

DO NOT STAPLE ANY ITEMS TO THE RETURN.

OR FISCAL YEAR BEGINNING MM/DD/2014 AND ENDING MM/DD/YYYY 66

1 Your First Name and Middle Initial Last Name Enter your SSN(s) Your Social Security Number
2 Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No.
3 Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) 94
City, Town or Post Office State ZIP Code Last Names Used in Last Four Prior Year(s) (if different)

4 Check a box to indicate both filing and residency status:
5 4 Married filing joint return
6 5 Head of household: Enter name of qualifying child or dependent on next line:
7 6 Married filing separate return: Enter spouse's name and Social Security Number above.
8 7 Single
9 8 Resident
10 9 Nonresident
11 10 Nonresident active military
12 11 Part-year resident
13 12 Part-year resident active military
14 13 Age 65 or over
15 14 Blind
16 15 Dependents
17 16 Qualifying parents or grandparents
88 REVENUE USE ONLY. DO NOT MARK IN THIS AREA.
81 PM 80 RCVD

Table with 3 columns: Line number, Description, Amount. Includes lines 17-49 for Federal adjusted gross income, Arizona adjusted gross income, tax calculations, and refund/amount owed.

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

State Income Tax Return Forms

You can prepare and efile this tax form on efile.com as part of your current Federal and/or State Tax Return on from:

Early January until mid October

[You can start, prepare, and efile your tax return now](#)

You will just need to answer a few tax questions and the efile.com tax preparation software will select the correct tax forms for you.



Attention

If you missed the mid October efile deadline for the current tax year you have the following options to prepare and file your tax return:

1. You can download the State Tax form here:

<http://www.efile.com/support-state-tax-agency-list/>

2. Work online on your tax return with an efile Tax Professional

[Start working with a LIVE TaxPRO](#)

3. Download Federal tax forms by tax year, complete and mail to the IRS

[Download Federal Tax Forms](#)

Free Tax Tools, Calculators and Educators

Head of Household Educator:

<http://www.efile.com/claim-head-of-household-single-qualifying-person-requirement-tax-tool/>

Qualifying Child Dependent Educator:

<http://www.efile.com/qualifying-child-test-qualified-dependent-tax-tool/>

Qualifying Relative Educator:

<http://www.efile.com/qualifying-relative-test-dependent-requirement-tax-tool/>

Earned Income Tax Credit Educator:

<http://www.efile.com/what-is-the-earned-income-tax-credit-eitc-eic-eligibility-schedule-calculator/>

Child Tax Credit Educator:

<http://www.efile.com/how-to-qualify-for-child-tax-credit-deduction-requirements-tool/>

Got Tax Questions? [Contact efile.com!](#)

Your Name (as shown on page 1)	Your Social Security Number
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Complete Part 1 *only* if you are making a change to the number of dependents or qualifying parents or grandparents you are claiming on line 15 or line 16. Even if not making a change, enter the total number you are claiming on page 1, line 15 and line 16. Do not list yourself or your spouse as dependents on line 15.

PART 1: Dependent Exemptions

(Box 15): Dependent Information: Children and other dependents. **For more space, (check) and complete page 3.**

	(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 2014	(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	(g) A= Add D= Delete
15a					<input type="checkbox"/>	<input type="checkbox"/>	
15b					<input type="checkbox"/>	<input type="checkbox"/>	
15c					<input type="checkbox"/>	<input type="checkbox"/>	

(Box 16): Qualifying parents and grandparents. See instructions. **For more space, (check) and complete page 3.**

	(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 2014	(e) ✓ if age 65 or over	(f) ✓ if died in 2014	(g) A= Add D= Delete
16a					<input type="checkbox"/>	<input type="checkbox"/>	
16b					<input type="checkbox"/>	<input type="checkbox"/>	

PART 2 (A)

INCOME, DEDUCTIONS, CREDITS: In 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) ITEMS YOU ARE CHANGING	(b) ORIGINAL AMOUNT REPORTED	(c) AMOUNT TO ADD OR SUBTRACT	(d) CORRECTED AMOUNT
50a		\$	\$	\$
50b		\$	\$	\$
50c		\$	\$	\$

PART 2 (B)

LONG-TERM CAPITAL GAIN: If you are changing the amount of the allowable subtraction from income for any **net long-term capital gains included in your federal adjusted gross income from assets acquired after December 31, 2011**, complete columns (b), (c), and (d).

