Include with your return.

For the calendar year 2017 or fiscal year beginning (M, M) D, D, 2, 0, 1, 7) and ending (M, M) D, D, 2, 0, Y, Y).

Name as shown on Form 14	), 140PY, 140NR	, 140X, 99T, 12	0, 120A,	120S,	120X, or 165	Social Security or Employer Identification Number
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### Part 1 Business Information

1	Business Name		
2	Business Location Address — Street		
	City	State	ZIP Code
3	Employer Identification Number		
4	Name of Military Reuse Zone		

Part 2 Net Increase in Employment	
5 Average employment during the current taxable year	5
6 Employment baseline for preceding taxable year	6
7 Net increase in employment: Subtract line 6 from line 5. Enter the difference	

### Part 3 Maximum Number of New Employees

	Dislocated military base employees. Enter the number of new employees who are dislocated military base employees	8	
	military base employees	9	
10	Total number of new employees. Add line 8 and line 9. Enter the total	10	
11	Net increase in employment. Enter the number from Part 2, line 7	11	
12	Maximum number of new employees. Enter the lesser of line 10 or line 11	12	

### Part 4 Credit Calculation for Dislocated Military Base Employees

		(a) Number of Dislocated Military Base	(b) Credit Allowed Per Employee	(c) Allowable Credit:	:
		Employees		Multiply column (a) I column (b).	by
13	New employees in the first year of employment		\$1,000		00
14	Employees in the second year of continuous employment		\$1,500		00
15	Employees in the third year of continuous employment		\$2,000		00
16	Employees in the fourth year of continuous employment		\$2,500		00
17	Employees in the fifth year of continuous employment		\$3,000		00
18	Credit passed through from partnerships on Form(s) 306-P, Part 2,	line 4			00
19	Credit passed through from S corporations on Form(s) 306-S, Part 2	2, line 4			00
20	Add lines 13 through 19 in column (c). Enter the total				00

Name (as shown on page 1	)
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### Part 5 Credit Calculation for Non-Dislocated Military Base Employees

		(a)	(b)	(C)	
		Number of	Credit Allowed Per	Allowable Credit	:
		Non-Dislocated Military	Employee		
		Base Employees		Multiply column (a)	by
				column (b).	
21	New employees in the first year of employment		\$500		00
22	Employees in the second year of continuous employment		\$1,000		00
23	Employees in the third year of continuous employment		\$1,500		00
24	Employees in the fourth year of continuous employment		\$2,000		00
25	Employees in the fifth year of continuous employment		\$2,500		00
26	Credit passed through from partnerships on Form(s) 306-P, Part 2,	line 6			00
27	Credit passed through from S corporations on Form(s) 306-S, Part	2, line 6			00
28	Add lines 21 through 27 in column (c). Enter the total				00

### Part 6 Partnerships

A partnership claiming this credit must pass it through to its partners.

- Complete Form 306-P for each partner.
- Provide a completed copy of Form 306-P to each partner.
- Include a copy of each completed Form 306-P with your tax return.
- Keep a copy of each completed Form 306-P for your records.

#### Part 7 S Corporation Credit Election and Shareholder's Share of Credit

29	The S corporation has made an irrevocable election for the taxable year ending M.M.D.D.Y.Y.Y.Y. to	
	(check only one box):	

29a □ Claim the military reuse zone credit shown on Part 4, line 20, column (c) and Part 5, line 28, column (c) (for the taxable year indicated above); OR

**29b** Pass the military reuse zone credit shown on Part 4, line 20, column (c) and Part 5, line 28, column (c) (for the taxable year indicated above) through to its shareholders.

Signature	Title	Date

If passing the credit through to the shareholders, complete Form 306-S for each shareholder.

- Provide a completed copy of Form 306-S to each shareholder.
- Include a copy of each completed Form 306-S with your tax return.
- · Keep a copy of each completed Form 306-S for your records.

