Credit for Qualified Health Insurance Plans

To claim this credit, the taxpayer must employ at least 2 and not more than 50 employees who are Arizona residents.

For the calendar year 2012 or fiscal year beginning $[M,M_1D,D_1Y,Y,Y,Y]$ and ending $[M,M_1D,D_1Y,Y,Y,Y]$.

		Attach to your return.			
Your Name	Your Name as shown on Form 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X or 165 Your Social			I Security or Identification Number	
Spouse's N	ame as shown on Form 140, 140Pነ	′, 140NR, 140X (<i>if a joint return</i>)	Spouse's Sc	ocial Security Number	
Part I	Business Information Business name:			_	
2	Business location:			_	
3	Employer Identification Numb	er:		_	
Part II 4 5 6	paid at least \$360 Allowable credit per employee	es enrolled in a qualified health insurance plan 		4 5 6	
Part III 7	The S corporation has made a M.M.D.D.Y.Y.Y.Y to (a Claim the credit for qualit taxable year mentioned OR Pass the credit for qualit	fied health insurance plans, as shown on Par	nding rt II, line 6 for the		
		Title to the shareholders, complete lines 8 through hareholder with a copy of pages 1 and 2 of F			
8 9 10	Name of shareholder: Shareholder's TIN: Shareholder's share of the an	nount on Part II, line 6		-	
Part IV	Partner's Share of Cree	dit			
	If passing the credit through to partner with a copy of pages	o the partners, complete lines 11 through 13 s 1 and 2 of Form 347.	separately for each parti	ner. Furnish each	
11				-	
12 13		on Part II, line 6		13	
15					

Part V Available Credit Carryover

Since 2012 is the first year this credit is available, there is no carryover amount to claim for taxable year 2012.

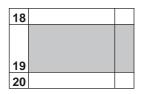
	(a) Carryover From Taxable Year Ending	(b) Enter the Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract column (c) from column (b).
4				
15				
6				
17	TOTAL AVAILABLE	.00		

Part VI Total Available Credit

- **18** Current year's credit: Individuals, corporations, or S corporations that are claiming the credit, *enter the amount from Part II, line 6....*
 - S corporation shareholders: Enter the amount from Part III, line 10.
 - Partners of a partnership: Enter the amount from Part IV, line 13.
- 19 Available carryover from Part V, line 17, column (d)
- 20 Total Available Credit: *Add* lines 18 and 19.....

• Corporations, including S corporations that are claiming the credit, *enter the total* here and on Form 300, Part I, line 22.

• Individuals, enter the total here and on Form 301, Part I, line 28.



Form 347-1 (2012)

Qualified Employees for Which You Are Claiming a Credit

(To qualify, the amount in column (c) must be at least \$360 for each employee listed.)

(a)		(b)	(C)
Name of Qualified En (must be an Arizona r	nployee esident)	Social Security Number	Employer's Amount of Expenses for: •Employee's Qualified Health Insurance Plan, and •Employee's Health Savings Account
			.00
			.00
			.00
			.00
			.00
			.00
,			.00
			.00
			.00
			.00
			.00
			.00
			.00
			.00
			.00
			.00
,			.00
			.00
			.00
			.00
Number of Qualified Employees:			
Enter the total number of qualified em than 20 employees, enter the total from			

If you have more than 20 qualifying employees, complete additional schedules.