For the calendar year 2005 or
fiscal year beginning $\qquad$ and ending $\qquad$ U.

Attach to your return
NAME(S) AS SHOWN ON FORM 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X OR 165
YOUR SOCIAL SECURITY NO. OR FEDERAL EMPLOYER ID NO.

## Part I Business Information

1 Business name:
2 Business location: $\qquad$
3 Federal Employer Identification Number:

## Part II Net Increase in Qualified Employment Positions

4 Average number of qualified employment positions during the current taxable year
5 Average number of qualified employment positions during the immediately preceding taxable year
6 Net increase in the number of qualified employment positions: Subtract line 5 from line 4. $\qquad$
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 $\qquad$

| 4 |  |
| :--- | :--- |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |

## Part III Qualifying New Employees

9 New employees hired during the year
10 Qualified new employees

| 9 |  |
| ---: | :--- |
| 10 |  |
| 11 |  |

## Part IV Credit Calculation for Qualifying Employees

|  |  | (a) <br> No. of Qualifying Employees | (b) <br> Qualifying Wages | (c) <br> Percentage |  | (d) <br> Allowable Credit |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 12 | Qualifying Net New Employees ....... 12 |  | \$ | 25\% | \$ |  |
| 13 | Previously Qualified Employees in the Second Year of Continuous Employment. $\qquad$ |  | \$ | 33 1/3\% | \$ |  |
| 14 | Previously Qualified Employees in the Third Year of Continuous Employment. $\qquad$ |  | \$ | 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 $M, M, D, D, Y, Y, Y$ to: (Check only one box:)
$\square$ Claim the credit, as shown on Part IV, line 15, column (d), for the taxable year mentioned above; OR
$\square$ Pass the credit, as shown on Part IV, line 15, column (d), for the taxable year mentioned above through to its shareholders.
Signature Title ..... DateIf passing the credit through to the shareholders, complete lines 17 through 19 separately for each shareholder. Furnisheach shareholder with a copy of the completed Form 320.
17 Name of shareholder: $\qquad$
18 Shareholder's TIN: $\qquad$
19 Shareholder's share of the amount on Part IV, line 15, column (d) $\qquad$

## 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: $\qquad$
21 Partner's TIN: $\qquad$
22 Partner's share of the amount on Part IV, line 15, column (d) $\qquad$ 22

## Part VII Available Credit Carryover

|  | (a) <br> Enter The Taxable Year From Which You Are Carrying The Credit | (b) <br> Original Credit Amount | (c) <br> Amount Previously Used | (d) <br> Available Carryover: <br> Subtract column (c) from column (b) |
| :---: | :---: | :---: | :---: | :---: |
| 23 |  | \$ | \$ | \$ |
| 24 |  | \$ | \$ | \$ |
| 25 |  | \$ | \$ | \$ |
| 26 |  | \$ | \$ | \$ |
| 27 |  | \$ | \$ | \$ |
| 28 | TOTAL AVAILABLE CARRYOVER: |  |  | \$ |

## Part VIII Total Available Credit



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

|  | (a) <br> Employee's Name | (b) Social Security Number | (c) <br> Date of Hire (MMIDD/YYYY) | (d) <br> Was this employee an Arizona resident on date of hire? | (e) <br> Was this employee receiving TANF benefits on date of hire? |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1 |  |  |  | No | No |
| 2 |  |  |  | No | No |
| 3 |  |  |  | No | No |
| 4 |  |  |  | No | No |
| 5 |  |  |  | No | No |
| 6 |  |  |  | No | No |
| 7 |  |  |  | No | No |
| 8 |  |  |  | No | No |
| 9 |  |  |  | No | No |
| 0 |  |  |  | No | No |
| 1 |  |  |  | No | No |
| 2 |  |  |  | No | No |
| 13 |  |  |  | No | No |
| 14 |  |  |  | No | No |
| 15 |  |  |  | No | No |
| 16 |  |  |  | No | No |
| 17 |  |  |  | No | No |
| 18 |  |  |  | No | No |
| 19 |  |  |  | No | No |
| 20 |  |  |  | No | No |
| 21 |  |  |  | No | No |
| 22 |  |  |  | No | No |
| 23 |  |  |  | No | No |
| 24 |  |  |  | No | No |
| 25 |  |  |  | No | No |

## Qualifying Employees for Which You are Taking a Credit

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

| (a) <br> Employee's Name |  | (b) | (c)Type of Employee(Click to check the appropriate box.)This employee is a: |  |  | (d) <br> Total Wages Less Wages Subsidized as Provided by ARS §46-299 Paid to the Employee During the Current Taxable Year | (e) <br> Maximum Allowable Wages <br> Enter the lesser of column (d) or the maximum <br> allowed below. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | $\begin{gathered} 1^{\text {st }} \text { Year } \\ \text { Employee } \\ \text { c1 } \\ \hline \end{gathered}$ | $\begin{gathered} \hline 2^{\text {nd }} \text { Year } \\ \text { Employee } \\ \text { c2 } \\ \hline \end{gathered}$ | $\begin{gathered} 3^{\text {rd }} \text { Year } \\ \text { Employee } \\ \text { c3 } \\ \hline \end{gathered}$ | $\begin{gathered} \text { Year } 1 \\ \$ 2000 \\ \mathrm{e} 1 \end{gathered}$ |  | $\begin{gathered} \text { Year 2 } \\ \$ 3000 \\ e 2 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Year 3 } \\ \$ 3000 \\ \text { e3 } \end{gathered}$ |
| 1 |  |  |  | $\square$ | $\square$ | $\square$ |  |  |  |  |
| 2 |  |  | $\square$ | $\square$ | $\square$ |  |  |  |  |
| 3 |  |  | $\square$ | $\square$ | $\square$ |  |  |  |  |
| 4 |  |  | $\square$ | $\square$ | $\square$ |  |  |  |  |
| 5 |  |  | $\square$ | $\square$ | $\square$ |  |  |  |  |
| 6 |  |  | $\square$ | $\square$ | $\square$ |  |  |  |  |
| 7 |  |  | - | $\square$ | $\square$ |  |  |  |  |
| 8 |  |  |  | - | $\square$ |  |  |  |  |
| 9 |  |  | $\square$ | $\square$ | $\square$ |  |  |  |  |
| 0 |  |  | $\square$ | $\square$ | $\square$ |  |  |  |  |
| 1 |  |  | $\square$ | $\square$ | $\square$ |  |  |  |  |
|  | Add lines 1 throug | .......................... | ............. | .............. | ........... |  |  |  |  |

## Reset Form

