Include with your return.

For the calenda 2022 ~ ~ ~ ~ ...

			ocial Security or er Identification Number			
Spouse's Name as shown on Form 140, 140PY, 1	's Social Security Number					
Part 1 Business Information						
1 Business name:				1		
2 Business location:				1		
L				1		
3 Employer Identification Number	؛۲: ــــــــــــــــــــــــــــــــــــ					
	taxpayers must complete Par					
	es placed on active duty during the	•		4	1,000	00
· · · ·	w the amount on line 5			5 6	1,000	00
	 6 Multiply the number on line 4 by the amount on line 5 7 Amount of pass through credit from Partnership: Enter the amount from Form 333-P, line 4 					00
	from S Corporation: Enter the amo			8		00
9 Total Credit: Add lines 6, 7, and	d 8. Enter the total			9		00
Part 3 Partner's Share of Credi	4					
Partnerships:	<u> </u>					
 Do not complete Part 5 and 6 of For 	orm 333.					
Complete Form 333-P separately for						
• Furnish each partner with a copy of	Form 333-P.					
Part 4 S Corporation Credit Ele	ection and Shareholder's Shar	e of Credit				
	an irrevocable election for the taxable					
$M_{M_1}D_{M_2}D_{M_1}Y_{M_2}Y_{M_3}Y_{M_3}$ to (cl		ic year chung				
(a) 🗖 Claim the credit for emp	bloying national guard members, as	shown on Part 2, line 9 fo	r the			
taxable year mentioned OR	above;					
	loying national guard members, as a back of the second second second second second second second second second s		the			
Signature	Title	Date				
 If box (a) is checked, contir If box (b) is checked: Complete a separate For 	nue to Part 5. m 333-S for each shareholder.					
	r with a copy of Form 333-S					
 S Corporations that have 	a carryover available from a credit ilable do not complete Part 5 and P		ete Part 5	; and Par	t 6, lines 18	and

Part 5 Available Credit Carryover

	(a) Taxable Year from which you are carrying a credit	(b) (c) Original Credit Amount Amount Previously Us		d	(d) Available Carryover: Subtract column (c) fron column (b).	n
11	2017	00		00		00
12	2018	00		00		00
13	2019	00		00		00
14	2020	00		00		00
15	2021	00		00		00
16 [·]	Total Available Carryo	5, column (d)	16		00	

Part 6 Total Available Credit

17 (Current year's credit:		
•	Individuals, C Corporations, S Corporations that are claiming the credit, or exempt organizations		
	with UBTI: Enter the amount from Part 2, line 9 on line 17.		
•	manuale. If you did not make the official Buchreso moothe election. Enter the amount of		
	Arizona Form 301, Part 1, line 12, column (a).		
•	Individuals: If you <i>made the Small Business Income election</i> : Enter this amount on <i>Arizona Form 301-SBI, Part 1, line 8, column (a)</i> .		
•	C Corporations, S Corporations that are claiming the credit, and exempt organizations with UBTI:		
	Also, enter this amount on Arizona Form 300, Part 1, line 8, column (a)	4-	~~
		17	00
18 /	Available carryover from Part 5, line 16, column (d).		
•	Individuals: If you did not make the Small Business Income election: Enter this amount on		
	Arizona Form 301, Part 1, line 12, column (b).		
•	Individuals: If you <u>made the Small Business Income election</u> : Enter this amount on Arizona Form 301-SBI, Part 1, line 8, column (b).		
	C Corporations, S Corporations that are claiming the credit, and exempt organizations with UBTI:		
	Also, enter this amount on Arizona Form 300, Part 1, line 8, column (b)	18	00
19 -	Fotal Available Credit: Add lines 17 and 18 and enter the total.		
•	Individuals: If you did not make the Small Business Income election: Enter this amount on		
	Arizona Form 301, Part 1, line 12, column (c).		
•	Individuals: If you made the Small Business Income election: Enter this amount on Arizona		
	Form 301-SBI, Part 1, line 8, column (c).		
•	C Corporations, including S Corporations that are claiming the credit, and exempt organizations		
	with UBTI: Also, enter this amount on Arizona Form 300, Part 1, line 8, column (c)	19	00

Your Name (as shown on Form 333, page 1)	Your Social Security or Employer Identification Number	
		Page, of

	Form 333-1	Qualifying Employees						2022	
	E	(a) Employee Name	(b) Social Security Number	(c) Date of Hire	(d) Date placed on Active Duty	(e) Was this employee in a full-time employment position when placed on active duty?	during the tax exceeds the period, includi	(f) oyee serve on active duty cable year for training that required annual training ng any activation for federal gencies or emergencies?	
1									
2									
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7									
8									
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11									
12									
13									
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15									
16	16 I				f				
	If you have more than 16 qualifying employees, complete additional schedules and include with the form.								

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