	(a) ITEM	(b) ORIGINAL AMOUNT REPORTED	(c) AMOUNT TO ADD OR SUBTRACT	(d) CORRECTED AMOUNT
51a	Total net short-term capital gain or (loss) reported on Form 140, line 19; Form 140NR, line 32; Form 140PY, line 33	\$	\$	\$
51b	Total net long-term capital gain or (loss) reported on Form 140, line 20; Form 140NR, line 33; Form 140PY, line 34	\$	\$	\$
51c	Net long-term capital gains from assets acquired after December 31, 2011 reported on Form 140, line 21; Form 140NR, line 34; Form 140PY, line 35	\$	\$	\$
51d	Amount of allowable subtraction reported on Form 140, line 22; Form 140NR, line 35; Form 140PY, line 36	\$	\$	\$

PART 3

52 REASON FOR THE CHANGE: Give the reason for each change listed in Part 2:

PART 4

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

53a Name	53b Number and Street, R.R.	Apt. No.
53c City, Town or Post Office	State	ZIP Code

PLEASE SIGN HERE

I have read this return and any documents 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 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 140X.

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

Dependent Information - Continuation Sheet from Page 2 Dependents

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

Complete this form *only* if you need additional space from page 2, Part 1 to list changes to your dependents.

Children and other dependents, continued from page 2, Part 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 2014	(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	(g) A= Add D= Delete
15d					<input type="checkbox"/>	<input type="checkbox"/>	
15e					<input type="checkbox"/>	<input type="checkbox"/>	
15f					<input type="checkbox"/>	<input type="checkbox"/>	
15g					<input type="checkbox"/>	<input type="checkbox"/>	
15h					<input type="checkbox"/>	<input type="checkbox"/>	
15i					<input type="checkbox"/>	<input type="checkbox"/>	
15j					<input type="checkbox"/>	<input type="checkbox"/>	
15k					<input type="checkbox"/>	<input type="checkbox"/>	
15l					<input type="checkbox"/>	<input type="checkbox"/>	
15m					<input type="checkbox"/>	<input type="checkbox"/>	
15n					<input type="checkbox"/>	<input type="checkbox"/>	
15o					<input type="checkbox"/>	<input type="checkbox"/>	
15p					<input type="checkbox"/>	<input type="checkbox"/>	
15q					<input type="checkbox"/>	<input type="checkbox"/>	
15r					<input type="checkbox"/>	<input type="checkbox"/>	
15s					<input type="checkbox"/>	<input type="checkbox"/>	
15t					<input type="checkbox"/>	<input type="checkbox"/>	
15u					<input type="checkbox"/>	<input type="checkbox"/>	

Qualifying parents and grandparents, continued from page 2, Part 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 2014	(e) ✓ if age 65 or over	(f) ✓ if died in 2014	(g) A= Add D= Delete
16c					<input type="checkbox"/>	<input type="checkbox"/>	
16d					<input type="checkbox"/>	<input type="checkbox"/>	
16e					<input type="checkbox"/>	<input type="checkbox"/>	
16f					<input type="checkbox"/>	<input type="checkbox"/>	
16g					<input type="checkbox"/>	<input type="checkbox"/>	
16h					<input type="checkbox"/>	<input type="checkbox"/>	
16i					<input type="checkbox"/>	<input type="checkbox"/>	
16j					<input type="checkbox"/>	<input type="checkbox"/>	