

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		APT. NO.	DAYTIME PHONE (with area code)	<b>↑ IMPORTANT ↑</b> You must 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>ORIGINAL CLAIM</b>	NAME (If same, write "same")			<b>88</b>
	HOME ADDRESS			
	CITY, TOWN OR POST OFFICE			
			STATE	ZIP CODE
				<b>81</b>
				<b>80</b>

**Filing Status:** (check the appropriate box)

- |  |   | (a)<br>Original<br>Return | (b)<br>This<br>Return    |
|--|---|---------------------------|--------------------------|
| 4 Married filing a joint claim.....  | 4 | <input type="checkbox"/>  | <input type="checkbox"/> |
| 5 Head of household -<br>enter name of qualifying child or dependent: <input style="width:200px;" type="text"/>                                  | 5 | <input type="checkbox"/>  | <input type="checkbox"/> |
| 6 Married filing a separate claim - Enter spouse's<br>Social Security Number above and full name here: <input style="width:200px;" type="text"/> | 6 | <input type="checkbox"/>  | <input type="checkbox"/> |
| 7 Single .....   | 7 | <input type="checkbox"/>  | <input type="checkbox"/> |
| 8 Dependents: Enter the number claimed.....  | 8 | <input type="checkbox"/>  | <input type="checkbox"/> |

**Exemptions:**

- 9 List dependents you are claiming on this amended claim:

	FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER
9A1			
9A2			
9A3			

10 Total number of dependents entered on lines 9A1 through 9A3 .....	10	
11 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. ....	11	
12 Add the amount on line 10 and line 11. Enter the total.....	12	
13 Multiply the amount on line 12 by \$25. Enter the result. ....	13	
14 Enter the smaller of line 13 or \$100.00 .....	14	
15 Enter the amount from line 5 of the worksheet on page 2 of the instructions .....	15	
16 Additional refund: If line 14 is larger than line 15, subtract line 15 from line 14.....	16	
17 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. ....	17	

<b>PLEASE SIGN HERE</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.			
	→	YOUR SIGNATURE	DATE	OCCUPATION
	→	SPOUSE'S SIGNATURE	DATE	SPOUSE'S OCCUPATION
		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 52138, Phoenix, AZ, 85072-2138.**