140ET

Credit for Increased Excise Taxes

FOR CALENDAR YEAR 2009

9	₅ Check box 95 if ar	nended	for year 2009				
	our First Name and Initial		Last Name		Your Social Security No.		
Sp 1	pouse's First Name and Initial (if be	checked)	Last Name		Spouse's Social Security No.		
Pr	resent Home Address - number an	ural route Apt. No.	Daytime Pho	one (with area code)	Home Phone (with area code) 94		
Ci	ity, Town or Post Office	State	Zip Code			, 	
Fili	ing Status: (check the appro	opriate be	ox)		RE	VENUE USE ONLY. DO	NOT MARK IN THIS AREA
	4 Married filing joint return						
	5 Head of household	NAME OF QUALIFYING	CHILD OR DEPE	NDENT			
	$\overline{}$			ocial Security I	No above		
	6 Married filing separate return. Enter spouse's name and Soc 7 Single				88		
7 Single					<u> </u>		
Wh	no Can Use Form 140ET?						
File	e Form 140ET only if you meet th	he followi	ng:		81		80
(a) You are not required to file an income tax return and you do not qualify for the property tax credit on Form 140PTC.							
(b) You were an Arizona resident during 2009.							
	(c) You are not claimed as a dependent by any other taxpayer.						
	(d) You were not sentenced for at least 60 days of 2009 to a county, state, or federal prison.						
	(e) 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 single; \$12,500 or less if married filing a separate return. 						
	(f) If you meet ALL of items (a) through (e) above, you may claim this credit. Complete Form 140ET to figure your credit.						
	(g) 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.						
	(h) Do not file Form 140ET if you are filing Form 140PTC. You may claim this credit on Form 140PTC.						
Q	8 I have read the above information, and I certify that I qualify to claim this credit on this form						
	List dependents (see instructions). If married filing a joint claim, you may list up to 2 dependents; all others may list up to 3.						
9	FIRST NAME LAST NAME LAST NAME					ECURITY NUMBER	nay list up to 3.
	9A1		LASTINAME		300IAL 3	LCONTT NOMBER	
	9A2						
	9A3						
10	Total number of dependents entered on lines 9A1 through 9A3						
	If you checked box 4, <i>enter the number "2"</i> here. If you checked box 5, 6, or 7, <i>enter the number "1"</i> here 11						
	Add the amount on line 10 and line 11. Enter the total						
	Multiply the amount on line 12 by \$25. Enter the result						
	Enter the smaller of line 13 or \$100.00						
•	Direct Deposit of Refund: Check box 14A if your deposit will be ultimately placed in a foreign account; see instructions 14A						
	ROUTING NUMBER 98		COUNT NUMBER			Checking or	
If +	this is your first claim for 200	no STOE	HEDE AND GO T	O THE SIGN		Savings	
	this is an amended claim, co		•				
$\overline{}$	IENDED	inpiete ii	ines 15 through 11	, and onech	the box at the top	or the form.	
	Enter the amount from line 5	of the wo	orksheet on page 3	of the instruc	ctions		. 15
	Additional refund: If line 14 is larger than line 15, <i>subtract</i> line 15 from line 14						
	Amount to pay: If line 14 is less than line 15, <i>subtract</i> line 14 from line 15. <i>Enclose, but <u>do not attach,</u></i> check						
	made payable to Arizona Department of Revenue; <i>include SSN</i> on payment						
ERE	I have read this return and any attachments with it. Under penalties of perjury. I declare that to the best of my knowledge and belief						
SIGN HERE	YOUR SIGNATURE			DATE	OCCUPA	TION	
				DATE	SPOUSE	'S OCCUPATION	
PLEASE	PAID PREPARER'S SIGNATUR	RE	DATE		FIRM'S NAME (PREPAI	RER'S IF SELF-EMPLO	YED)
4	PAID PREPARER'S TIN	PAID PR	REPARER'S ADDRESS			PAID PRE	PARER'S PHONE NO.