

DO NOT STAPLE ANY ITEMS TO THE CLAIM.

You must file this form, or AZ Form 204, by April 15, 2015.

82F [] Check box 82F if filing under extension

95 [] Check box 95 if amending claim for tax year 2014

Personal information section including fields for names, addresses, birth dates, and social security numbers.

Enter your SSN(s)

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

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QUALIFICATIONS FOR CREDIT (Check the boxes that apply):

- 4 On December 31, 2014, were you renting or did you own? If you own a mobile home but rent the space, check "Rent"
5 Were you an Arizona resident for all of 2014?
6 Did you pay property taxes on your home, pay rent, or pay a combination of both in 2014?
7 Is this the only Property Tax Refund being claimed in your household?
8 Were you age 65 or older in 2014?
9 Did you receive Title 16, SSI payments in 2014?

81 PM 80 RCVD

INCOME

10 Total Household Income: Enter the amount from page 2, Part 1, line J, column 4

CREDIT

- 11 a If you lived alone, enter the amount of credit from page 2, Part 1, Schedule 1, and check the box
b If you lived with your spouse or one or more other persons, enter the amount of credit from page 2, Part 1, Schedule 2, and check the box
12 If you owned your property, enter property taxes actually paid during 2014.
13 If you rented, enter property taxes paid by your landlord on your portion of rents.
14 Total property taxes paid in 2014.
15 Amount of Property Tax Credit: Enter the smaller of line 11 or line 14.

16 If you have been claimed as a dependent on anyone else's tax return, complete the following:

Name Of Taxpayer Who Claimed You Social Security Number Address

If you are not claimed as a dependent on anyone else's tax return, turn the form over and complete Part 2. If someone else claims you as a dependent, skip lines 17 and 18, and complete line 19.

- 17 Credit for increased excise taxes from Form 140PTC, page 2, Part 2, line 6
18 Enter the number from page 2, Part 2, line 2, here
19 Total Credit: Add lines 15 and 17, and enter the total.

Direct Deposit of Refund: Check box 19A if your deposit will be ultimately placed in a foreign account; see instructions. 19A [] ROUTING NUMBER ACCOUNT NUMBER C [] Checking or S [] Savings

If this is your first claim for 2014, STOP HERE AND GO TO THE SIGNATURE BOX ON PAGE 2. If this is an amended claim, complete lines 20 through 22, and check the box at the top of the form.

AMENDED

- 20 Enter the amount from line 5 of the worksheet on page 6 of the instructions
21 Additional refund: If line 19 is larger than line 20, subtract line 20 from line 19
22 Amount to pay: If line 19 is less than line 20, subtract line 19 from line 20. Make check payable to Arizona Department of Revenue; write your SSN on payment, and include your payment with Form 140PTC

Continued on page 2

Your Name (as shown on page 1) _____ Your Social Security Number _____

Part 1 Schedule of Household Income		(1) YOU	(2) YOUR SPOUSE	(3) OTHER PERSONS	(4) TOTAL (1+2+3)
A	Salaries, wages, tips, etc., received in 2014.....				
B	Dividend and interest income received in 2014				
C	Business and farm income.....				
D	Gain or loss from sale or exchange of property				
E	Pension and annuity income. Include Arizona state and local retirement benefits, civil service, and military retirement. Do not include social security or railroad retirement benefits				
F	Rent and royalty income				
G	S corporation, partnership, estate, and trust income				
H	Alimony				
I	Other Income: Specify source on separate sheet.....				
J	Total household income: Add lines A through I in column (4). Enter here and on the front of this form, line 10				

Use the amount on line J, column 4, to compute your credit from the proper schedule below.

2014 Schedule 1 If you live alone, use this Schedule.				2014 Schedule 2 If you live with your spouse or another person, use this Schedule.			
Household Income	Tax Credit	Household Income	Tax Credit	Household Income	Tax Credit	Household Income	Tax Credit
\$ 0 - 1,750	\$502	\$ 2,751 - 2,850	\$256	\$ 0 - 2,500	\$502	\$ 4,001 - 4,150	\$256
1,751 - 1,850	479	2,851 - 2,950	234	2,501 - 2,650	479	4,151 - 4,300	234
1,851 - 1,950	457	2,951 - 3,050	212	2,651 - 2,800	457	4,301 - 4,450	212
1,951 - 2,050	435	3,051 - 3,150	189	2,801 - 2,950	435	4,451 - 4,600	189
2,051 - 2,150	412	3,151 - 3,250	167	2,951 - 3,100	412	4,601 - 4,750	167
2,151 - 2,250	390	3,251 - 3,350	145	3,101 - 3,250	390	4,751 - 4,900	145
2,251 - 2,350	368	3,351 - 3,450	123	3,251 - 3,400	368	4,901 - 5,050	123
2,351 - 2,450	345	3,451 - 3,550	100	3,401 - 3,550	345	5,051 - 5,200	100
2,451 - 2,550	323	3,551 - 3,650	78	3,551 - 3,700	323	5,201 - 5,350	78
2,551 - 2,650	301	3,651 - 3,750	56	3,701 - 3,850	301	5,351 - 5,500	56
2,651 - 2,750	279	3,751 and up	0	3,851 - 4,000	279	5,501 and up	0

Enter the amount of credit on the front of this form, line 11.

Part 2 Credit for Increased Excise Taxes

Do not complete Part 2 if you completed line 16 on page 1 of Form 140PTC. Do not complete Part 2 if you were sentenced for at least 60 days of 2014 to a county, state, or federal prison.

1 List dependents. See page 4 of the instructions.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2014
1a _____			
1b _____			
1c _____			

2 Enter total number of dependents listed on lines 1a through 1c **2** _____

3 If you are married filing a joint claim, enter the number "2" here. Otherwise, enter the number "1" **3** _____

4 Add the amount on line 2 and line 3, and enter the total **4** _____

5 Multiply the amount on line 4 by \$25, and enter the result **5** _____ **00**

6 Enter the smaller of line 5 or \$100. Also, enter this amount on Form 140PTC, page 1, line 17. **6** _____ **00**

I have read this return and any documents with it. Under penalties of perjury, I declare that 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.

PLEASE SIGN HERE

YOUR SIGNATURE _____ DATE _____ OCCUPATION _____

SPOUSE'S SIGNATURE _____ DATE _____ SPOUSE'S OCCUPATION _____

PAID PREPARER'S SIGNATURE _____ DATE _____ FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) _____

PAID PREPARER'S STREET ADDRESS _____ PAID PREPARER'S TIN _____

PAID PREPARER'S CITY _____ STATE _____ ZIP CODE _____ () _____

PAID PREPARER'S PHONE NUMBER _____

Mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138