

For calendar year _____ or fiscal year beginning _____ and ending _____ **86**

YOUR FIRST NAME AND INITIAL 1 Gregory		LAST NAME Davis		YOUR SOCIAL SECURITY NO.	
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL 1		LAST NAME		SPOUSE'S SOCIAL SECURITY NO.	
PRESENT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE		APT. NO. 153	DAYTIME PHONE (w/area code)	94 HOME PHONE (w/area code)	IMPORTANT You must enter your SSNs.

CITY, TOWN OR POST OFFICE 3 Mesa,	STATE AZ	ZIP CODE 85205	FOR DOR USE ONLY		
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Filing Status Residency Exemptions	Check box to indicate both filing and residency status:		Original Return	This Return	
	4	Married filing joint return	<input type="checkbox"/>	<input type="checkbox"/>	
	5	Head of household: Name of qualifying child or dependent _____	<input type="checkbox"/>	<input type="checkbox"/>	
	6	Married filing separate return. Enter spouse's Social Security Number above and full name here. ▶ _____	<input type="checkbox"/>	<input type="checkbox"/>	88
	7	Single	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	81 80
	8	Resident	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	9	Nonresident	<input type="checkbox"/>	<input type="checkbox"/>	
	10	Part-year resident	<input type="checkbox"/>	<input type="checkbox"/>	
	11	Part-year resident active military	<input type="checkbox"/>	<input type="checkbox"/>	
	12	Nonresident active military	<input type="checkbox"/>	<input type="checkbox"/>	
	13	Age 65 or over: Enter the number claimed	<input type="checkbox"/>	<input type="checkbox"/>	
	14	Blind: Enter the number claimed	<input type="checkbox"/>	<input type="checkbox"/>	
	15	Dependents: Enter the number claimed	<input type="checkbox"/>	<input type="checkbox"/>	
	16	Qualifying parents or ancestors: Enter the number claimed	<input type="checkbox"/>	<input type="checkbox"/>	

Original Form Filed: (Check only one)		97
1	Form 140	<input type="checkbox"/>
2	Form 140A	<input type="checkbox"/>
3	Form 140EZ	<input type="checkbox"/>
4	Form 140NR	<input type="checkbox"/>
5	Form 140PY	<input type="checkbox"/>
If 140NR or 140PY, enter corrected percentage of Arizona residency		86 %

IMPORTANT: You <u>must</u> enter an amount in columns (a), (b), and (c) for lines 17 and/or 18, lines 19 through 25, lines 27, 31, 32, 35, and lines 37 through 40.			
	ORIGINAL AMOUNT REPORTED (a)	AMOUNT TO BE ADDED OR SUBTRACTED (b)	CORRECTED AMOUNT (c)
17	Federal adjusted gross income	386,214 00	-3,679 00
18	Form 140NR and 140PY filers only: Enter Arizona gross income	00	00
19	Additions to income	00	00
20	Subtotal: Form 140, 140A, 140EZ filers: Add lines 17 and line 19. Form 140NR or 140PY filers: Add lines 18 and 19	00	00
21	Subtractions from income	00	00
22	Arizona adjusted gross income. Subtract line 21 from line 20	386,214 00	-3,679 00
23	Deductions (Itemized or standard)	38,610 00	38,610 00
24	Personal exemptions	2,100 00	2,100 00
25	Arizona taxable income. Subtract lines 23 and 24 from line 22	345,504 00	-44,389 00
26	Tax from tax rate table: <input type="checkbox"/> Table X or Y (140, 140NR or 140PY) <input type="checkbox"/> Optional Table (140, 140A or 140EZ)	00	00
27	Tax from recapture of credits from Arizona Form 301, Part II	00	00
28	Subtotal of tax. Add lines 26 and 27, column (c)	00	00
29	Clean Elections Fund Tax Reduction claimed on original return	00	00
30	Reduced tax. Subtract line 29 from line 28, column (c)	00	00
31	Family income tax credit	00	00
32	Credits from Arizona Form 301 or Forms 310, 321, 322 or 323	00	00
33	Credit type: Enter form number of each credit claimed: 33 3, 3, 3, 3	00	00
34	Subtract lines 31 and 32 from line 30	00	00
35	Clean Elections Fund Tax Credit. See instructions	00	00
36	Balance of tax. Subtract line 35 from line 34. If line 35 is more than line 34, enter zero	00	00
37	Payments (withholding, estimated, or extension)	00	4,035 00
38	Increased Excise Tax Credit	00	00
39	Property Tax Credit	00	00
40	Other refundable credits: 40A1 <input type="checkbox"/> 313 40A2 <input type="checkbox"/> 326 40A3 <input type="checkbox"/> 327 40A4 <input type="checkbox"/> 329 40A5 <input type="checkbox"/> 330	00	00
41	Payment with original return plus all payments after it was filed	00	11,426 00
42	Total payments and refundable credits. Add lines 37 through 41, column (c)	00	15,461 00
43	Overpayment from original return or as later adjusted. See instructions	00	00
44	Balance of credits: Subtract line 43 from line 42	00	15,461 00
45	REFUND/CREDIT DUE: If line 36 is less than line 44, subtract line 36 from line 44, and enter amount of refund/credit	00	15,461 00
46	Amount of line 45 to be applied to 2007 estimated tax. If zero, enter "0"	00	00
47	AMOUNT OWED: If line 36 is more than line 44, subtract line 44 from line 36, and enter the amount owed	00	00
<input type="checkbox"/> Payment enclosed. Check the box and attach payment.			
48	Is this amended return the result of a net operating loss? If "yes", check the box: 48 YES	82	99

ATTACH PAYMENT HERE. Attach any W-2s to back of last page of the return.

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