ARIZONA FORM **140ET**

Credit for Increased Excise Taxes USE BLACK OR BLUE INK ONLY.

1	YOUR FIRS	T NAME AND INITIAL LAST NAME	YOUR SOCIAL SECURITY NUMBER
	IF A JOINT	LAIM, SPOUSE'S FIRST NAME AND INITIAL LAST NAME	SPOUSE'S SOCIAL SECURITY NUMBER
2	PRESENT I	OME ADDRESS - NUMBER AND STREET, RURAL ROUTE APT.	
Ļ			You must enter your SSNs.
3 CITY, TOWN OR POST OFFICE STATE ZIP CODE + 4 FOR DOR USE ONLY			
		E WITH AREA CODE 94 HOME PHONE WITH AREA CODE	
Filing Status: Fill in ovals completely. Example:			
4		Married filing a joint claim	
5		Head of household: NAME OF QUALIFYING CHILD OR DEPENDENT	81 80
6	6 O Married filing a separate claim. Enter spouse's Social Security Number above and full name here:		
0	FIRST NAME AND INITIAL		
7		Single	
Wł	no Can	Jse Form 140ET? File Form 140ET only if you meet the follo	wing:
1. You are not required to file an income tax return and you do not qualify for the property tax credit on Form 140PTC.			
	2. You were an Arizona resident during 2003.		
	. You are not claimed as a dependent by any other taxpayer. . You did not serve 60 or more days in a county, state or federal prison during 2003.		
	5. Your federal adjusted gross income is:		
0.	• \$25,000 or less if you are married filing a joint return; • \$12,500 or less if single;		
	• \$25,000 or less if you are filing as head of household; • \$12,500 or less if married filing a separate return.		
•	If you meet all of 1 through 5 above, you may claim a credit for increased excise taxes paid. Complete Form		
	140ET to figure your credit.		
•	 Do not file Form 140ET if you are filing an income tax return using Form 140, Form 140A, Form 140EZ or Form 140PY. You may claim this credit on those forms by completing the worksheet in the instructions for those forms. 		
Do not file Form 140ET if you are filing Form 140PTC. You may claim this credit on Form 140PTC. YES NO			
		read the above information, and I certify that I qualify to claim	
9	9 List dependents (see instructions). If married filing a joint claim, you may list up to 2 dependents. All other		
	claima	nts may list up to 3 dependents.	
		NAME LAST NAME	SOCIAL SECURITY NUMBER
9A1			
	A2		
		umber of dependents entered on lines 9A1 through 9A3	
	1 If you filled in oval 4, enter the number "2" here. If you filled in oval 5, 6, or 7, enter the number "1" here 11 2 Add the amount on line 10 and line 11. Enter the total 12		
		e amount on line 10 and line 11. Enter the total	
		he smaller of line 13 or \$100.00	
	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.			
ERE		SIGNATURE DATE	
ΗZ			
20	►	E'S SIGNATURE DATE	
PLEASE SIGN HERE	2. 00		
Ë		REPARER'S SIGNATURE FIRM'S	NAME (PREPARER'S IF SELF-EMPLOYED)
Ч			· · · · · · · · · · · · · · · · · · ·
PAID PREPARER'S TIN DATE PAID PREPARER'S ADDRESS			3
Mail this claim to: Arizona Department of Revenue, Form 140ET, 1600 West Monroe, Phoenix, AZ, 85007-2650.			

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