## ARIZONA FORM 140ET

## **Credit for Increased Excise Taxes**

2007

95	Check this box if amended for year 200	)7				
YO!	IR FIRST NAME AND INITIAL LAST NAME			YOUR SO	YOUR SOCIAL SECURITY NO.  SPOUSE'S SOCIAL SECURITY NO.	
_=	A JOINT CLAIM, SPOUSE'S FIRST NAME AND INITIAL	LAST NAME		SPOUSE'		
PRE	RESENT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE APT. NO. DAYTIME PHONE (v		th area code)   IMPORT		IMPORTANT 👚	
_=	ME ADDRESS CONTINUED	HOME PHONE (with	area code)	You <b>m</b>	ust enter your SSNs.	
2	<b>-</b>	94				
	=	P CODE		FOR DOR USE	ONLY	
<u> 3</u>			_			
	ng Status: (check the appropriate box)					
Ē	Married filing joint claim		_			
5	Head of household - <i>name of qualifying child or dependent</i> ►		88			
6	Married filing separate claim. Enter spouse's Social Security  Number above and full name here ▶					
7	Single		<b>⊣_</b>			
	o Can Use Form 140ET? <i>File Form 140ET only if you n</i>	neet the following:	81	80		
	(a) You are not required to file an income tax return and you		roperty tax credit	on Form 140PTC.		
	(b) You were an Arizona resident during 2007.	J	1 . 7			
	(c) You are not claimed as a dependent by any other taxpayer					
	(d) You were not sentenced for at least 60 days of 2007 to a contract of the c	county, state, or federal	prison.			
	(e) Your federal adjusted gross income is:	• \$12.500 om	loos if single.			
<ul> <li>\$25,000 or less if you are married filing a joint return;</li> <li>\$25,000 or less if you are filing as head of household;</li> <li>\$12,500 or less if single;</li> <li>\$12,500 or less if married filing a separate return.</li> <li>(f) If you meet ALL of items (a) through (e) above, you may claim this credit. Complete Form 140ET to figure your credit.</li> <li>(g) Do not file Form 140ET if you are filing an income tax return using Form 140, Form 140A, Form 140EZ or Form</li> </ul>						
	140PY. You may claim this credit on those forms by com					
	(h) Do not file Form 140ET if you are filing Form 140PTC.	You may claim this cree	dit on Form 140P	ГС.		
8	I have read the above information, and I certify that I q	ualify to claim this cre	edit on this form		8 ☐ YES ☐ NO	
9	List dependents (see instructions). If married filing a jo	oint claim, you may lis	st up to 2 depend	dents; all others m	ay list up to 3.	
	FIRST NAME LAST NAME		SOCIAL SEC	CURITY NUMBER		
	9A1					
	9A2					
	9A3					
	Total number of dependents entered on lines 9A1 through	•			10	
	If you checked box 4, enter the number "2" here. If you		•		11	
	12 Add the amount on line 10 and line 11. Enter the total					
	13 Multiply the amount on line 12 by \$25. Enter the result.					
14 Enter the smaller of line 13 or \$100.00					14	
	ROUTING NUMBER ACCOUNT NUMBER  98			Checking or		
14 41		O THE SIGNATUR		Savings Savings		
	his is your first claim for 2007, STOP HERE, AND GO his is an amended claim, <i>complete lines 15 through</i>					
$\overline{}$	nis is an amended claim, <i>complete lines 15 through</i> ENDED	17, and check the L	oox at trie top o	i the form.		
	Enter the amount from line 5 of the worksheet on page	3 of the instructions			15	
	Additional refund: If line 14 is larger than line 15, subtract line 14 from line 15					
	7 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 payn	nent			17	
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.					
三	<b>&gt;</b>				any knowledge.	
Z	VOLID CICALATURE	DATE		ATION	any knowledge.	
	YOUR SIGNATURE	DATE	OCCUP	ATION	any knowledge.	
SIGN	YOUR SIGNATURE				any knowledge.	
PLEASE SIG	YOUR SIGNATURE	DATE		ATION E'S OCCUPATION	any knowledge.	