Arizona Form 349-P

# Credit for Qualified Facilities – Distribution to Partners of a Partnership

2024

For the calendar year 2024 or fiscal year beginning [M,M,D,D,2,4,4] and ending [M,M,D,D,Y,Y,Y,Y,Y,

### Partnerships:

- Complete Form 349-P for each partner in the partnership **except for** trust or estate partners. However, a partnership ownership share that is owned by a grantor trust that is disregarded for federal income tax purposes is treated as owned by the grantor. The grantor may claim his or her share of the credit.
- Provide a copy of the completed form and the Certification of Qualification received from the Arizona Commerce Authority to each partner.
- Keep a copy of each completed Form 349-P for your records.
- Include a copy of each completed Form 349-P with your partnership return.

#### Partners:

- Use this form to complete your own Form 349.
- Include this completed form and a copy of the Certification of Qualification received from the Arizona Commerce Authority with your return.
- Keep a copy of this form and certificate for your records.

**NOTE:** If you file your tax return on a calendar year basis but this entity files a return on a fiscal year basis (see above), claim this credit on your tax return for the year in which this entity's fiscal year ends.

## Part 1 Distribution of the Credit

3c Multiply the amount on line 3a by the percentage on line 3b. Enter the result. This is the partner's portion of the credit		00
		%
<b>3a</b> Partnership credit amount from Form 3	49, Part 3, line 11 <b>3a</b>	00
2		
(a) Partner Name	(b) Taxpayer Identification Number (TIN)	
(a) Partnership Name	(b) Employer Identification Number (EIN) (c) Post-Approval	Number

The amount reported on line 3c is your portion of this credit. Enter the amount from line 3c on Part 1, line 4 of your

#### Part 2 Notification of Credit Recapture

own Form 349 to claim this credit.

	(a) Partnership Name	(b) Employer Identification Number (EIN)	
4			
	(a) Partner Name	(b) Taxpayer Identification Number (TIN)	
5			
	(a) Post-Approval Number	(b) Date the Certification was Terminated or Revoked	
6 🛚		M,M,D,D,Y,Y,Y,Y	
7	Partner's portion of the credit to be recaptured	7 <b>\$</b>	00

## Partners:

The amount reported on line 7 is your portion of this credit to be recaptured. Enter the amount from line 7 on Part 4, line 14 of your own Form 349.