Arizona Form 332

Credit for Employment by a Healthy Forest Enterprise

2021

Include with your return.

Fo	r the calendar year 2021 or fiscal year begini	ning (M, M, D, I	12.0.2.1	and	ending M , 1	MiD.	D
	NOTE: This credit is	no longer avail	able to corpor	ate ta	axpayers.		
	All businesses must be certified by the Ari applying for this credit.	zona Commerc	e Authority an	d the	Departmen	t of R	evenue before
	ne as shown on Form 140, 140PY, 140NR, 140X, 140-SE X-SBI or 165	BI, 140PY-SBI, 140N	R-SBI,	Social	Security or Em	ployer I	dentification Number
Pai	t 1 Healthy Forest Enterprise Informat	ion					
1	Name of Healthy Forest Enterprise:						
	L						
2	Employer identification number:						
3	Reserved						
4	Check one box to indicate the year this form represents	s for claiming the em	ployment credit				
	under A.R.S. § 43-1076:						
	☐ First Year ☐ Second Year ☐ Third Year	☐ Fourth Year	Fifth Year	Sixth	Year or more		
Pai	t 2 Average Number of Full-Time Emp	lovees					
5	Average number of full-time employees in the healthy f		ng the current taxal	ole yea	ar	5	
6	Average number of full-time employees in the healthy f		-	-			
	taxable year					6	
7	Net increase in average number of full-time employees	: Subtract line 6 fror	m line 5. Enter the	differe	nce	7	
Par	t 3 Net Increase in Qualified Employm	ent Positions					
8	Total number of filled, qualified employment positions of		year			8	
9	Net increase in average number of full-time employees		•			9	
10	Net increase in qualified employment positions for this					10	
Da	t 4	Employment Da	naitiana				
Par						11	200
11 12	Maximum number of filled, qualified employment position Maximum number of new qualified employment position		•	1		11	200
12	Enter the lesser of line 10 or line 11	, ,				12	
Pai	t 5 Employment Credit Calculation	T	I				
		(a) Number of Qualifying Employees	(b) Qualifying Wag	es	(c) Percentage	е	(d) Allowable Credit
					<u> </u>		
13	Qualified new employees			00	25%		00
14	Previously qualified employees in the second year of						

Continued on page 2 →

00

00

00

00

00

33.33%

50%

16 Employment credit passed through from

Pai	t 6 Recapture of the Employment Credit			
18	Enter the taxable year in which the certification of the business as a healthy forest enterprise was revoked or terminated	18	YYYY	
19	Enter the first taxable year in which the employment credit for healthy forest enterprises was allowed	19	YYYY	
20	Number of years between when the employment credit was first allowed and when the certification was revoked or terminated	20		
21	Enter the recapture percentage based on the number of years entered on line 20. See instructions	21		%
22	Enter the total amount of all employment credits previously allowed	22		00
23 24	Recapture of employment credit for healthy forest enterprises. Multiply line 22 by the percentage on line 21. Enter the result Enter the total amount of the credit subject to recapture passed through to you from:	23		00
	Partnerships from Form 332-P, Part 3, line 8.	24		00
25	Add lines 23 and 24. Enter the total. This is the total amount of the employment credit subject to recapture	25		00
Pai				_
26	Enter the taxable year in which the certification of the business as a healthy forest enterprise was revoked or terminated	26	YYYY	_
27	Enter the first taxable year in which the training credit for healthy forest enterprises was allowed	27	YYYY	_
28	Number of years between when the training credit was first allowed and when the certification was revoked or terminated	28		
29	Enter the recapture percentage based on the number of years entered on line 28. See instructions	29		%
30	Enter the total amount of all training credits previously allowed	30		00
31 32	Recapture of training credit for healthy forest enterprises. Multiply line 30 by the percentage on line 29. Enter the result Enter the total amount of the credit subject to recapture passed through to you from:	31		00
	Partnerships from Form 332-P, Part 3, line 11	32		00
33	Add lines 31 and 32. Enter the total. This is the total amount of the training credit subject to recapture	33		00

EIN

Part 8 Partner's Share of Credits and Credit Recaptures

Name (as shown on page 1)

Partnerships qualifying for the credit **must** pass it through to their individual partners. When passing the credit through to your individual partners, complete Form 332-P for each individual partner.

