| CLAIM. | Arizona Form 140PT |
|-----------|----------------------------|
| THEC | |
| \equiv | 82F Check box 82F |
| \succeq | Your First Name and Middle |
| S | |

Property Tax Refund (Credit) Claim

FOR CALENDAR YEAR 2017

| | You must file this form, o | _ | | - | | | | | | |
|----------|---|-----------------------|------------|---------|--------|----------|-----------------|---------|--------------------|-----------|
| | Check box 82F if filing under extension | 95 L C | Chec | ck bo | x 95 | if ame | nding c | | for tax yea | |
| You] | ur First Name and Middle Initial | Last Name | | | | | Enter | Your | Social Security | Numbe |
| Spo] | ouse's First Name and Middle Initial (if a joint claim) | Last Name | | | | | your SSN(s). | Spous | se's Social Sec | curity No |
| | rrent Home Address - number and street, rural route | | Ar | t. No. | | | Davtime | Phone | with area cod | de) |
|] | | | 1.4 | | | | 94 | | (| , |
| | y, Town or Post Office State | ZIP Cod | le | | | REVENUE | USE ONL | Y. DO N | OT MARK IN TH | IIS AREA |
| <u> </u> | in Date of Dieth | | | | | 00 | | | | |
| ٦. | ur Date of Birth | | | | | | | | | |
| Т | MIDDIAAA | | | | | | | | | |
| | JALIFICATIONS FOR CREDIT (Check the boxes that app | • • | _ | | | | | | | |
| 4 | On December 31, 2017, were you renting or did you own? If | | | Rent C | Dwn | | | | | |
| _ ا | mobile home but rent the space, check "Rent" | | | | ᆜᅥ | 81 PM | | | 80 RCVD | |
| 5 | Were you an Arizona resident for all of 2017? | | | | No | OTI PIVI | | | BU KCVD | |
| | If "No", STOP. You do not qualify | | . 5 | ш | ᄓ | | | | | |
| 6 | Did you pay property taxes on your home, pay rent, or pay a | combination of | | | ι | | | | | |
| | both in 2017? See instructions for qualifications. | | | | | | | | | |
| | If "No", STOP. You do not qualify | | . 6 | ш | Ш | | | | | |
| 7 | Is this the only Property Tax Refund being claimed in your ho | | | | | | | | | |
| | If "No", STOP. You do not qualify | | | | 님 | | | | | |
| | Were you age 65 or older in 2017? Enter your birth date in I | | . 8 | ш | Ш | | | | | |
| 9 | Did you receive Title 16, SSI payments in 2017? If "Yes", in | | | | | | | | | |
| | If you answered "No" to both 8 and 9, STOP . You do not qua | alify | . 9 | ш | Ш | | | | | |
| ı | COME | | | | | | | | | |
| 1 | Total Household Income: Enter the amount from page 2, Pa | irt 1, line J, columi | <u>n 4</u> | | | | | 10 | | 0 |
| ı | REDIT | | | | | | | | | |
| 11 | a If you lived alone, enter the amount of credit from page 2, | | | | | _ | | | | |
| | check the box | | | | | 11a 📙 | Schedule | 1 | | |
| | b If you lived with your spouse or one or more other person | | | | | _ | | | | |
| | credit from page 2, Part 1, Schedule 2, and check the box | | | | | 11b 📙 | Schedule | 2 11 | | 0 |
| 12 | If you owned your property, enter property taxes actually pai | - | | • | | | | | | |
| | property taxes paid during 2017 | | | | | | | | | 0 |
| | If you rented, enter property taxes paid by your landlord on y | | | | | | | | | 0 |
| 14 | Total property taxes paid in 2017. Add lines 12 and 13 | | | | | | | 14 | | 0 |
| | Amount of Property Tax Credit: Enter the smaller of line 1 | | | | | | | 15 | | 0 |
| 16 | If you have been claimed as a dependent on anyone else's t | tax return, comple | | | | | | | | |
| | Name Of Taxpayer Who Claimed You | | Soc | ial Sec | curity | 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 ar | nd 18, and comple | te line | e 19. | | | | _ | | |
| 17 | Credit for increased excise taxes from Form 140PTC, page | 2, Part 2, line 6. | | | | | ····· | 17 | | 0 |
| 18 | Enter the number from page 2, Part 2, line 2, here | | | | | | . 18 | | | |
| 19 | Total Credit: Add lines 15 and 17, and enter the total. See the instructions if you have to file | | | | | | | | | |
| | Arizona Form 140 or Form 140A | | | | | | | | | 0 |
| | Direct Deposit of Refund: Check box 19A if your deposit will be ultimately placed in a foreign account; see instructions. 19A | | | | | | | | | |
| | C Checking or Savings ROUTING NUMBER ACCOUNT NUMBER | | | | | | | | | |
| | Savings Savin | | | | | | | | | |
| L | this is an amended claim, complete lines 20 through 22, | | | | | | · | | | |
| AM | iended | | | | | | | | | |
| İ | Enter the amount from line 5 of the worksheet on page 6 of the | the instructions | | | | | | 20 | | 0 |
| | Additional refund: If line 19 is larger than line 20, subtract line | | | | | | | | | 0 |
| | Amount to pay: If line 19 is less than line 20, subtract line 19 | | | | | | | 41 | | |
| ~~ | Arizona Department of Revenue; write your SSN on paymer | | | | - | | OTC | 22 | | |
| | All/ona Deballilelli di Revenile, wille volit 220 on paviner | | 11 1121 | | | | | | | 10 |

