)
	ATE.
C	2

Arizona Form 140ET Credit for Increased Excise Taxes

CALENDAR YEAR

95 Check box 95 if amended for year 2013			2013
Your First Name and Middle Initial	Last Name	Enter Yo	ur Social Security No.
Spouse's First Name and Middle Initial (if box 4 or 6 checked	l) Last Name	your SSN(s).	ouse's Social Security No
Current Home Address - number and street, rural route	Apt. No.	Daytime Pho	ne (with area code)
City, Town or Post Office State	ZIP Code		O NOT MARK IN THIS AREA
FILING STATUS (check the appropriate box):			
Married filing joint claim			
Head of household – Enter name of qualifying child or de	pendent on next line:		
6 Married filing separate claim. Enter spouse's name a	and Social Security No. above.	81 PM	80 RCVD
7 Single			
HO CAN USE FORM 140ET? File Form 140ET only	if you meet the following:		
property tax credit on Form 140PTC. 9) You were an Arizona resident during 2013. 10) You are not claimed as a dependent by any other taxpayer. 11) You were not sentenced for at least 60 days of 2013 to a county, state, or federal prison. 12) If you m.	o r less if single; 10 or less if you are filing as head c hold; 10 or less if married filing a separat eet ALL of items (a) through (e),	140A, Form 140Ez may claim this cre f completing the wo for those forms. e (h) Do not file Form 1	using Form 140, Form 2 or Form 140PY. You dit on those forms by rksheet in the instruction 40ET if you are filing u may claim this credit on
	claim this credit. Complete Form figure your credit.		
9 List dependents (see instructions). If married filing FIRST NAME 9A1 9A2 9A3 10 Total number of dependents entered on lines 9A1	S	OCIAL SECURITY NUMBER	
11 If you checked box 4, enter the number "2" here. I			
12 Add the amount on line 10 and line 11. Enter the t	total		12
13 Multiply the amount on line 12 by \$25. Enter the re			
14 Enter the smaller of line 13 or \$100.00 Direct Deposit of Refund: Check box 14A if your deposit will be ACCOUNT NUMBER 98 ACCOUNT NUMBER		— C Checking or	14 <u>(</u>
If this is your first claim for 2013, STOP HERE,	, AND GO TO THE SIGNATUR	S Savings Savings	
If this is an amended claim, complete lines 15	through 17, and check box 9	5 at the top of the forn	n.
AMENDED 15 Enter the amount from line 5 of the worksheet on p	page 3 of the instructions		15
16 Additional refund: If line 14 is larger than line 15, s	-		
17 Amount to pay: If line 14 is less than line 15, subtr			
Arizona Department of Revenue; include SSN on I have read this claim and any attachments with it. U			
true, correct and complete. Declaration of preparer ((other than taxpayer) is based on a	Il information of which prep	parer has any knowledge.
YOUR SIGNATURE	DATE	OCCUPATION	
SPOUSE'S SIGNATURE	DATE	SPOUSE'S OCCUPATION	
Щ	ATE FIRM'S NAME (PAID P	REPARER'S, IF SELF-EMPLOYED)
PAID PREPARER'S STREET ADDRESS		PAID PREPARER'S	TIN
DAID DDEDADEDIG CITY		DAID DDEDADEDIO	