

**ARIZONA FORM**  
**140ETX**

**Credit for Increased Excise Taxes - Amended Claim**

**2004**

YOUR FIRST NAME AND INITIAL <b>1</b>		LAST NAME	YOUR SOCIAL SECURITY NO.
IF A JOINT CLAIM, SPOUSE'S FIRST NAME AND INITIAL <b>1</b>		LAST NAME	SPOUSE'S SOCIAL SECURITY NO.
PRESENT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE <b>2</b>	APT. NO.	DAYTIME PHONE WITH AREA CODE	<b>↑ IMPORTANT ↑</b> You <b>must</b> enter your SSNs.
HOME ADDRESS CONTINUED <b>2</b>		HOME PHONE WITH AREA CODE <b>94</b>	
CITY, TOWN OR POST OFFICE <b>3</b>	STATE	ZIP CODE	<b>FOR DOR USE ONLY</b>

Name and address on original claim. If same, write "Same".

<b>88</b>	<b>80</b>
<b>81</b>	<b>80</b>

**Filing Status:**

	(a) Original Return	(b) This Return
<b>4</b> Married filing a joint claim.....	<b>4</b>	
<b>5</b> Head of household - name of qualifying child or dependent: _____	<b>5</b>	
<b>6</b> Married filing a separate claim. Enter spouse's Social Security Number above and full name here: _____	<b>6</b>	
<b>7</b> Single .....	<b>7</b>	

**Exemptions:**

<b>8</b> Dependents: Enter the number claimed.....	<b>8</b>	
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**9** List dependents you are claiming on this amended claim:

FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER
<b>9A1</b>		
<b>9A2</b>		
<b>9A3</b>		

<b>10</b> Total number of dependents entered on lines 9A1 through 9A3 .....	<b>10</b>	
<b>11</b> If you checked box 4 in column b, enter the number "2" here. If you checked box 5, 6, or 7 in column b, enter the number "1" here. ....	<b>11</b>	
<b>12</b> Add the amount on line 10 and line 11. Enter the total.....	<b>12</b>	
<b>13</b> Multiply the amount on line 12 by \$25. Enter the result. ....	<b>13</b>	
<b>14</b> Enter the smaller of line 13 or \$100.00 .....	<b>14</b>	
<b>15</b> Enter the amount from line 5 of the worksheet on page 2 of the instructions .....	<b>15</b>	
<b>16</b> Additional refund: If line 14 is larger than line 15, subtract line 15 from line 14 .....	<b>16</b>	
<b>17</b> Amount to pay: If line 14 is less than line 15, subtract line 14 from line 15. Make check payable to Arizona Department of Revenue; include SSN on your check. ....	<b>17</b>	

By signing this amended claim, I certify that I qualify to claim the increased excise tax credit and that I am not required to file an Arizona income tax return. I have read this claim. Under penalties of perjury, I declare that to the best of my knowledge and belief, it is 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 \_\_\_\_\_

▶ SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

▶ PAID PREPARER'S SIGNATURE \_\_\_\_\_ FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) \_\_\_\_\_

PAID PREPARER'S TIN \_\_\_\_\_ DATE \_\_\_\_\_ PAID PREPARER'S ADDRESS \_\_\_\_\_

**Mail this claim to: Arizona Department of Revenue, PO Box 29002, Phoenix, AZ, 85038-9002.**