ADOR 91-5386f (05)

## **Credit for Employment of TANF Recipients**

For the calendar year 2005 or

fiscal year beginning (M,M,D,D,Y,Y,Y,Y) and ending (M,M,D,D,Y,Y, Υ<u>Υ</u>.

#### Attach to your return

YOUR SOCIAL SECURITY NO. OR FEDERAL EMPLOYER ID NO.

Part I B	usiness	Information
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ARIZONA FORM 320

- 1 Business name: \_ 2 Business location:

3 Federal Employer Identification Number:

NAME(S) AS SHOWN ON FORM 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X OR 165

#### Part II Net Increase in Qualified Employment Positions

- Average number of qualified employment positions during the current taxable year..... 4
- Average number of qualified employment positions during the immediately preceding taxable year 5
- 6 Net increase in the number of qualified employment positions: Subtract line 5 from line 4.....
- 7 Number of positions on line 6 that are eligible for any other income tax credit under Arizona law....
- 8 Maximum number of positions eligible for the credit: Subtract line 7 from line 6.....

#### Part III Qualifying New Employees

9	New employees hired during the year	9	L
10	Qualified new employees	10	
11	Maximum number of qualifying net new employees: Enter the smaller of line 8 or line 10	11	

### Part IV Credit Calculation for Qualifying Employees

		(a)	(b)	(C)	(d)
		No. of Qualifying Employees	Qualifying Wages	Percentage	Allowable Credit
		<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0	
12	Qualifying Net New Employees 12			25%	
13	Previously Qualified Employees in				
	the Second Year of Continuous				
	Employment 13			33 1/3%	
14	Previously Qualified Employees in				
	the Third Year of Continuous				
	Employment 14			50%	
15	TOTALS 15				

#### Part V S Corporation Credit Election and Shareholder's Share of Credit

16 The S corporation has made an irrevocable election for the taxable year ending  $[M,M_1D,D_1Y,Y,Y,Y]$  to: (Check only one box:)

Claim the credit, as shown on Part IV, line 15, column (d), for the taxable year mentioned above; OR

Title

Signature

Pass the credit, as shown on Part IV, line 15, column (d), for the taxable year mentioned above through to its shareholders.

If passing the credit through to the shareholders, complete lines 17 through 19 separately for each shareholder	Furnish
each shareholder with a copy of the completed Form 320.	

- 17 Name of shareholder:
- 18 Shareholder's TIN:
- Shareholder's share of the amount on Part IV, line 15, column (d) ..... 19

8

der.	Furi

Date

19

2005	
	-

#### Part VI Partner's Share of Credit

Complete lines 20 through 22 separately for each partner. Furnish each partner with a copy of the completed Form 320.

- 20 Name of partner: \_\_\_\_\_
- 21 Partner's TIN:
- 22 Partner's share of the amount on Part IV, line 15, column (d) .....

22

### Part VII Available Credit Carryover

	(a) Enter The Taxable Year From Which	(b)	(C)	(d) Available Carryover:
	You Are Carrying The Credit	Original Credit Amount	Amount Previously Used	Subtract column (c) from column (b)
23				
24				
25				
26				
27				
28		TOTAL AVAIL	ABLE CARRYOVER:	

### Part VIII Total Available Credit

29 Current year's credit: Individuals, corporations, or S corporations that are claiming the credit, enter the amount from Part IV, line 15, column (d). S corporation shareholders, enter the amount from Part V, line 19. Partners of a partnership, enter the amount from Part VI, line 22......
30 Available carryover from Part VII, line 28, column (d).....

31	Total available credit.	Add lines 29 and 30.	Enter the total here and on Form 300, Part I, line 11,	
	or Form 301, Part I, li	ne 12		

29	
30	
31	

Form 320-1 (2005)

## Qualifying Employees

If you have more than 25 qualifying employees, complete additional schedules.

[	(a)	(b)	(c)	(d)	(e)
	Employee's Name	Social Security Number	Date of Hire (MM/DD/YYYY)	Was this employee an Arizona resident on date of hire?	Was this employee receiving TANF benefits on date of hire?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

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## Form 320-2 (2005)

# Qualifying Employees for Which You are Taking a Credit

If you have more than 11 qualifying employees, complete additional schedules.

	(a)	(b)	<i>(Click to c</i> ) This employee is	(c) Type of Employee <i>(Click to check the appropriate box.)</i> his employee is a:		(d) Total Wages Less Wages Subsidized as Provided by	(e) Maximum Allowable Wages Enter the lesser of column (d) or the maximum allowed below.		
			1 <sup>st</sup> Year Employee	2 <sup>nd</sup> Year Employee	3 <sup>rd</sup> Year Employee	ARS §46-299 Paid to the Employee During the	Year 1 \$2000	Year 2 \$3000	Year 3 \$3000
ļ	Employee's Name	Social Security Number	c1	c2	c3	Current Taxable Year	e1	e2	e3
1									
2									
3									
4									
5									
J									
6									
7									
8									
9									
10									
11									
12	TOTAL: Add lines 1 through 11								