| | Your | Name (as shown on page 1) Your Social Security Nu | umber | |
|--|----------------------------|---|-----------------|----------------------------|
| Subtractions cont. from page 1 | 43 44 | Interest on U.S. obligations such as U.S. savings bonds and treasury bills | 44 | 00 |
| | 45 46 | Other Subtractions from Income: Complete Other Subtractions from Arizona Gross Income schedule on page 6 Subtract lines 43, 44 and 45 from line 42. Enter the difference | 46 | 00 |
| Total Payments and Balance of Tax Exemptions | 47 48 49 | Age 65 or over: Multiply the number in box 8 by \$2,100 47 Blind: Multiply the number in box 9 by \$1,500 48 Other Exemptions: See instructions49E Multiply the number in box 49E by \$2,300 49 | 00 | |
| | 50 51 52 | Add lines 47, 48, and 49. Enter the total | 52 | 00 |
| | 53 54 55 56 57 | Deductions: Check box and enter amount. See instructions | 54 55 56 | 00 00 00 00 00 |
| | 58 59 60 61 | Subtotal of tax: Add lines 56 and 57. Enter the total Dependent Tax Credit. See instructions. Nonrefundable credits from Arizona Form 301, Part 2, line 60. Balance of tax: Subtract lines 59 and 60 from line 58. If the sum of lines 59 and 60 is more than line 58, enter "0" | 58 59 60 | 00 00 00 00 |
| | 62 63 64 65 | 2024 AZ income tax withheld | 62 63c 64 | 00 00 00 00 |
| Voluntary Gifts Overpayment Refur | 66 67 68 | Total payments and refundable credits: Add lines 62 through 65. Enter the total | 66 67 68 | 00 00 00 |
| | 70 71 | Amount of line 68 to be applied to 2025 estimated tax Balance of overpayment: Subtract line 69 from line 68. Enter the difference - 81 Voluntary Gifts to: Solutions Teams Assigned to Schools | 70 | 00 |
| | 82 | Neighbors Helping Neighbors76 OD Special Olympics77 OD Veterans' Donations Fund 78 OD Special Olympics79 OD Special Olympics | | |
| enalty Vo | 83 84 | Estimated payment penalty | | 00 |
| Refund or Amount Owed Per | 85 86 | Add lines 71 through 81 and 83. Enter the total | <u>85</u> 86 | 00 |
| | 87 | AMOUNT OWED: Add lines 67 and 85. Make check payable to Arizona Department of Revenue; write your SSN, 140NR on payment | 87 | 00 |
| | | Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knot true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer | | |
| FASE SIGN HERE | 3 | YOUR SIGNATURE DATE OCCUPATION | | |
| NE NE | | SPOUSE'S SIGNATURE DATE SPOUSE'S OCCUPATION | | |
| ASE. | | PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) PAID PREPARER'S STREET ADDRESS PAID PREPARER'S | STIN | |
| 4 | | PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PAID PREPARER'S PAID PREPARER'S PAID PREPARER'S | | E 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 140NR. 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.