

Filing status: <input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input checked="" type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)					
Your first name and initial Rose A		Last name Kincade		Your social security number [REDACTED] 3073	
Your standard deduction: <input type="checkbox"/> Someone can claim you as a dependent <input type="checkbox"/> You were born before January 2, 1954 <input type="checkbox"/> You are blind					
If joint return, spouse's first name and initial		Last name		Spouse's social security number	
Spouse standard deduction: <input type="checkbox"/> Someone can claim your spouse as a dependent <input type="checkbox"/> Spouse was born before January 2, 1954 <input type="checkbox"/> Spouse is blind <input type="checkbox"/> Spouse itemizes on a separate return or you were dual-status alien				<input checked="" type="checkbox"/> Full-year health care coverage or exempt (see inst.)	
Home address (number and street). If you have a P.O. box, see instructions. PO Box 31015				Apt. no.	Presidential Election Campaign (see inst.) <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. Flagstaff AZ 86003-1015				If more than four dependents, see inst. and ✓ here ▶ <input type="checkbox"/>	
Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Elizabeth R	Kincade	[REDACTED]	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Austin	Kincade	[REDACTED]	Nephew	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, 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.

Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation Security Guard	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) [][][][][]
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) [][][][][]

Paid Preparer Use Only

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶ Self-Prepared	Phone no.			
Firm's address ▶				

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2018)

Form 1040 (2018)

Page 2

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	24,532.
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	
4a	IRAs, pensions, and annuities	4b	
5a	Social security benefits	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 _____ 0	6	24,532.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	24,532.
8	Standard deduction or itemized deductions (from Schedule A)	8	18,000.
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	6,532.
11	a Tax (see inst.) <u>653.</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____) b Add any amount from Schedule 2 and check here <input type="checkbox"/>	11	653.
12	a Child tax credit/credit for other dependents <u>653.</u> b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12	653.
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0.
14	Other taxes. Attach Schedule 4	14	0.
15	Total tax. Add lines 13 and 14	15	0.
16	Federal income tax withheld from Forms W-2 and 1099	16	1,929.
17	Refundable credits: a EIC (see inst.) <u>4,481.</u> b Sch. 8812 <u>2,800.</u> c Form 8863 _____ Add any amount from Schedule 5 _____	17	7,281.
18	Add lines 16 and 17. These are your total payments	18	9,210.
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	9,210.
20a	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	20a	9,210.
▶ b	Routing number <u>2 8 3 9 7 7 6 8 8</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
▶ d	Account number <u>[XXXXXXXXXX]</u>		
21	Amount of line 19 you want applied to your 2019 estimated tax 21		
Amount You Owe	22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ▶	22	
23	Estimated tax penalty (see instructions) ▶ 23		

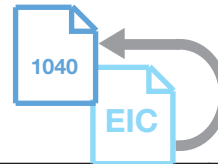
SCHEDULE EIC
(Form 1040)Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Rose A Kincade

Earned Income Credit
Qualifying Child Information

- ▶ **Complete and attach to Form 1040 only if you have a qualifying child.**
- ▶ **Go to www.irs.gov/ScheduleEIC for the latest information.**



OMB No. 1545-0074

2018Attachment
Sequence No. **43**

Your social security number

3073

Before you begin:

- See the instructions for Form 1040, line 17a, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information**Child 1****Child 2****Child 3**

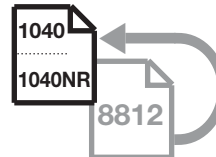
	First name	Last name	First name	Last name	First name	Last name
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	Elizabeth	R Kincade	Austin	Kincade		
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040, line 17a, unless the child was born and died in 2018. If your child was born and died in 2018 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.						
3 Child's year of birth	Year <u>2</u> <u>0</u> <u>0</u> <u>6</u> <i>If born after 1999 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year <u>2</u> <u>0</u> <u>0</u> <u>2</u> <i>If born after 1999 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year _____ <i>If born after 1999 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>			
4 a Was the child under age 24 at the end of 2018, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2018?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Daughter	Nephew				
6 Number of months child lived with you in the United States during 2018 • If the child lived with you for more than half of 2018 but less than 7 months, enter "7." • If the child was born or died in 2018 and your home was the child's home for more than half the time he or she was alive during 2018, enter "12."	<u>12</u> months <i>Do not enter more than 12 months.</i>	<u>12</u> months <i>Do not enter more than 12 months.</i>	<u> </u> months <i>Do not enter more than 12 months.</i>			

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Additional Child Tax Credit

► **Attach to Form 1040 or Form 1040NR.**
► **Go to www.irs.gov/Schedule8812 for instructions and the latest information.**



OMB No. 1545-0074

2018

Attachment
Sequence No. **47**

Name(s) shown on return

Rose A Kincade

Your social security number

3073

Part I All Filers

Caution: If you file Form 2555 or 2555-EZ, **stop here;** you cannot claim the additional child tax credit.

