| CLAIM.         | Arizona Form 140PT         |
|----------------|----------------------------|
| THE CI         |                            |
| 亡              | 82F Check box 82F          |
| S <sub>T</sub> | Your First Name and Middle |

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

FOR CALENDAR YEAR 2017

| _         |  | e this form, or A        |                            |           |         |                 |                 |          |                   |                     |
|-----------|--|--------------------------|----------------------------|-----------|---------|-----------------|-----------------|----------|-------------------|---------------------|
|           | Check box 82F if filing under  | extension                |                            | heck      | box 9   | 5 if ame        |                 |          | or tax year       |                     |
| Your Firs | st Name and Middle Initial   |                          | Last Name                  |           |         |                 | Enter           | Your S   | Social Security N | lumbe               |
| Spouse's  | s First Name and Middle Initial (if a joint  | claim)                   | Last Name                  |           |         |                 | your<br>SSN(s). | Spous    | e's Social Secu   | rity No             |
|           | Home Address - number and street, rura   | al route                 | <u> </u>                   | Apt. I    | Vο      |                 | Daytime P       | hone (   | with area code    | )                   |
|           |  |                          |                            | 7.00.     |         |                 | 94              |          |                   | ,                   |
|           | vn or Post Office  | State                    | ZIP Code                   | ;         |         | REVENUE         | USE ONLY.       | DO NO    | OT MARK IN THIS   | AREA                |
| Valua Dad | to of Digital  |                          |                            |           |         |                 |                 |          |                   |                     |
| 7         | te of Birth  |                          |                            |           |         |                 |                 |          |                   |                     |
| т —       | DDIYYYY  |                          |                            |           |         | 4               |                 |          |                   |                     |
| 1         | FICATIONS FOR CREDIT (Check th   |                          | •                          | _         |         |                 |                 |          |                   |                     |
|           | December 31, 2017, were you renting of   |                          |                            |           | nt Own  | 1               |                 |          |                   |                     |
| 1         | oile home but rent the space, check "Ren   |                          |                            |           |         | 81 PM           |                 |          | 80 RCVD           |                     |
|           | re you an Arizona resident for all of 2017   |                          |                            | Yes       |         | OII PIVI        |                 |          | BU KCVD           |                     |
| 1         | lo", STOP. You do not qualify  |                          |                            | 5         | л П     |                 |                 |          |                   |                     |
| l .       | you pay property taxes on your home, p   |                          | ombination of              |           |         |                 |                 |          |                   |                     |
|           | n in 2017? See instructions for qualificati  |                          |                            | ٦ _       | 1 🖂     |                 |                 |          |                   |                     |
|           | lo", STOP. You do not qualify  |                          |                            | 6 _       | л Ш     |                 |                 |          |                   |                     |
|           | nis the only Property Tax Refund being c   |                          |                            | - L       | 1 🖂     |                 |                 |          |                   |                     |
|           | lo", <b>STOP</b> . You do not qualify  |                          |                            |           |         |                 |                 |          |                   |                     |
|           | re you age 65 or older in 2017? Enter yo   |                          |                            | 8 _       | . Ц     |                 |                 |          |                   |                     |
|           | you receive Title 16, SSI payments in 20   |                          | •                          | ۰ ـ       | 1 🗆     |                 |                 |          |                   |                     |
| INCOM     | ou answered "No" to both 8 and 9, <b>STOF</b>  | . You do not quality     | /                          | 9         | . Ш     |                 |                 |          |                   |                     |
| I -       | IL  Al Household Income: Enter the amount  | from page 2 Part         | 1 lino L column            | 1         |         |                 |                 | 10       |                   | С                   |
| CREDI     |  | nom page 2, r art        | r, iirie o, coluiriiri     | 7         |         |                 |                 | 10       |                   |                     |
| 1         |  | adit from page 2. D      | art 1. Cabadula            | 1 and     |         |                 |                 |          |                   |                     |
|           | f you lived alone, enter the amount of cre<br>heck the box                                   |                          |                            |           |         | 44.             | ا داداد داداد   |          |                   |                     |
| l         |  |                          |                            |           |         | 11a 🗀           | Scriedule       |          |                   |                     |
|           | f you lived with your spouse or one or more fixedit from page 2, Part 1, Schedule 2, a       |                          |                            |           |         | 44b 🖂           | Sahadula 1      |          |                   | 0                   |
|           |  |                          |                            |           |         |                 | Scriedule 2     | 2 11     |                   |                     |
|           | ou owned your property, enter property to perty taxes paid during 2017                       |                          | -                          | -         |         |                 |                 | 12       |                   | 0                   |
|           |  |                          |                            |           |         |                 |                 |          |                   | 0                   |
|           | ou rented, enter property taxes paid by y<br>al property taxes paid in 2017. Add lines       |                          |                            |           |         |                 |                 |          |                   | 0                   |
| l         | ount of Property Tax Credit: Enter the   |                          |                            |           |         |                 |                 |          |                   | 0                   |
| ı         | bu have been claimed as a dependent of   |                          |                            |           |         |                 |                 | 15       |                   |                     |
|           | ne Of Taxpayer Who Claimed You   | il allyone else's tax    | return, complet            |           |         | y Number        |                 |          |                   |                     |
|           |  |                          |                            |           |         | ,               |                 |          |                   |                     |
| Add       | dress:   |                          | I.                         |           |         |                 |                 |          |                   |                     |
|           | ou are not claimed as a dependent on ar  | vone else's tay ret      | urn turn the form          | n over    | and cor | nnlete Part     | 2               |          |                   |                     |
| 1 1       | omeone else claims you as a dependent  | •                        | •                          |           |         | iipiete i ait   | ۷.              |          |                   |                     |
| l         |  |                          |                            |           |         |                 |                 | . 17     |                   | 0                   |
|           | dit for increased excise taxes <b>from Forr</b><br>er the number from page 2, Part 2, line 2 |                          |                            |           |         |                 | <b>I</b>        | ij '/' L |                   | 10                  |
| ı         | al Credit: Add lines 15 and 17, and enter  |                          |                            |           |         |                 | 10              | _        |                   |                     |
| ı         | cona Form 140 or Form 140A   |                          |                            |           |         |                 |                 | 19       |                   | С                   |
| Dire      | ect Deposit of Refund: Check box 19A if you  | ur deposit will be ultim | ately placed in a <b>f</b> | oreign a  | ccount  | ; see instructi | ons. 19A        | j. 13 _  |                   |                     |
|           | C☐ Checking or ROUTING NUMBER  | ACC                      | DUNT NUMBER                |           |         |                 |                 |          |                   |                     |
| 98        | S Savings  | IEDE AND CO TO           | THE SIGNATUR               |           | V ON D  | A O E O 15      |                 |          |                   |                     |
|           | is is your first claim for 2017, STOP I<br>is an amended claim, complete lines               |                          |                            |           |         |                 |                 |          |                   |                     |
| AMEND     |  | , y., -=, ui             | ccon and be                | 6//       | 56 0    |                 |                 |          |                   |                     |
| İ         | er the amount from line 5 of the workshe   | et on nage 6 of the      | instructions               |           |         |                 |                 | 20       |                   | 0                   |
| 1         | itional refund: If line 19 is larger than lir  |                          |                            |           |         |                 |                 |          |                   | 0                   |
| 1         | ount to pay: If line 19 is less than line 20   |                          |                            |           |         |                 |                 | 41       |                   | $\neg   \check{\ }$ |
| 1         | ona Department of Revenue; write your  |                          |                            |           |         |                 | TC              | 22       |                   | 0                   |
|           |  | payone,                  |                            | r = . j ( |         |                 |                 |          | Continued on p    |                     |