| Your Name (as shown on page 1) | | | | | | Your Social Se | curity Number | | | | | |
|--------------------------------|------------------------|---|----------------|----------------|-----------------|--------------------|---------------------------------------|----------|-------------------|--|--|--|
| Part 1 Schedu | ıle of Hou | sehold Income | | | (1) ′OU | (2) YOUR SPOUSE | (3) OTHER PERSONS | тот | (4) AL (1+2+3) | | | |
| A Salaries, wages, tips | , etc., receive | d in 2017 | | Α | | | | | | | | |
| B Dividend and interes | t income rece | ived in 2017 | | В | | | | | | | | |
| C Business and farm in | ncome | | | с | | | | <u> </u> | | | | |
| D Gain or loss from sal | e or exchang | e of property | | D | | | | <u> </u> | | | | |
| E Pension and annuity | income. Incl | ude Arizona state and loc | al | | | | | | | | | |
| retirement benefits, o | civil service, a | nd military retirement. D | 0 | | | | | | | | | |
| not include social se | curity or railro | ad retirement benefits | | E | | | | | | | | |
| F Rent and royalty inco | ome | | | F | | | | | | | | |
| G S corporation, partne | ership, estate, | and trust income | | G | | | | ₩ | | | | |
| _ | | | | I | | | | + | | | | |
| - | • | separate sheet | | | | | | ₩ | | | | |
| | | s A through I in column (4 | • | | | | | | | | | |
| Use the am | | <u>ine J, column 4, t</u> | o compu | te your | credit fro | | |) belo |)W. | | | |
| | 2017 Sc | | | | 2017 Schedule 2 | | | | | | | |
| If yo Household | | use this Schedule. | T | | | | other person, use t | | | | | |
| Income | Tax Credit | Household Income | Tax Credit | | isehold come | Tax Credit | Household Income | ' | Tax Credit | | | |
| \$ 0 - 1,750 | \$502 | \$ 2,751 - 2,850 | \$256 | \$ (| 0 - 2,500 | \$502 | \$ 4,001 - 4,15 | 50 | \$256 | | | |
| 1,751 - 1,850 | 479 | 2,851 - 2,950 | 234 | 2,50 | 1 - 2,650 | 479 | 4,151 - 4,30 | 00 | 234 | | | |
| 1,851 - 1,950 | 457 | 2,951 - 3,050 | 212 | 2,65 | 1 - 2,800 | 457 | 4,301 - 4,45 | 50 | 212 | | | |
| 1,951 - 2,050 | 435 | 3,051 - 3,150 | 189 | 2,80 | 1 - 2,950 | 435 | 4,451 - 4,60 |)0 | 189 | | | |
| 2,051 - 2,150 | 412 | 3,151 - 3,250 | 167 | 2,95 | 1 - 3,100 | 412 | 4,601 - 4,75 | 50 | 167 | | | |
| | | | | | | | | | | | | |
| 2,151 - 2,250 | 390 | 3,251 - 3,350 | 145 | 3,10 | 1 - 3,250 | 390 | 4,751 - 4,90 |)0 | 145 | | | |
| 2,251 - 2,350 | 368 | 3,351 - 3,450 | 123 | 3,25 | 1 - 3,400 | 368 | 4,901 - 5,05 | 50 | 123 | | | |
| 2,351 - 2,450 | 345 | 3,451 - 3,550 | 100 | 3,40 | 1 - 3,550 | 345 | 5,051 - 5,20 |)0 | 100 | | | |
| 2,451 - 2,550 | 323 | 3,551 - 3,650 | 78 | 3,55 | 1 - 3,700 | 323 | 5,201 - 5,35 | 50 | 78 | | | |
| 2,551 - 2,650 | 301 | 3,651 - 3,750 | 56 | 3,70 | 1 - 3,850 | 301 | 5,351 - 5,50 |)0 | 56 | | | |
| 2,651 - 2,750 | 279 | 3,751 and up | 0 | 3,85 | 1 - 4,000 | 279 | 5,501 and ι | qı | 0 | | | |
| | Ent | er the amount of | credit on | the fro | nt of this | form, line | 11. | | | | | |
| Part 2 Credit f | or Increa | sed Excise Taxes | 3 | | | | | | | | | |
| a county, state, or federa | l prison. Not e | ed line 16 on page 1 of Fost: If you are filing a joint Is Excise Tax Credit for yo | Property Tax ∘ | Credit claim | ı with your sp | oouse, and you | are also claiming the | he Exci | se tax cred | | | |
| List dependents. See | the instruction | ns. | | | | | | | | | | |
| (a) | | | |) URITY NO. | (c) RELATION | | (d) MONTHS LIVED R HOME IN 2017 | | | | | |
| 1a | | · | | | | | | | | | | |
| 1b | | | | | | | | | | | | |
| 1c | | | | | | | | | | | | |