1	If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise: 1040 filers: Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040, line 12a). 1040NR filers: Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040NR, line 49).	1	4,000.
2	Enter the amount from Form 1040, line 12a, or Form 1040NR, line 49	2	653.
3	Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit	3	3,347.
4	Number of qualifying children under 17 with the required social security number: <u>2</u> X \$1,400. Enter the result. If zero, stop here; you cannot claim this credit	4	2,800.
5	Enter the smaller of line 3 or line 4	5	2,800.
6a	Earned income (see separate instructions) 6a 24,532.		
b	Nontaxable combat pay (see separate instructions) 6b		
7	Is the amount on line 6a more than \$2,500? <input type="checkbox"/> No. Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 6a. Enter the result	7	22,032.
8	Multiply the amount on line 7 by 15% (0.15) and enter the result Next. On line 4, is the amount \$4,200 or more? <input checked="" type="checkbox"/> No. If line 8 is zero, stop here; you cannot claim this credit. Otherwise, skip Part II and enter the smaller of line 5 or line 8 on line 15. <input type="checkbox"/> Yes. If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.	8	3,305.

Part II Certain Filers Who Have Three or More Qualifying Children

9	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions	9	
10	1040 filers: Enter the total of the amounts from Schedule 1 (Form 1040), line 27, and Schedule 4 (Form 1040), line 58, plus any taxes that you identified using code "UT" and entered on Schedule 4 (Form 1040), line 62. 1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	10	
11	Add lines 9 and 10	11	
12	1040 filers: Enter the total of the amounts from Form 1040, line 17a, and Schedule 5 (Form 1040), line 72. 1040NR filers: Enter the amount from Form 1040NR, line 67.	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	
14	Enter the larger of line 8 or line 13 Next, enter the smaller of line 5 or line 14 on line 15.	14	

Part III Additional Child Tax Credit

15	This is your additional child tax credit	15	2,800.
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Enter this amount on
Form 1040, line 17b, or
Form 1040NR, line 64.

Your First Name and Initial Rose A	Last Name Kincade	Enter your SSN(s).	Your Social Security Number* 3073
Your Spouse's First Name and Initial (if filed joint)	Last Name		Spouse's Social Security No.*

PART 1 – PURPOSE

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

***Do Not Truncate**

PART 2 – TAX RETURN INFORMATION

1 Arizona Adjusted Gross Income	19,932	00
2 Balance Of Tax	127	00
3 Arizona Income Tax Withheld ...	38	00

Check box 4 or box 5:

- 4 ☐ **REFUND:** Enter the amount of refund..... 00
- 5 ☒ **AMOUNT YOU OWE:** Enter the amount owed..... 14 00

PART 3 – FINANCIAL INSTITUTION INFORMATION

Must be present when requesting direct debit or deposit.

☐ **Foreign Account Deposit/Debit:** See instructions below.

TYPE OF ACCOUNT

ROUTING NUMBER

☐ **Checking** ☐ **Savings**

ACCOUNT NUMBER

DIRECT DEBIT REQUEST DATE

DIRECT DEBIT PAYMENT AMOUNT

\$.00

Box 4 Checkbox – Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

Box 5 Checkbox – Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, **you must mail a check to the Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016.**

PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2018, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- 6a ☐ I consent that my refund be directly deposited as designated in the electronic portion of my 2018 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b ☒ I do not want direct deposit of my refund or I am not receiving a refund.
- 6c ☐ I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 15, 2019, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize Self-Prepared
(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2018. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

PLEASE SIGN HERE	→	YOUR PEN AND INK SIGNATURE	DATE
	→	SPOUSE'S PEN AND INK SIGNATURE	DATE

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

Your First Name and Middle Initial 1 Rose		Last Name Kincade		Enter your SSN(s).	Your Social Security Number [] [] [] 3073	
Spouse's First Name and Middle Initial 1		Last Name			Spouse's Social Security No.	
Current Home Address - number and street, rural route 2 PO Box 31015				Apt. No.		Daytime Phone (with area code) 94 (812) 391-1915
City, Town or Post Office 3 Flagstaff		State AZ		ZIP Code 86003-1015		REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 81 PM 80 RCVD

Enter the amount of payment enclosed..... \$ 14 00

If you are mailing this payment

To ensure proper application of this payment, be sure that you:

- ✓ Do **not** send cash.
- ✓ Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN and "2018 Tax" on your payment.
- ✓ Include your payment with this form.
- ✓ **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

If you are making an electronic payment

You can make this 140V payment by eCheck or credit card!