| Your Name (as shown on pa   | ge 1)                  |   |                |              |                | Your Social S      | ecurity Number       |                      |
|---|------------------------|---|----------------|--------------|----------------|--------------------|----------------------|----------------------|
| Part 1 Schedu   | ule of Hou             | sehold Income   |                |              | (1)<br>'OU     | (2)<br>YOUR SPOUSE | (3)<br>OTHER PERSONS | (4)<br>TOTAL (1+2+3) |
| A Salaries, wages, tips   | s, etc., receive       | d in 2017   |                | Α            |                |                    |                      |                      |
| B Dividend and interes  | t income rece          | ived in 2017  |                | В            |                |                    |                      |                      |
|   |                        |   |                |              |                |                    |                      |                      |
|   | •                      | e of property   |                | D            |                |                    |                      |                      |
| ,   |                        | ude Arizona state and loo   |                |              |                |                    |                      |                      |
| ·   |                        | nd military retirement. D   |                | _            |                |                    |                      |                      |
|   | •                      | ad retirement benefits  |                |              |                |                    |                      |                      |
| , ,   |                        |   |                |              |                |                    |                      |                      |
|   |                        | and trust income  |                |              |                |                    |                      |                      |
| -   |                        | separate sheet  |                |              |                |                    |                      |                      |
|   | •                      | separate sneet<br>s A through I in column (4  |                |              | front of thi   | s form line 10     |                      |                      |
|   |                        | ine J, column 4, 1  | •              |              |                |                    |                      | helow                |
| OSC the ani   | 2017 Sc                |   | .o compa       | o your       | or care ii     |                    | hedule 2             | DCIOW.               |
| If vo   |                        | use this Schedule.  |                | lf vou       | live with vo   |                    | nother person, use t | his Schedule.        |
| Household<br>Income   | Tax<br>Credit          | Household<br>Income   | Tax<br>Credit  | Hou          | sehold<br>come | Tax<br>Credit      | Household<br>Income  |                      |
| \$ 0 - 1,750  | \$502                  | \$ 2,751 - 2,850  | \$256          | \$ (         | ) - 2,500      | \$502              | \$ 4,001 - 4,15      |                      |
| 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            | 2,651        | 1 - 2,800      | 457                | 4,301 - 4,45         | 50 212               |
| 1,951 - 2,050   | 435                    | 3,051 - 3,150   | 189            | 2,801        | 1 - 2,950      | 435                | 4,451 - 4,60         | 00 189               |
| 2,051 - 2,150   | 412                    | 3,151 - 3,250   | 167            | 2,951        | 1 - 3,100      | 412                | 4,601 - 4,75         | 50 167               |
| 2,151 - 2,250   | 390                    | 3,251 - 3,350   | 145            |              | I - 3,250      | 390                | 4,751 - 4,90         |                      |
| 2,251 - 2,350   | 368                    | 3,351 - 3,450   | 123            |              | 1 - 3,400      | 368                | 4,901 - 5,05         |                      |
| 2,351 - 2,450   | 345                    | 3,451 - 3,550   | 100            | 3,401        | 1 - 3,550      | 345                | 5,051 - 5,20         |                      |
| 2,451 - 2,550   | 323                    | 3,551 - 3,650   | 78             | 1            | 1 - 3,700      | 323                | 5,201 - 5,35         |                      |
| 2,551 - 2,650   | 301                    | 3,651 - 3,750   | 56             |              | 1 - 3,850      | 301                | 5,351 - 5,50         |                      |
| 2,651 - 2,750   | 279                    | 3,751 and up  | 0              |              | 1 - 4,000      | 279                | 5,501 and u          | ıp 0                 |
|   |                        | er the amount of  |                | tne troi     | nt ot tni      | s torm, line       | 9 11.                |                      |
|   |                        | sed Excise Taxes  |                |              |                |                    |                      |                      |
| a county, state, or federa  | l prison. <b>Not</b> e | ed line 16 on page 1 of Fo<br>: If you are filing a joint<br>e Excise Tax Credit for yo | Property Tax ( | Credit claim | with your s    | spouse, and you    | are also claiming th | he Excise tax cred   |
| 1 List dependents. See  | the instruction        | ns.   |                |              |                |                    |                      |                      |
| (a) (b) (c) (d) FIRST AND LAST NAME SOCIAL SECURITY NO. RELATIONSHIP NO. OF MONTHS LIVED IN YOUR HOME IN 2017 |                        |   |                |              |                |                    |                      |                      |
| 1a  |                        | ·   |                |              |                |                    |                      |                      |
|   |                        |   |                |              |                |                    |                      |                      |
| 1c  |                        |   |                |              |                |                    |                      |                      |
|   |                        | sted on lines 1a through 1  | C Also enter t | his amount   | on Form 14     | INPTC nage 1 I     | ine 18 <b>2</b>      |                      |

