRST AND LAST NAME **RELATIONSHIP** HOME DURING THE TAXABLE YEAR Enter the names of the dependents listed above who do not qualify as your dependent on your federal return: Enter dependents listed above who were not claimed on your federal return due to education credits: PART II: Qualifying Parents and Ancestors of Your Parents Exemptions (Arizona residents only) List below qualifying parents and ancestors of your parents for which you are claiming an exemption. If more space is needed, attach a separate sheet. Do not list the same person here that you listed in Part I, above, as a dependent. For information on who is a qualifying parent or ancestor of your parents, see the instructions for the original return that you filed. NO. OF MONTHS LIVED IN YOUR FIRST AND LAST NAME SOCIAL SECURITY NO. **RELATIONSHIP** HOME DURING THE TAXABLE YEAR PART III: Income, Deductions, and Credits List the line reference from page 1 for which you are reporting a change then give the reason for each change. Attach any supporting documents required. If the change(s) pertain(s) to an IRS audit, please attach a copy of the agent's report. If you filed an amended federal return with the IRS (Form 1040X), please attach a copy and all supporting schedules. Part IV: 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, etc. City, State Zip I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and HERE belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. SIGN YOUR SIGNATURE DATE PLEASE SPOUSE'S SIGNATURE DATE PAID PREPARER'S SIGNATURE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) PAID PREPARER'S TIN DATE PAID PREPARER'S ADDRESS 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.