Credit for Employing National Guard Members

2023

Include with your return.

For the calendar year 2023 or	fiscal year beginning M,M,D,I	<u>0 2 0 2 3 </u> and endin	g (M,M,D,D,Y,)	<u> </u>	
Your Name as shown on Form 140, 140PY, 140NR, 140X, 140-SBI, 140NR-SBI, 140PY-SBI, 140X-SBI, 99T, 120, 120 120X or 165			Your Social Security Employer Identificat	ocial Security or ver Identification Number	
Spouse's Name as shown on Form 140, 140PY, 140NR, 140X, 140-SBI, 140NR-SBI, 140PY-SBI or 140X-SBI (if a joint return) Spouse			Spouse's Social Se	pouse's Social Security Number	
Part 1 Business Information					
1 Business name:					
2 Business location:					
3 Employer Identification Number:	:				
Part 2 Credit Computation - All t	axpayers must complete Par	rt 2			
4 Number of qualifying employees	placed on active duty during the	current taxable year			
				1,000 00	
	the amount on line 5			00	
7 Amount of pass through credit from Partnership: Enter the amount from Form 333-P, line 4				00	
	rom S Corporation: Enter the amo			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 Forr	n 333.				
• Complete Form 333-P separately for	each partner.				
Furnish each partner with a copy of I	Form 333-P.				
Part 4 S Corporation Credit Elec	ction and Shareholder's Shar	e of Credit			
10 The S Corporation has made an	irrevocable election for the taxable	e year ending			
[M,M]D,D]Y,Y,Y,Y to (che	eck only one box):				
	oying national guard members, as above;		r the		
(b) \square Pass the credit for emplo	ying national guard members, as sabove, through to its shareholders.		the		
Signature	Title	Date			
If box (a) is checked, continuIf box (b) is checked:Complete a separate Form					

• S Corporations that have a carryover available from a credit in a prior year must complete Part 5; and Part 6, lines 18 and

Continued on page 2 →

• Furnish each shareholder with a copy of Form 333-S

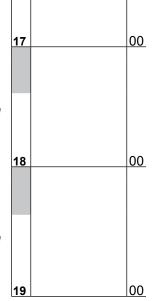
19. If no carryover is available do not complete Part 5 and Part 6.

Part 5 Available Credit Carryover

	(a) Taxable Year from which you are	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract column (c) from column (b).	
	carrying a credit				
11	2018	00	00	00	
12	2019	00	00	00	
13	2020	00			
14	2021	00			
15 16	2022 Total Available Carryo	00 ver: Add lines 11 through 7			

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.
 - Individuals: If you *did not make the Small Business Income election*: Enter this amount on *Arizona Form 301, Part 1, line 11, column (a)*.
 - Individuals: If you <u>made the Small Business Income election</u>: Enter this amount on *Arizona Form 301-SBI*, *Part 1*, *line 7*, *column (a)*.
 - 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 6 column (a)*......
- **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 11, column (b).*
 - Individuals: If you <u>made the Small Business Income election</u>: Enter this amount on *Arizona Form 301-SBI*, *Part 1*, *line 7*, *column (b)*.
- 19 Total 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 11, column (c)*.
 - Individuals: If you <u>made the Small Business Income election</u>: Enter this amount on *Arizona Form 301-SBI*, *Part 1*, *line 7*, *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 6, column (c)*......



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

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Page	

Form 333-1 Qualifying Employees						2023	
	(a) Employee Name	(b) Social Security Number	(c)	(d) Date placed on Active Duty	(e) Was this employee in a full-time employment position when placed on active duty?	during the taxa exceeds the period, includin	(f) yee serve on active duty able year for training that required annual training g any activation for federal encies or emergencies?
1							
2							
3							
4 5							
6							
7							
8							
9 10							
11							
12							
13							
14 15							
16							

If you have more than 16 qualifying employees, complete additional schedules and include with the form.

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