| Arizon | a Form |
|--------|--------|
| 140    | PTC    |

## **Property Tax Refund (Credit) Claim**

FOR CALENDAR YEAR 2020

Continued on page 2 ->

You must file this form, or Arizona Form 204, by April 15, 2021. Check box 95 if amending claim for tax year 2020 82F Check box 82F if filing under extension Your First Name and Middle Initial Last Name Your Social Security Number Enter your Spouse's First Name and Middle Initial (if a joint claim) Spouse's Social Security No. Last Name SSN(s) Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) City, Town or Post Office ZIP Code State REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88 3 Your Date of Birth QUALIFICATIONS FOR CREDIT (Check the boxes that apply): 4 On December 31, 2020, were you renting or did you own? If you own a Rent Own mobile home but rent the space, check "Rent"..... 81 PM 80 RCVD **5** Were you an Arizona resident for all of 2020? No 6 Did you pay property taxes on your home, pay rent, or pay a combination of both in 2020? See instructions for qualifications. 7 Is this the only Property Tax Refund being claimed in your household? 8 Were you age 65 or older in 2020? Enter your birth date in box 79 above....... 8 9 Did you receive Title 16, SSI payments in 2020? If "Yes", include proof. If you answered "No" to both 8 and 9, **STOP**. You do not qualify....... **9** INCOME 00 10 Total Household Income: Enter the amount from page 2, Part 1, line J, column 4. **CREDIT** 11 a If you lived alone, enter the amount of credit from page 2, Part 1, Schedule 1, and **b** If you lived with your spouse or one or more other persons, enter the amount of 00 12 If you owned your property, enter property taxes actually paid during 2020. Include proof of 00 00 00 00 If you have been claimed as a dependent on anyone else's tax return, complete the following: Name Of Taxpayer Who Claimed You Social Security Number Address: If you are not claimed as a dependent on anyone else's tax return, turn the form over and complete Part 2. If someone else claims you as a dependent, skip lines 17 and 18, and complete line 19. 00 19 Total Credit: Add lines 15 and 17, and enter the total. See the instructions if you have to file 00 Arizona Form 140 or Form 140A ...... Direct Deposit of Refund: Check box 19A if your deposit will be ultimately placed in a foreign account; see instructions. 19A ROUTING NUMBER ACCOUNT NUMBER **C** ☐ Checking or **S**□ Savings If this is your first claim for 2020, STOP HERE AND GO TO THE SIGNATURE BOX ON PAGE 2. If this is an amended claim, complete lines 20 through 22, and check box 95 at the top of the form. 00 00 22 Amount to pay: If line 19 is less than line 20, subtract line 19 from line 20. Make check payable to Arizona Department of Revenue; write your SSN on payment, and include your payment with Form 140PTC. 00

