

Include with your return.

For the calendar year 2025 or fiscal year beginning MMDD2025 and ending MMDDYYYY.

Your Name as shown on Form 140, 140NR, 140PY or 140X

Your Social Security Number

Spouse's Name as shown on Form 140, 140NR, 140PY or 140X (if joint return)

Spouse's Social Security Number

Part 1 Current Year's Credit**A. Cash contributions made January 1, 2025 through December 31, 2025.**

- The QCO must be certified by the department **for 2025** to claim the contributions listed in Part A. *For more information, see page 1 of the instructions.*
- If you are married and filing separate returns, be sure to include **all** cash contributions made by you and your spouse.
- Do **not** include those cash contributions for which you or your spouse claimed a credit on the 2024 tax return.
- If you made cash contributions to more than three QCOs, complete the Continuation Sheet on page 3 and include it with the credit form. *If you made more than ten (10) cash contributions to the same QCO, see instructions.*

	(a) Date of Contribution MM/DD/2025	(b) Qualifying Charity Code	(c) Name of Qualifying Charity (Contributions to qualifying foster care charitable organizations are claimed on AZ Form 352)	(d) Cash Contribution
1	<u> </u> / <u> </u> / <u>2025</u>	<u> </u>		<u> </u> <u> </u>
2	<u> </u> / <u> </u> / <u>2025</u>	<u> </u>		<u> </u> <u> </u>
3	<u> </u> / <u> </u> / <u>2025</u>	<u> </u>		<u> </u> <u> </u>
4	If you made contributions to more than three QCOs, enter the amount from line 4h of the Continuation Sheet, otherwise enter "0"			4 <u> </u> <u> </u>
5	Total contributions made to QCOs during 2025: Add lines 1 through 4, column (d).			5 <u> </u> <u> </u>

B. Cash contributions made January 1, 2026 through April 15, 2026 for which you or your spouse are claiming a credit on the 2025 return.

- The charitable organization must be certified by the department **for 2026** to claim the contributions listed in Part B. *For more information, see page 1 of the instructions.*
- If you are married and filing separate returns, be sure to include **all** cash contributions made by you and your spouse.
- If you made cash contributions to more than three QCOs, complete the Continuation Sheet on page 3 and include it with the credit form. *If you made more than ten (10) cash contributions to the same QCO, see instructions.*

	(a) Date of Contribution MM/DD/2026	(b) Qualifying Charity Code	(c) Name of Qualifying Charity (Contributions to qualifying foster care charitable organizations are claimed on AZ Form 352)	(d) Cash Contribution
6	<u> </u> / <u> </u> / <u>2026</u>	<u> </u>		<u> </u> <u> </u>
7	<u> </u> / <u> </u> / <u>2026</u>	<u> </u>		<u> </u> <u> </u>
8	<u> </u> / <u> </u> / <u>2026</u>	<u> </u>		<u> </u> <u> </u>
9	If you made contributions to more than three QCOs, enter the amount from line 9h of the Continuation Sheet, otherwise enter "0".			9 <u> </u> <u> </u>
10	Total contributions made to the QCOs January 1, 2026 through April 15, 2026 for which you are claiming a credit on your 2025 return: Add lines 6 through 9, column (d).			10 <u> </u> <u> </u>
11	Add lines 5 and 10. Enter the total.			11 <u> </u> <u> </u>
12	Single taxpayers or heads of household, enter \$495. Married taxpayers, enter \$987.			12 <u> </u> <u> </u>
13	Total current year's credit: Enter the smaller of line 11 or line 12. In most cases, if you are married filing a separate return, enter one-half of the smaller of line 11 or line 12. See instructions.			13 <u> </u> <u> </u>

Your Name (as shown on page 1)	Your Social Security Number
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Part 2 Available Credit Carryover

	(a) Taxable Year from which you are carrying the credit	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract column (c) from column (b).
14	2020	00	00	00
15	2021	00	00	00
16	2022	00	00	00
17	2023	00	00	00
18	2024	00	00	00
19	Total Available Carryover: Add lines 14 through 18, column (d).			00

Part 3 Total Available Credit

20	Current year's credit: Enter the amount from Part 1, line 13. Also, enter this amount on <i>Arizona Form 301, Part 1, line 6, column (a)</i>	20	00
21	Available credit carryover from Part 2, line 19, column (d). Also, enter this amount on <i>Arizona Form 301, Part 1, line 6, column (b)</i>	21	00
22	Total Available Credit: Add line 20 and line 21. Also, enter this amount on <i>Arizona Form 301, Part 1, line 6, column (c)</i>	22	00

[Print Form](#)

Your Name (as shown on page 1)

Your Social Security Number

AZ Form 321- Credit for Contributions to Qualifying Charitable Organizations Continuation Sheet

Part 1 - Continued **Current Year's Credit**

If you need more space to list all qualifying charitable organizations (QCOs), complete additional sheets and enter those totals on the appropriate line(s) on page 1.

A. Cash contributions made January 1, 2025 through December 31, 2025.

	(a) Date of Contribution MM/DD/2025	(b) Qualifying Charity Code	(c) Name of Qualifying Charity (Contributions to qualifying foster care charitable organizations are claimed on AZ Form 352)	(d) Cash Contribution
4a	_ _ _ _ 2,0,2,5	_ _ _ _ _ _ _ _ _		00
4b	_ _ _ _ 2,0,2,5	_ _ _ _ _ _ _ _ _		00
4c	_ _ _ _ 2,0,2,5	_ _ _ _ _ _ _ _ _		00
4d	_ _ _ _ 2,0,2,5	_ _ _ _ _ _ _ _ _		00
4e	_ _ _ _ 2,0,2,5	_ _ _ _ _ _ _ _ _		00
4f	_ _ _ _ 2,0,2,5	_ _ _ _ _ _ _ _ _		00
4g	_ _ _ _ 2,0,2,5	_ _ _ _ _ _ _ _ _		00
4h	Add all amounts in column (d) and enter the total. Also, enter this amount on page 1, line 4.			00

B. Cash contributions made January 1, 2026 through April 15, 2026.

	(a) Date of Contribution MM/DD/2026	(b) Qualifying Charity Code	(c) Name of Qualifying Charity (Contributions to qualifying foster care charitable organizations are claimed on AZ Form 352)	(d) Cash Contribution
9a	_ _ _ _ 2,0,2,6	_ _ _ _ _ _ _ _ _		00
9b	_ _ _ _ 2,0,2,6	_ _ _ _ _ _ _ _ _		00
9c	_ _ _ _ 2,0,2,6	_ _ _ _ _ _ _ _ _		00
9d	_ _ _ _ 2,0,2,6	_ _ _ _ _ _ _ _ _		00
9e	_ _ _ _ 2,0,2,6	_ _ _ _ _ _ _ _ _		00
9f	_ _ _ _ 2,0,2,6	_ _ _ _ _ _ _ _ _		00
9g	_ _ _ _ 2,0,2,6	_ _ _ _ _ _ _ _ _		00
9h	Add all amounts in column (d) and enter the total. Also, enter this amount on page 1, line 9.			00

Print Form