American Express ♦ Visa ♦ Discover Card ♦ MasterCard

www.AZTaxes.gov

- ✓ Click on "Make a Payment" and select "140V" as the Payment Type.
- ✓ Do not mail this form. We will apply this payment to your account.

NOTE: To avoid interest and penalties you must pay the full amount of your tax by April 15, 2019. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.

Arizona Form

140

Resident Personal Income Tax Return

FOR CALENDAR YEAR

2018

82F ☐ Check box 82F if filing under extension OR FISCAL YEAR BEGINNING MM/DD/2018 AND ENDING MM/DD/20YY ☐ 66F

Your First Name and Middle Initial **1** Rose A Last Name Kincade Enter your SSN(s) Your Social Security Number 3073

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

Current Home Address - number and street, rural route **2** PO Box 31015 Apt. No. Daytime Phone (with area code) **94** (812) 391-1915

City, Town or Post Office **3** Flagstaff State AZ ZIP Code 86003-1015 Last Names Used in Last Four Prior Year(s) (if different) **97**

FILING STATUS		REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
4	<input type="checkbox"/> Married filing joint return 4a <input type="checkbox"/> Injured Spouse Protection of Joint Overpayment	88	
5	<input checked="" type="checkbox"/> Head of household: Enter name of qualifying child or dependent on next line: <u>Elizabeth R Kincade</u>		
6	<input type="checkbox"/> Married filing separate return: Enter spouse's name and Social Security Number above.		
7	<input type="checkbox"/> Single		
↓ Enter the number claimed. Do not put a check mark.			
8	<input type="checkbox"/> Age 65 or over (you and/or spouse)	81 PM	80 RCVD
9	<input type="checkbox"/> Blind (you and/or spouse)		
10	<input type="checkbox"/> Dependents: Do not include self or spouse.		
11	<input type="checkbox"/> Qualifying parents and grandparents		

If completing lines 8 through 11, also complete lines 39 through 42.

(Box 10): 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 2018	(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
10a	Elizabeth R Kincade		Daughter	12	<input type="checkbox"/>	<input type="checkbox"/>
10b	Austin Kincade		Nephew	12	<input type="checkbox"/>	<input type="checkbox"/>
10c					<input type="checkbox"/>	<input type="checkbox"/>

(Box 11): 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 2018	(e) ✓ if age 65 or over	(f) ✓ if died in 2018
11a					<input type="checkbox"/>	<input type="checkbox"/>
11b					<input type="checkbox"/>	<input type="checkbox"/>

12	Federal adjusted gross income (from your federal return)	12	24,532	00
13	Non-Arizona municipal interest.....	13		00
14	Partnership Income adjustment: See instructions	14		00
15	Total federal depreciation	15		00
16	Net capital (loss) derived from the exchange of legal tender: See instructions	16		00
17	Other Additions to Income: See instructions and include your own schedule.....	17		00
18	Subtotal: Add lines 12 through 17 and enter the total	18	24,532	00
19	Total net capital gain or (loss): See instructions	19	00	
20	Total net short-term capital gain or (loss): See instructions	20	00	
21	Total net long-term capital gain or (loss): See instructions	21	00	
22	Net long-term capital gain from assets acquired <i>after</i> December 31, 2011. See instructions. 22		0	00
23	Multiply line 22 by 25% (.25) and enter the result	23	0	00
24	Net capital gain derived from investment in qualified small business.....	24		00
25	Net capital gain derived from the exchange of legal tender: See instructions	25		00
This box may be blank or may contain a printed barcode of data from your return.				
26	Recalculated Arizona depreciation.....	26		00
27	Partnership Income adjustment	27		00
28	Interest on U.S. obligations.....	28		00
29	Exclusion for fed., AZ state or local govt. pensions ..	29		00
30	Arizona state lottery winnings on federal return ..	30		00
31	U.S. Social Security or Railroad Retirement Act..	31		00
32	Certain wages of American Indians.....	32		00
33	Pay received for being an active service member....	33		00
34	Net operating loss adjustment.....	34		00
35	Contributions to 529 College Savings Plans ..	35		00
36	Other Subtractions: See instructions.....	36		00
37	Subtract lines 23 through 36 from line 18..	37	24,532	00

