

Credit for Increased Excise Taxes

20	06

		- <u>r</u>				
YOI	JR FIRST NAME AND INITIAL 1	LAST NAME		YOUR SOCIAL SECURITY NO.		
	JOINT CLAIM, SPOUSE'S FIRST NAME AND INITIAL	LAST NAME		SPOUSE'S SOCIAL SECURITY NO.		
	J SENT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE APT. NO.	DAYTIME PHONE (wi	th area code)	↑ IMPORTANT ↑		
2]			You must enter your SSNs.		
_	ME ADDRESS CONTINUED	HOME PHONE (with a	area code)			
2		94				
CITY, TOWN OR POST OFFICE STATE ZIP CODE			FOR DOR USE ONLY			
Filir	g Status: (check the appropriate box)					
4	Married filing joint claim	_				
5	Head of household - <i>name of qualifying child or dependent</i> ►		88			
6	Married filing separate claim. <i>Enter spouse's Social Security</i>		_			
7	<i>Number above and full name here</i> ▶ Single					
			81	80		
	Can Use Form 140ET? File Form 140ET only if you me	-				
 You are not required to file an income tax return and you do not qualify for the property tax credit on Form 140PTC. You were an Arizona resident during 2006. You are not claimed as a dependent by any other taxpayer. You were not sentenced for at least 60 days of 2006 to a county, state, or federal prison. Your federal adjusted gross income is: \$25,000 or less if you are married filing a joint return; \$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 <i>all</i> 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. Yo	iu may ciaim this c		YES NO		
8	I have read the above information, and I certify that I quali	ify to claim this cre	dit on this form			
	List dependents (see instructions). If married filing a joint	•				
	claimants may list up to 3 dependents.					
	FIRST NAME LAST NAME			SOCIAL SECURITY NUMBER		
9 A	1					
9 A	2					
9 A	-					
	Total number of dependents entered on lines 9A1 through					
	If you checked box 4, enter the number "2" here. If you ch					
	Add the amount on line 10 and line 11. Enter the total					
	Multiply the amount on line 12 by \$25. Enter the result					
14	Enter the smaller of line 13 or \$100.00					
SIGN HERE	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					
Z		DAIL	00001 ATION			
	SPOUSE'S SIGNATURE	DATE	SPOUSE'S OCCUPA	TION		
PLEASE	PAID PREPARER'S SIGNATURE	FIRM'S NAI	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)			
0	PAID PREPARER'S TIN DATE	PAID PREPARER'S	ADDRESS			

Mail this claim to: Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138.