

Include with your return.

For the calendar year 2018 or fiscal year beginning MM,DD,2018 and ending MM,DD,YYYY.

Your Name as shown on Form 140, 140PY, 140NR, 140X, 99T, 120, 120A, 120S, 120X or 165	Your Social Security or Employer Identification Number
Spouse's Name as shown on Form 140, 140PY, 140NR, 140X (if a joint return)	Spouse's Social Security Number

Part 1 Business Information

- 1 Business name: _____
- 2 Business location: _____

- 3 Employer Identification Number: _____

Part 2 Credit Computation - All taxpayers must complete Part 2

4 Number of qualifying employees placed on active duty during the current taxable year	4		
5 Credit per employee	5	1,000	00
6 Multiply the number on line 4 by the amount on line 5	6		00
7 Amount of pass through credit from Partnership: Enter the amount from Form 333-P, line 4	7		00
8 Amount of pass through credit from S corporation: Enter the amount from Form 333-S, line 4	8		00
9 Total Credit: Add lines 6, 7, and 8. Enter the total	9		00

Part 3 Partner's Share of Credit

Partnerships:

- Do not complete Part 5 and 6 of Form 333.
- Complete Form 333-P separately for each partner.
- Furnish each partner with a copy of Form 333-P.

Part 4 S Corporation Credit Election and Shareholder's Share of Credit

10 The S corporation has made an irrevocable election for the taxable year ending MM,DD,YYYY to (check only one box):

- (a) Claim the credit for employing national guard members, as shown on Part 2, line 9 for the taxable year mentioned above;
- OR
- (b) Pass the credit for employing national guard members, as shown on Part 2, line 9 for the taxable year mentioned above, through to its shareholders.

Signature _____ Title _____ Date _____

- If box (a) is checked, continue to Part 5.
- If box (b) is checked:
 - Complete a separate Form 333-S for each shareholder.
 - Furnish each shareholder with a copy of Form 333-S
 - S corporations that have a carryover available from a credit in a prior year must complete Part 5; and Part 6, lines 18 and 19. If no carryover is available do not complete Part 5 and Part 6.

Continued on page 2 →

Your Name (as shown on page 1)	Your Social Security or Employer Identification Number
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Part 5 Available Credit Carryover

	(a) Taxable Year from which you are carrying a credit	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract column (c) from column (b).
11	2013	00	00	00
12	2014	00	00	00
13	2015	00	00	00
14	2016	00	00	00
15	2017	00	00	00
16	Total Available Carryover: Add lines 11 through 15, column (d).....			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. • Individuals: Also, enter this amount on <i>Arizona Form 301, Part 1, line 17, column (a)</i> . • C corporations, S corporations that are claiming the credit, and exempt organizations with UBTI: Also, enter this amount on <i>Arizona Form 300, Part 1, line 12, column (a)</i>	17	00
18	Available carryover from Part 5, line 16, column (d). • Individuals: Also, enter this amount on <i>Arizona Form 301, Part 1, line 17, column (b)</i> . • C corporations, S corporations that are claiming the credit, and exempt organizations with UBTI: Also, enter this amount on <i>Arizona Form 300, Part 1, line 12, column (b)</i>	18	00
19	Total Available Credit: Add lines 17 and 18 and enter the total. • Individuals: Also, enter this amount on <i>Arizona Form 301, Part 1, line 17, column (c)</i> . • C corporations, including S corporations that are claiming the credit, and exempt organizations with UBTI: Also, enter this amount on <i>Arizona Form 300, Part 1, line 12, column (c)</i>	19	00

Form 333-1

Qualifying Employees

2018

(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?	(f) Did this employee serve on active duty during the taxable year for training that exceeds the required annual training period, including any activation for federal or state contingencies or emergencies?
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If you have more than 16 qualifying employees, complete additional schedules and include with the form.