

1 Your first name and initial _____ If a joint claim, spouse's first name and initial _____	Last name _____ Last name _____	Your Social Security Number _____ Spouse's Social Security Number _____
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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	<input type="checkbox"/>	<input type="checkbox"/>	Dependents: <i>Enter the number claimed.</i>
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	00
14 Enter the smaller of line 13 or \$100.00.....	14	00
15 Enter the amount from line 5 of the worksheet on page 2 of the instructions.....	15	00
16 Additional refund: If line 14 is larger than line 15, subtract line 15 from line 14.....	16	00
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	00

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 29075, Phoenix, AZ, 85038-9075.