Your Name (as shown on page 1) Rose A Kincade		Your Social Security Number [REDACTED] 3073	
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Exemptions	38 Enter the amount from page 1, line 37	38	24,532	00
	39 Age 65 or over: Multiply the number in box 8 by \$2,100	39		00
	40 Blind: Multiply the number in box 9 by \$1,500	40		00
	41 Dependents: Multiply the number in box 10 by \$2,300	41	4,600	00
	42 Qualifying parents and grandparents: Multiply box 11 by \$10,000	42		00
	43 Arizona adjusted gross income: Subtract lines 39 through 42 from line 38 and enter the difference	43	19,932	00
Balance of Tax	44 Deductions: Check box and enter amount. See instructions 44 <input type="checkbox"/> ITEMIZED 44 <input checked="" type="checkbox"/> STANDARD 44	44	10,613	00
	45 Personal exemptions: See instructions	45	4,400	00
	46 Arizona taxable income: Subtract lines 44 and 45 from line 43. If less than zero, enter "0"	46	4,919	00
	47 Compute the tax using amount on line 46 and Tax Table X, Y or Optional Tax Tables	47	127	00
	48 Tax from recapture of credits from Arizona Form 301, Part 2, line 36	48		00
	49 Subtotal of tax: Add lines 47 and 48 and enter the total	49	127	00
	50 Family income tax credit (from the worksheet - see instructions)	50		00
	51 Nonrefundable Credits from Arizona Form 301, Part 2, line 69	51		00
	52 Balance of tax: Subtract lines 50 and 51 from line 49. If the sum of lines 50 and 51 is greater than line 49, enter "0"	52	127	00
Total Payments and Refundable Credits	53 2018 AZ income tax withheld	53	38	00
	54 2018 AZ estimated tax payments.. 54a [REDACTED] 00 Claim of Right 54b [REDACTED] 00 Add 54a and 54b.. 54c	54c		00
	55 2018 AZ extension payment (Form 204)	55		00
	56 Increased Excise Tax Credit (from the worksheet - see instructions)	56	75	00
	57 Property Tax Credit from Form 140PTC	57		00
	58 Other refundable credits: Check the box(es) and enter the total amount..... 581 <input type="checkbox"/> 308-I 582 <input type="checkbox"/> 349 58	58		00
	59 Total payments and refundable credits: Add lines 53 through 58 and enter the total	59	113	00
Tax Due or Overpayment	60 TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52 and enter amount of tax due. Skip lines 61, 62 and 63	60	14	00
	61 OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpayment	61		00
	62 Amount of line 61 to be applied to 2019 estimated tax	62		00
	63 Balance of overpayment: Subtract line 62 from line 61 and enter the difference	63		00
Voluntary Gifts	64 - 74 Voluntary Gifts to:			
	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Solutions Teams Assigned to Schools 64 [REDACTED] 00 Child Abuse Prevention 66 [REDACTED] 00 Neighbors Helping Neighbors.. 69 [REDACTED] 00 I Didn't Pay Enough Fund..... 72 [REDACTED] 00 </div> <div style="width: 48%;"> Domestic Violence Shelter 67 [REDACTED] 00 Special Olympics 70 [REDACTED] 00 Sustainable State Parks and Road Fund..... 73 [REDACTED] 00 </div> <div style="width: 48%;"> Arizona Wildlife..... 65 [REDACTED] 00 Political Gift..... 68 [REDACTED] 00 Veterans' Donations Fund 71 [REDACTED] 00 Spay/Neuter of Animals.. 74 [REDACTED] 00 </div> </div>			
	75 Political Party (if amount is entered on line 68 - check only one): 751 <input type="checkbox"/> Democratic 752 <input type="checkbox"/> Green Party 753 <input type="checkbox"/> Libertarian 754 <input type="checkbox"/> Republican			
	76 Estimated payment penalty			
	77 771 <input type="checkbox"/> Annualized/Other 772 <input type="checkbox"/> Farmer or Fisherman 773 <input type="checkbox"/> Form 221 included			
	78 Add lines 64 through 74 and 76; enter the total.....			
	79 REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80			
	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see instructions. 79A <input type="checkbox"/> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> ROUTING NUMBER <input checked="" type="checkbox"/> C <input type="checkbox"/> Checking or <input checked="" type="checkbox"/> S <input type="checkbox"/> Savings </div> <div style="width: 48%;"> ACCOUNT NUMBER [REDACTED] </div> </div>			
Refund or Amount Owed	80 AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment, and include with your return			80
				14 00

PLEASE SIGN HERE	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.			
	YOUR SIGNATURE		DATE	
	SPOUSE'S SIGNATURE		DATE	
	Self Prepared		DATE	
	PAID PREPARER'S SIGNATURE		FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)	
	PAID PREPARER'S STREET ADDRESS		PAID PREPARER'S TIN	
	PAID PREPARER'S CITY		PAID PREPARER'S PHONE NUMBER	
	STATE		ZIP CODE	

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).
If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).