	Your I	Name (as shown on page 1) Your Social Security N	umber	
Subtractions cont. from page 1	43 44 45	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	44	00 00
Exemptions cor	46 47 48 49	Subtract lines 43, 44 and 45 from line 42. Enter the difference	46 00 00 00	00
Exen	50 51 52 53	Add lines 47, 48, and 49. Enter the total	52	00 00 00
Balance of Tax		If you checked box 53S and claim charitable contributions, check 54C Complete page 3. See instructions	55 56a	00 00 00 00
	57 58 59 60	Tax from recapture of credits from Arizona Form 301, Part 2, line 30 Subtotal of tax: Add lines 56a, 56b and 57. Enter the total	57 58 59	00 00 00 00
Total Payments and Refundable Credits	61 62 63 64	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"	62 63c	00 00 00 00
	65 66 67 68	Other refundable credits: Check the box(es) and enter the total amount	65 66 67	00 00 00 00
Tax Due or sifts Overpayment	69 70	Amount of line 68 to be applied to 2022 estimated tax Balance of overpayment: Subtract line 69 from line 68. Enter the difference 81 Voluntary Gifts to: Solutions Teams Assigned to Schools 71 00 Arizona Wildlife 72 00	69 . 70	00
Voluntary Gifts	82	Child Abuse Prevention73 00 Domestic Violence Services 74 00 Political Gift)	
Penalty	83 84 85	Estimated payment penalty	83	00
Refund or Amount Owed	86 87	REFUND: Subtract line 85 from line 70. If less than zero, enter amount owed on line 87 Direct Deposit of Refund: Check box 86A if your deposit will be ultimately placed in a foreign account; see instructions. 86A C Checking or Savings ACCOUNT NUMBER Savings AMOUNT OWED: Add lines 67 and 85. Make check payable to Arizona Department of Revenue; write your SSN, 140NR on		00
	1-3	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.		
SICN LEDE	-	YOUR SIGNATURE DATE OCCUPATION SPOUSE'S SIGNATURE DATE SPOUSE'S OCCUPATION	N	
	701	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) PAID PREPARER'S STREET ADDRESS PAID PREPARER'S	D'O TINI	
<u></u>	<u>.</u>	PAID PREPARER'S STREET ADDRESS PAID PREPARER () PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S CITY		NE 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.

ADOR 10177 (21)

AZ Form 140NR (2021)

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