|   |      | FIRST AND LAST NAME (Do not list yourself or spouse.)         | SOCIAL SECURITY NO.        | RELATIONSHIP            | IN YOUR HOME IN 2017 |     |                         |     |
|---|------|---|----------------------------|-------------------------|----------------------|-----|-------------------------|-----|
|   | 1a   |   |                            |                         |                      |     |                         |     |
|   | 1b   |   |                            |                         |                      |     |                         |     |
|   | 1c   |   |                            |                         |                      |     |                         |     |
| 2   | Ente | er total number of dependents listed on lines 1a through 10   | c. Also, enter this amount | on Form 140PTC, pa      | age 1, line 18 2     | 2   |                         |     |
| 3 If you are married filing a joint claim, enter the number "2" here. Otherwise, enter the number "1" |      |   |                            |                         |                      |     |                         |     |
| 4   | Add  | the amount on line 2 and line 3, and enter the total          |                            |                         | 4                    | 4   |                         | _   |
| 5   | Mult | iply the amount on line 4 by \$25, and enter the result       |                            |                         | E                    | 5   | 0                       | 00  |
| 6   | Ente | er the smaller of line 5 or \$100. Also, enter this amount on | Form 140PTC, page 1, li    | ne 17                   | 6                    | 6   | 0                       | 00  |
|   |      | Under penalties of perjury, I declare that I have read thi    | s return and any docume    | ents with it, and to th | e best of my knowle  | ede | ge and belief, they are | ∍ ] |

|        | Entor the emailer of line |   | mount on a | m non no, pago n | 11110 17              |                              |  |  |  |  |
|--------|---------------------------|---|------------|------------------|-----------------------|------------------------------|--|--|--|--|
|        |                           | Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |            |                  |                       |                              |  |  |  |  |
|        | YOUR SIGNATURE            |   |            | DATE             | OCCUF                 | PATION                       |  |  |  |  |
| 0 0    | SPOUSE'S SIGNATURE        |   |            | DATE             | SPOUS                 | SE'S OCCUPATION              |  |  |  |  |
| ASE    | PAID PREPARER'S SIGN      | IATURE  | DATE       | FIRM'S NA        | ME (PREPARER'S IF SEL |                              |  |  |  |  |
| ב<br>ב | PAID PREPARER'S STRI      | EET ADDRESS   |            |                  |                       | PAID PREPARER'S TIN          |  |  |  |  |
|        | PAID PREPARER'S CITY      | STA   | ГЕ         | ZIP CODE         |                       | PAID PREPARÉR'S PHONE NUMBER |  |  |  |  |