

1 YOUR FIRST NAME AND INITIAL _____ LAST NAME _____ YOUR SOCIAL SECURITY NUMBER _____
 IF A JOINT CLAIM, SPOUSE'S FIRST NAME AND INITIAL _____ LAST NAME _____ SPOUSE'S SOCIAL SECURITY NUMBER _____

2 PRESENT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE _____ APT. NO. _____

3 CITY, TOWN OR POST OFFICE _____ STATE _____ ZIP CODE + 4 _____
 DAYTIME PHONE WITH AREA CODE _____ **94** HOME PHONE WITH AREA CODE _____

IMPORTANT
You must enter your SSNs.

FOR DOR USE ONLY

88 _____

81 _____ **80** _____

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

Filing Status: Fill in ovals completely. Example:

	(a) Original Return	(b) This Return	
4	<input type="radio"/>	<input type="radio"/>	Married filing a joint claim
5	<input type="radio"/>	<input type="radio"/>	Head of household: NAME OF QUALIFYING CHILD OR DEPENDENT _____
6	<input type="radio"/>	<input type="radio"/>	Married filing a separate claim. Enter spouse's Social Security Number above and full name here: FIRST NAME AND INITIAL _____ LAST NAME _____
7	<input type="radio"/>	<input type="radio"/>	Single

8 Dependents: Enter the number claimed.

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 filled in oval 4 in column b, enter the number "2" here. If you filled in oval 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	_____

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, Form 140ET, 1600 West Monroe, Phoenix, AZ, 85007-2650