- Provide a copy of completed Form 332-P to each individual partner.
- Include a copy of each Form 332-P completed with your tax return.
- Keep a copy of each completed Form 332-P for your records.

After completing a Form 332-P for each individual partner, STOP. Do not complete the remainder of this form.

34	Enter the taxable year(s) in which you took an employment credit or credit carryover for a disqualified healthy forest enterprise:		
35	Enter the total amount of the employment credit originally allowed	35	00
36	Enter the total amount of the employment credit to be recaptured from Part 6, line 25	36	00
37	Subtract line 36 from line 35 and enter the difference. This is the amount of current employment credit allowable	37	00
38	Amount of employment credit on line 35 that you have claimed on prior years' returns	38	00
39	Subtract line 38 from line 37 and enter the difference. If the difference is POSITIVE: This is the amount of employment credit carryover you have remaining for use in future years.		
	 Adjust the amounts in Part 11, lines 46 through 50, column (d) so the total amount on line 51 equals the amount of the credit carryover remaining for use in future years. See instructions. If the difference is NEGATIVE: 		
	This is the amount of employment credit carryover you must recapture.		
	 Adjust the amounts in Part 11, lines 46 through 50, column (d) to "0". There is no carryover amount for the employment credit. See instructions. 		
	• Individuals: Also, enter this amount as a POSITIVE number on Form 301, Part 2, line 29. (If you have a recapture		
	of the employment credit <i>and</i> the training credit, add the amounts on Part 9, line 39 and Part 10, line 45. Enter the		
	total on Form 301, Part 2, line 29.)	39	00
D	December Opposition Condition		
Par	t 10 Recapture Summary for Training Credit		
40	Enter the taxable year(s) in which you took a training credit or credit carryover for a disqualified healthy forest enterprise:		
41	Enter the total amount of the training credit originally allowed	41	00
42	Enter the total amount of the training credit to be recaptured from Part 7, line 33	42	00
43	Subtract line 42 from line 41 and enter the difference. This is the amount of current training credit allowable	43	00
44 45	Amount of credit on line 41 that you have claimed on prior years' returns	44	00
	This is the amount of training credit carryover you have remaining for use in future years.		
	• Adjust the amounts in Part 12, lines 52 through 54, column (d) so the total amount on line 55 equals the amount of		
	the credit carryover remaining for use in future years. See instructions.		
	If the difference is NEGATIVE:		
	This is the amount of training credit carryover you must recapture.		
	• Adjust the amounts in Part 12, lines 52 through 54, column (d) to "0". There is no carryover amount for the employment credit. See instructions.		
	• Individuals: Also, enter this amount as a POSITIVE number on Form 301, Part 2, line 29. (If you have a recapture		
	of the employment credit and the training credit, add the amounts on Part 9, line 39 and Part 10, line 45. Enter the		

EIN

Name (as shown on page 1)

Name (as shown on page 1)	EIN

Part	11 Available Employment Credit Carr	yover			
	(a)	(b)	(c)	(d)	
	Taxable Year	Original Credit Amount	Amount Previously Used Expired or Recaptured	Available Credit Carryover:	
				Subtract column (c) from column (b).	
46		00	00	00	
47		00	00	00	
48		00	00	00	
49		00	00	00	
50		00	00	00	
51	Total Available Carryover: Add lines 46 through 50 in	column (d). Enter the total	51	00	