| Your Name (as   | s shown on pag  | je 1)   |   |                                 |                                     | Your Social Security Number |                                       |                   |           |                      |  |
|---|---|---|---|---------------------------------|-------------------------------------|-----------------------------|---------------------------------------|-------------------|-----------|----------------------|--|
| Part 1  | Schedule of Household Income                                |   |   |                                 | (1)<br>YOU                          |                             | (2)<br>OUR SPOUSE                     | (3)<br>OTHER PERS | ONS TO    | (4)<br>TOTAL (1+2+3) |  |
| A Salaries  | , wages, tips   | etc., receive   | ed in 2020  |                                 | Α                                   |                             |                                       |                   |           |                      |  |
|   | -   |   | eived in 2020   |                                 |                                     |                             |                                       |                   |           |                      |  |
| C Business and farm income  |   |   |   |                                 | с                                   |                             |                                       |                   |           |                      |  |
| <b>D</b> Gain or le   | loss from sale  | e or exchang  | e of property   | 1                               | D                                   |                             |                                       |                   |           |                      |  |
|   |   | _   | lude Arizona state and loc  |                                 |                                     |                             |                                       |                   |           |                      |  |
| retirement benefits, civil service, and military retirement. Do   |   |   |   |                                 |                                     |                             |                                       |                   |           |                      |  |
| not inclu   | not include social security or railroad retirement benefits |   |   |                                 |                                     |                             |                                       |                   |           |                      |  |
| F Rent and royalty income   |   |   |   |                                 | F                                   |                             |                                       |                   |           |                      |  |
| <b>G</b> S corpora  | ration, partne  | rship, estate,  | , and trust income  | (                               | G                                   |                             |                                       |                   |           |                      |  |
| <b>H</b> Alimony  | H Alimony I   |   |   |                                 |                                     |                             |                                       |                   |           |                      |  |
|   |   | •   | separate sheet  |                                 |                                     |                             |                                       |                   |           |                      |  |
|   |   |   | s A through I in column (4  | ,                               |                                     |                             |                                       |                   |           |                      |  |
| Use   | e the amo   |   | ine J, column 4, t  | o comput                        | e your                              | credit fro                  |                                       |                   | ule be    | low.                 |  |
|   |   | 2020 Scl  |   | 1                               | 2020 Schedule 2                     |                             |                                       |                   |           |                      |  |
|   |   | 1   | use this Schedule.  | <del></del>                     | If you live with your spouse or a   |                             |                                       | m '               |           |                      |  |
|   | sehold<br>ome   | Tax<br>Credit   | Household Income  | Tax<br>Credit                   |                                     | ısehold<br>come             | Tax<br>Credit                         | Housel<br>Incon   |           | Tax<br>Credit        |  |
|   | - 1,750   | \$502   | \$ 2,751 - 2,850  | \$256                           |                                     | 0 - 2,500                   | \$502                                 | \$ 4,001 - 4      |           | \$256                |  |
| · ·   | - 1,850   | 479   | 2,851 - 2,950   | 234                             |                                     | 1 - 2,650                   | 479                                   | 4,151 - 4         | •         | 234                  |  |
| l '   | - 1,950   | 457   | 2,951 - 3,050   | 212                             |                                     | 1 - 2,800                   | 457                                   | 4,301 - 4         | •         | 212                  |  |
| ,   | - 2,050   | 435   | 3,051 - 3,150   | 189                             |                                     | 1 - 2,950                   | 435                                   | 4,451 - 4         | •         | 189                  |  |
| · ·   | - 2,150   | 412   | 3,151 - 3,250   | 167                             |                                     | 1 - 3,100                   | 412                                   | 4,601 - 4         | ,         | 167                  |  |
| _,.   | <b>-</b> , · - ·  |   | 0,  |                                 | - ,<br>I                            | ,                           | '                                     | -,-               | 1,1 -     |                      |  |
| 2,151   | - 2,250   | 390   | 3,251 - 3,350   | 145                             | 3,101                               | 1 - 3,250                   | 390                                   | 4,751 - 4         | 4 900     | 145                  |  |
|   | - 2,350   | 368   | 3,351 - 3,450   | 123                             | ·                                   | 1 - 3,400                   | 368                                   | 4,901 - 5         | ,         | 123                  |  |
|   | - 2,450   | 345   | 3,451 - 3,550   | 100                             | ′                                   | 1 - 3,550                   | 345                                   | 5,051 - 8         | •         | 100                  |  |
|   | - 2,550   | 323   | 3,551 - 3,650   | 78                              | ,                                   | 1 - 3,700                   | 323                                   | 5,201 - 8         | ,         | 78                   |  |
| · ·   | - 2,650   | 301   | 3,651 - 3,750   | 56                              |                                     | 1 - 3,850                   | 301                                   | 5,351 - 8         | ,         | 56                   |  |
|   | - 2,750   | 279   | 3,751 and up  | 0                               |                                     | 3,851 - 4,000 279           |                                       | 5,501 ar          | •         | 0                    |  |
|   |   |   | er the amount of  | credit on                       |                                     |                             | form, line                            |                   | •         |                      |  |
| Part 2  | Credit f  |   | sed Excise Taxes  |                                 |                                     |                             | ,                                     |                   |           |                      |  |
| Do not compl<br>a county, stat<br>on Form 140<br>or federal pris  | olete Part 2 if y<br>ate, or federal<br>OPTC, you car       | you complete<br>prison. <b>Note</b><br>nnot claim the | ed line 16 on page 1 of Foe: If you are filing a joint Foe Excise Tax Credit for yo | orm 140PTC.  <br>Property Tax C | Credit claim                        | n with your spo             | ouse, and you                         | are also claimi   | ng the Ex | cise tax credi       |  |
|   | (a)   |   |   | (b)<br>SOCIAL SECU              | JRITY NO.   RELATIONSHIP NO. OF MON |                             | (d)<br>MONTHS LIVED<br>R HOME IN 2020 |                   |           |                      |  |
|   |   |   |   | <u> </u>                        |                                     | <del></del>                 |                                       |                   |           |                      |  |
| . —   |   |   |   | <u> </u>                        |                                     | <del></del>                 |                                       |                   |           |                      |  |
|   |   |   |   |                                 |                                     | 1.405                       |                                       |                   |           |                      |  |
|   |   |   | sted on lines 1a through 1c   |                                 |                                     |                             |                                       |                   |           |                      |  |
| -   | -   |   | , enter the number "2" here   |                                 |                                     |                             |                                       |                   |           | ——                   |  |
|   |   |   | B, and enter the total  |                                 |                                     |                             |                                       |                   |           | 00                   |  |
|   |   | •   | 5, and enter the result   |                                 |                                     |                             |                                       |                   |           | 00                   |  |
|   |   |   | Also, enter this amount on  |                                 |                                     |                             |                                       |                   |           | lief they are        |  |
|   | , correct and o   |   | eclare that I have read thi<br>eclaration of preparer (oth                          |                                 |                                     |                             |                                       |                   |           |                      |  |
| true,  TOUR  TOUR | R SIGNATURE   |   |   |                                 | DATE OCCUPATION                     |                             |                                       |                   |           |                      |  |
| SPOU  | JSE'S SIGNATUR  | Œ   |   |                                 | DATE                                | SF                          | POUSE'S OCCUPA                        | ATION             |           |                      |  |
| PAID  | PREPARER'S SIG  | GNATURE   | DATE  | <u> </u>                        | FIRM'S NAM'                         | E (PREPARER'S I'            | IF SELF-EMPLOYE                       | <u>∃D)</u>        |           |                      |  |

PAID PREPARER'S TIN

PAID PREPARÉR'S PHONE NUMBER

ZIP CODE

STATE

PAID PREPARER'S STREET ADDRESS

PAID PREPARER'S CITY