	Arizona Form 140PTC Property	CALENDAR YEAR		
	You must file this form, Check box 82F if filing under extension	or AZ Form 204, by April 15, 2015. 95 Check box 95 if amending of	claim for tax yoar 201	
-	r First Name and Middle Initial	Last Name	Your Social Security Numb	
]		Enter		
_	use's First Name and Middle Initial (if a joint claim)	Last Name your	Spouse's Social Security N	
]		SSN(s).		
	rent Home Address - number and street, rural route	Apt. No. Daytime	Phone (with area code)	
]		94		
City	, Town or Post Office State	ZIP Code REVENUE USE ONL	Y. DO NOT MARK IN THIS ARE	
	r Date of Birth			
1	ΜΙΟΟΙΥΥΥΥ			
	ALIFICATIONS FOR CREDIT (Check the boxes that app			
	On December 31, 2014, were you renting or did you own? If			
	mobile home but rent the space, check "Rent"			
5	Were you an Arizona resident for all of 2014?	Yes No 81 PM	80 RCVD	
	If "No", STOP. You do not qualify			
6	Did you pay property taxes on your home, pay rent, or pay a	combination of		
	both in 2014? See instructions for qualifications.			
_	If "No", STOP . You do not qualify Is this the only Property Tax Refund being claimed in your ho			
'	If "No", STOP . You do not qualify			
8	Were you age 65 or older in 2014? Enter your birth date in t			
	Did you receive Title 16, SSI payments in 2014? If "Yes", <i>ir</i>			
	If you answered "No" to both 8 and 9, STOP. You do not qua			
IN	COME			
10	Total Household Income: Enter the amount from page 2, Pa	rt 1, line J, column 4	10	
	EDIT			
11	a If you lived alone, enter the amount of credit from page 2,			
	check the box			
	b If you lived with your spouse or one or more other persona credit from page 2, Part 1, Schedule 2, and check the box		2 11 0	
12	If you owned your property, enter property taxes actually pair			
	property taxes paid during 2014		12	
13	If you rented, enter property taxes paid by your landlord on y			
	Total property taxes paid in 2014. Add lines 12 and 13			
15	Amount of Property Tax Credit: Enter the smaller of line 1	1 or line 14	15	
16	If you have been claimed as a dependent on anyone else's t	· •		
	Name Of Taxpayer Who Claimed You	Social Security Number		
	Address:			
	If you are not claimed as a dependent on anyone else's tax r	raturn turn the form over and complete Part 2		
	If someone else claims you as a dependent, skip lines 17 an			
17	Credit for increased excise taxes from Form 140PTC, page		17	
	Enter the number from page 2, Part 2, line 2, here			
	Total Credit: Add lines 15 and 17, and enter the total. See			
	Arizona Form 140 or Form 140A		19	
	Direct Deposit of Refund: Check box 19A if your deposit will be ul	timately placed in a foreign account ; see instructions19 A		
	98		0I	
	If this is your first claim for 2014, STOP HERE AND GO T			
ΔΜ	this is an amended claim, complete lines 20 through 22, ENDED	and check the box at the top of the form.		
1	ENDED Enter the amount from line 5 of the worksheet on page 6 of t	he instructions		
	Additional refund: If line 19 is larger than line 20, subtract lin			
	Amount to pay: If line 19 is less than line 20, subtract line 19		-	
	Arizona Department of Revenue; write your SSN on paymen		22	

Your Name (as shown on page 1)				Your Social Security Number			
Ρ	art 1 Schedule of Household Income		(1) YOU YO	(2) OUR SPOUSE	(3) OTHER PERSONS	(4) TOTAL (1+2+3)	
Α	Salaries, wages, tips, etc., received in 2014	Α					
в	Dividend and interest income received in 2014	в					
С	Business and farm income	С					
D	Gain or loss from sale or exchange of property	D					
E	Pension and annuity income. Include Arizona state and local retirement benefits, civil service, and military retirement. Do not include social security or railroad retirement benefits	E					
F	Rent and royalty income	F					
G	S corporation, partnership, estate, and trust income	G					
н	Alimony	Н					
I	Other Income: Specify source on separate sheet	I					
J	Total household income: Add lines A through I in column (4). Enter her	e a	and on the front of this f	orm. line 10	J		

Use the amount on line J, column 4, to compute your credit from the proper schedule below.

2014 Schedule 1 If you live alone, use this Schedule.				2014 Schedule 2				
				· · · · · · · · ·	If you live with your spouse or another person, use this Schedule.			
Household Income	Tax Credit	Household Income	Tax Credit	Household Income	Tax Credit	Household Income	Tax Credit	
\$ 0 - 1,750	\$502	\$ 2,751 - 2,850	\$256	\$ 0 - 2,500	\$502	\$ 4,001 - 4,150	\$256	
1,751 - 1,850	479	2,851 - 2,950	234	2,501 - 2,650	479	4,151 - 4,300	234	
1,851 - 1,950	457	2,951 - 3,050	212	2,651 - 2,800	457	4,301 - 4,450	212	
1,951 - 2,050	435	3,051 - 3,150	189	2,801 - 2,950	435	4,451 - 4,600	189	
2,051 - 2,150	412	3,151 - 3,250	167	2,951 - 3,100	412	4,601 - 4,750	167	
2,151 - 2,250	390	3,251 - 3,350	145	3,101 - 3,250	390	4,751 - 4,900	145	
2,251 - 2,350	368	3,351 - 3,450	123	3,251 - 3,400	368	4,901 - 5,050	123	
2,351 - 2,450	345	3,451 - 3,550	100	3,401 - 3,550	345	5,051 - 5,200	100	
2,451 - 2,550	323	3,551 - 3,650	78	3,551 - 3,700	323	5,201 - 5,350	78	
2,551 - 2,650	301	3,651 - 3,750	56	3,701 - 3,850	301	5,351 - 5,500	56	
2,651 - 2,750	279	3,751 and up	0	3,851 - 4,000	279	5,501 and up	0	

Enter the amount of credit on the front of this form, line 11.

Credit for Increased Excise Taxes Part 2

Do not complete Part 2 if you completed line 16 on page 1 of Form 140PTC. Do not complete Part 2 if you were sentenced for at least 60 days of 2014 to a county, state, or federal prison.

1	List dependents. See page 4 of the instructions.					NO. OF MONTHS LI					
	FIRST AND LAST NAME	SOCIAL SECURITY		RITY NO. RELATIONS		IN YOUR HOME IN 2	2014				
	1a										
	1b										
	1c										
2	Enter total number of dependents listed on lines 1a	. 2									
3	If you are married filing a joint claim, enter the numb	. 3									
4	4 Add the amount on line 2 and line 3, and enter the total										
5	Multiply the amount on line 4 by \$25, and enter the result							00			
6	Enter the smaller of line 5 or \$100. Also, enter this	amount on	Form 14	10PTC, page	e 1, line 17		. 6	00			
PLEASE SIGN HERE	I have read this return and any documents with it. Under penaltie true, correct and complete. Declaration of preparer (other than ta YOUR SIGNATURE				based on all infor						
PLEASE	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) PAID PREPARER'S STREET ADDRESS PAID PREPARER										
	PAID PREPARER'S CITY ST	ATE	ZIF	P CODE		PAID PREPARÉR	R'S PHONE NUM	BER			

Mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138