| | | (a) | (b) | (c) | (d) | | | | | |
|---------------|-------|---|--------------------------|---|---|---|----|--|--|--|
| | | FIRST AND LAST NAME (Do not list yourself or spouse.) | SOCIAL SECURITY NO. | RELATIONSHIP | NO. OF MONTHS LIVED IN YOUR HOME IN 2017 | | | | | |
| | 1a | , , , | | | | | | | | |
| | 1b | | | | | | | | | |
| | 1c | | | | | | | | | |
| 2 | Ente | er total number of dependents listed on lines 1a through 1c | c. Also, enter this amou | nt on Form 140PTC, p | age 1, line 18 2 | | | | | |
| 3 | If yo | u are married filing a joint claim, enter the number "2" here | e. Otherwise, enter the | number "1" | | | | | | |
| 4 | Add | the amount on line 2 and line 3, and enter the total | 4 | | | | | | | |
| 5 | Mult | iply the amount on line 4 by \$25, and enter the result | 5 | | 00 | | | | | |
| | | er the smaller of line 5 or \$100. Also, enter this amount on | | | | | 00 | | | |
| HERE | | Under penalties of perjury, I declare that I have read this true, correct and complete. Declaration of preparer (other) | | | | | re | | | |
| SIGN H | | YOUR SIGNATURE | DATE | OCCUPA | TION | | _ | | | |
| | | SPOUSE'S SIGNATURE | DATE | SPOUSE | 'S OCCUPATION | | _ | | | |
| PLEASE | j | PAID PREPARER'S SIGNATURE DATE | FIRM'S NA | FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) | | | | | | |
| 7 | | PAID PREPARER'S STREET ADDRESS | | | PAID PREPARER'S TIN | I | | | | |
| | | PAID PREPARER'S CITY STATE | PAID PREPARÉR'S PH | ONE NUMBER | - | | | | | |