Par	Available Training Credit Carryover	-			
	(a)	(b)	(c)	(d)	
	Taxable Year	Original Credit Amount	Amount Previously Used Expired or Recaptured	Available Credit Carryover:	
				Subtract column (c) from column (b).	
52		00	00	00	
53		00	00	00	
54	Total Available Carryover: Add lines 52 through 54 in ca	54	00		

Part 13 Total Available Credit

Га	10tal Available Credit		
55	Current year's employment credit:		
	• Individuals: Enter the amount from Part 5, line 17, column (d)		
	• Partnerships: Enter "0".		
	• Individuals that did not make the Small Business Income election: Also, enter this amount on Form 301,		
	Part 1, line 13, column (a)		
	• Individuals that made the Small Business Income election: Also, enter this amount on Form 301-SBI,		
	Part 1, line 9, column (a)	55	00
56	Enter the available employment credit carryover from Part 11, line 51, column (d), if any	56	00
57	Enter the available training credit carryover from Part 12, line 54, column (d), if any.		
	• Individuals that did not make the Small Business Income election: Also enter the total of lines 56 and 57		
	(total carryover) on Form 301, Part 1, line 13, column (b)		
	• Individuals that made the Small Business Income election: Also enter the total of lines 56 and 57 (total		
	carryover) on Form 301-SBI, Part 1, line 9, column (b)	57	00
58	Total available credit: Add lines 55 through 57.		
	• Individuals that did not make the Small Business Income election: Also, enter this amount on Form 301,		
	Part 1, line 13, column (c)		
	• Ilndividuals that made the Small Business Income election: Also enter this amount on Form 301-SBI,		
	Part 1 line 9 column (c)	58	00

Name	(as shown on Form 332)	EIN		Page ∟	of
	Form 332-1 Qualified Employees of Healthy	Forest 6	Enterprise		2021
	lete a Form 332-1 for each qualified employee of the Healthy Forest Enterprisctions for Form 332) about providing the requested information in an alternative		ructions for Forn	n 332-1 (inc	luded with
1	Employee name:			1	
2	Employee's taxpayer identification number (TIN)	L		ı	
3	Did employee reside in Arizona on date of hire?	☐ Yes	□ No		
4	Brief description of employee's job duties:				
5	Current date of employment	ıM MıD	DIX X X XI		
6	If employee was previously employed by the business, list the previous date of employment. See instructions.		DIA A A A		
7a	Is the employee in a permanent full time position?	☐ Yes	□ No		
7b	If the answer to line 7a is "Yes", list the number of hours the employee actually worked during the taxable year	•	1		
7c	If the answer to line 7b is less than 1550 hours annually, explain:				
8	Employee's annual compensation for the taxable year			. \$	00
9a	Total cost of health insurance provided by employer for employee. See instruct	ions		. \$	00
9b	Total cost of health insurance for employee paid by employer. See instructions.			. \$	00
10	Is this employee in a new qualified employment position?	☐ Yes	□No		

Check only one box: ☐ First year employee ☐ Second year employee ☐ Third year employee

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Name (as shown on Form 332):			TIN:					Page ∟	of
Form 332-2	Qualified Em	ployees for Which	You are	Taking t	he Emp	loyment Credit			2021
	(a) Employee's Name	(b) Social Security Number	Ту	(c) pe of Employ appropriate	yee	(d) Total Wages Paid to the Employee During the Current Tax Year	Enter the les	(e) um Allowable sser of columi m allowed bel	n (d) or
			(c1) 1 st Year Employee	(c2) 2 nd Year	(c3) 3 rd Year Employee		(e1) Year 1 \$2000	(e2) Year 2 \$3000	(e3) Year 3 \$3000
1						00			
2						00			
3						00			
4						00			
5						00			
6						00			
7						00			
8						00			
9						00			
10						00			
11						00			
12						00			
13						00			
14						00			
(c3), and ento	c), add the number of employees in eacer the total for each column on line 15. (d) and (e), add the amounts in each co-column on line 15	olumn and enter the	i			00			