Credit for Qualified Facilities

2022

Include this completed form and the Certification of Qualification from the Arizona Commerce Authority with your return.

JJ 1,	ame as shown on Form 140, 140PY, 140NR, 140X, 140-SBI, 140PY-SBI, 140NR-SBI, 140X-SBI, Social Sec IT, 120, 120A, 120S, 120X, or 165				curity or Identification Nu	umber
ist (Post-Approved Qualified which you are entitled to claim in instructions.				lities, include
	(a) (b)		(b) Apportioned Credit			
	(a)1 Allocation Year	(a)2 First Installment Tax Year Ending	(a)3 Post-Approval Number	Amount		
1	YYYY	M MID DIY Y Y Y		00		
2	YYYY	M MID DIY Y Y Y		00	-	
3		all additional schedules		00	_	
4 5	Form 349-P, Part 1,	unt of this credit passed through line 3c unt of this credit passed through	4	00	_	
6	Form 349-S, Part 1	, line 3c 1 through 5, column (b). Enter t	5	00		
	apportioned credit a	amount	6	, , , , , , , , , , , , , , , , , , , ,		
ist t	he number of full-tin	Employment Positions Vane employment positions which	were vacant for more than 150		was approved	. If positions
vere	e vacant at more that					
	(a) Allocation Year	(b)	(c) Number of Employees	(d) Reduction	-	(e) Total
7		T			-	
	Allocation Year	(b)	(c)	Reduction		Total
7	Allocation Year	(b)	(c)	\$4,000.00	9	Total 00
7 8 9	Allocation Year Total from all addition	(b) Post-Approval Number	(c) Number of Employees	\$4,000.00 \$4,000.00	9	00 00
7 8 9 10	Allocation Year Allocation Year Total from all addition Subtotal: Add lines Net Credit	(b) Post-Approval Number onal schedules	(c) Number of Employees the total. This is the amount of	\$4,000.00 \$4,000.00 your credit reduction.	9	00 00 00
7 8 9 10	Allocation Year Allocation Year Total from all addition Subtotal: Add lines 1 3 Net Credit Subtract the amou	(b) Post-Approval Number onal schedules	(c) Number of Employees the total. This is the amount of unt on line 6. Enter the dif	\$4,000.00 \$4,000.00 your credit reduction.	9	00 00 00
7 8 9 10 Par	Allocation Year Allocation Year Total from all addition Subtotal: Add lines 1 3 Net Credit Subtract the amou	(b) Post-Approval Number onal schedules 7 through 9, column (e). Enter to	(c) Number of Employees the total. This is the amount of unt on line 6. Enter the dif	\$4,000.00 \$4,000.00 your credit reduction.	9 10	00 00 00 00
7 8 9 10 Par 11	Allocation Year Allocation Year Total from all addition Subtotal: Add lines	(b) Post-Approval Number onal schedules	(c) Number of Employees the total. This is the amount of unt on line 6. Enter the dif	\$4,000.00 \$4,000.00 your credit reduction. ference. If less than	9 10	00 00 00 00
7 8 9 10 Par 11	Allocation Year Alloca	(b) Post-Approval Number onal schedules	(c) Number of Employees the total. This is the amount of unt on line 6. Enter the dif qualified facility was terminate acilities: Enter the total amount	\$4,000.00 \$4,000.00 your credit reduction. ference. If less than d or revoked (s) of the credit(s) ed. If more than	9 10 11	00 00 00 00
7 8 9 10 Par 11	Allocation Year Allocation Year Total from all addition Subtotal: Add lines Total receptive amore a previously claimed one certification has	(b) Post-Approval Number onal schedules	(c) Number of Employees the total. This is the amount of unt on line 6. Enter the dif qualified facility was terminate citities: Enter the total amount cation was terminated or revokenter the total amount	\$4,000.00 \$4,000.00 your credit reduction. ference. If less than d or revoked	9 10	00 00 00 00
7 8 9 10 Par 11 12	Allocation Year Yyyy Total from all additions Subtotal: Add lines 13 Net Credit Subtract the amout zero, enter "0"	(b) Post-Approval Number onal schedules 7 through 9, column (e). Enter the security of the business as a portioned credit for qualified father than the for the facility(ies) whose certification of revoked, expressions and the security of the secu	(c) Number of Employees the total. This is the amount of unt on line 6. Enter the dif qualified facility was terminate citities: Enter the total amount cation was terminated or revoke nter the total amount	s4,000.00 \$4,000.00 your credit reduction. ference. If less than d or revoked (s) of the credit(s) ed. If more than line 7 Form 349-S,	9 10 11 2 M M D D	00 00 00 00 00

Name (as shown on page 1)		EIN				
Part 5 S Corporation Cred	lit Flection					
17 The S Corporation has made a (check only one box): 17a ☐ Claim the credit for qua	(check only one box): 17a ☐ Claim the credit for qualified facilities as shown in Part 3, line 11 (for the taxable year indicated above); OR 17b ☐ Pass the credit for qualified facilities as shown in Part 3, line 11 (for the taxable year indicated above), through to its					
Cianatura	Title		Doto			
Provide a completed copy ofInclude a copy of each compl	Title hareholders, complete Form 349-S for each Form 349-S to each shareholder. leted Form 349-S with your tax return. ted Form 349-S for your records.	າ shareholder.	Date			
Part 6 Partnerships						
 Provide a completed copy of Include a copy of each comple Keep a copy of each complet Part 7 Credit Recapture Summer Summe	leted Form 349-P with your tax return. ted Form 349-P for your records. ummary	·				
18 Enter the taxable year(s) in whi certification has been terminate	ich you took a credit for a business as a quaded or revoked:	alified facility whose				
 Enter the amount from Part 4 Individuals that did not make on Form 301, Part 2, line 29. Individuals that made the Sm Form 301-SBI, Part 2, line 22 C Corporations, S Corporatio 	S Corporations, and exempt organizations was, line 16. e the Small Business Income election: A mall Business Income election: Also, ente	er this amount on level, and exempt	9 00			
Part 8 Total Apportioned C	Credit Claimed This Taxable Year					
exempt organizations with UE Partnerships: Enter "0". S Corporations electing to pa Individuals that did not make on Form 140, line 58; or Form Individuals that made the Sm Form 140-SBI, line 58; or Form 140X-SBI, line 58. C Corporations: Also, enter the Form 120X, line 22(c). Exempt organizations with UE	alified facilities: S Corporations claiming this credit at the constitution of the second of the sec	Iders: Enter "0". Iso, enter this amount or Form 140X, line 45. In this amount on It line 58; or It line 12. It in this amount on	20 00			