Continued on page 3 →

Name (as shown on page 1)	EIN

Part 8 Available Credit Carryover

		(a)	(b)	(C)	(d)	(e)
30	Taxable year					
31	Original credit amount	00	00	00	00	00
32	Amount	00	00	00	00	00
33	previously used Tentative carryover: Subtract line 32	00	00	00	00	00
	from line 31	00	00	00	00	00
34	Amount unallowable: See instructions	00	00	00	00	00
35	Available carryover: Subtract line 34					
	from line 33	00	00	00	00	00
36	Total Available Carryove	r				00

# Part 9 Total Available Credit

37	Current year's credit for dislocated military base employees:		
	• Individuals, C corporations, S corporations that elected to claim the credit at the corporate level, or		
	exempt organizations with UBTI: Enter the amount from Part 4, line 20, column (c).		
	• Partnerships: Enter "0".		
	• S corporations that elected to pass the current year credit for disloacted military base employees		
	through to shareholders: Enter "0".	37	00
38	Current year's credit for non-dislocated military base employees:		
	• Individuals, C corporations, S corporations that elected to claim the credit at the corporate level, or		
	exempt organizations with UBTI: Enter the amount from Part 5, line 28, column (c).		
	Partnerships: Enter "0".		
	• S corporations that elected to pass the current year credit for non-dislocated military base employees		
	through to shareholders: Enter "0".		
	Individuals: Enter the total of lines 37 and 38 (total current year credit) on		
	Form 301, Part 1, line 3, column (a).		
	• C corporations, S corporations that elected to claim the credit at the corporate level, and exempt		
	organizations with UBTI: Enter the total of lines 37 and 38 (total current year credit) on		
	Form 300, Part 1, line 3, column (a)	38	00
39	Enter the available credit carryover from Part 8, line 36, column (e):		
	• Individuals: Also enter this amount on Form 301, Part 1, line 3, column (b).		
	• C corporations, S corporations that elected to claim the credit at the corporate level, and exempt		
		39	00
40	<b>Total available credit:</b> Add lines 37, 38 and 39 and enter the total.		
τv	Individuals: Also enter the total on Form 301, Part 1, line 3, column (c).		
	• C corporations, S corporations that elected to claim the credit at the corporate level, and exempt	40	00
	organizations with UBTI: Also enter the total on Form 300, Part 1, line 3, column (c)	40	00

Name (as shown on Form 306)	EIN	
		Page of
Form 306-1	All New Dislocated Military Base Emp	loyees 2017

### If you have more than 25 new dislocated military base employees, complete additional schedules.

	(a) Employee Name	(b) Social Security Number	(c) Date of Hire or Transfer
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
14			
15			
16			
17			
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22			
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24			
25			

Name (as shown on Form 306)	EIN	
		Page of
Form 306-2	Dislocated Military Base Employees Claimed	d 2017

# **Dislocated Military Base Employees Claimed**

# If you are claiming more than 25 dislocated military base employees, complete additional schedules.

	(a) Employee Name	(b) Social Security	(c) Check the appropriate box. This employee is a: 1st Year   2nd Year   3rd Year   4th Year   5th Yea				
		Number	1st Year	2nd Year	3rd Year	4th Year	5th Year
-			(c)1	(c)2	(c)3	(c)4	Employee (c)5
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
				<u> </u>			
24							
25 26	TOTAL: Add lines 1 through 25. Enter the total here						

Name (as shown on Form 306)	EIN	
		Page of
Form 306-3 All New Non-Dislocated Mi	litary Base Employees	2017
If you have more than 25 new non-dislocated military base employed	es, complete additional schedu	les.
(a) Employee Name	(b) Social Security Number	(c) Date of Hire or Transfer
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
13		
14		
15		
16		
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		_		
Name (as shown on Form 306)	EIN	1		
		_		
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Non-Dislocated Military Base Employees Claimed

Form 306-4

2017

## If you are claiming more than 25 non-dislocated military base employees, complete additional schedules.

	(a)	(b) Social Security	(c) Check the appropriate box. This employee is a: 1st Year   2nd Year   3rd Year   4th Year   5th Year				
	Employee Name	Social Security Number	Check the	appropriate	box. This of and Yoar	employee is	s a: 5th Year
		Number	Employee	Employee	Employee	Employee	Employee
			(c)1	(c)2	(c)3	(c)4	(c)5
1							
2							
2							
3							
4							
-							
5							
6							
7							
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8							
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16							
47							
17							
18							
19							
20							
21							
22							
23							
24							
<b>c</b> -							
25		~~					
	TOTAL: Add lines 1 through 25. Enter the total here						