

320

For the calendar year 2003, or
fiscal year beginning [MMDDYYYY] and ending [MMDDYYYY].

Attach to your return

NAME(S) AS SHOWN ON FORM 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X OR 165	YOUR SOCIAL SECURITY NO. OR FEDERAL EMPLOYER ID NO.
--------------------------------------------------------------------------------	-----------------------------------------------------

Part I Business Information

- 1 Business name: _____
- 2 Business location: _____
- 3a State Withholding Number: _____
- 3b Federal Employer Identification Number: _____

Part II Net Increase in Qualified Employment Positions

4 Average number of qualified employment positions during the current taxable year	4
5 Average number of qualified employment positions during the immediately preceding taxable year	5
6 Net increase in the number of qualified employment positions: Subtract line 5 from line 4	6
7 Number of positions on line 6 that are eligible for any other income tax credit under Arizona law .	7
8 Maximum number of positions eligible for the credit: Subtract line 7 from line 6	8

Part III Qualifying New Employees

9 New employees hired during the year	9
10 Qualified new employees	10
11 Maximum number of qualifying net new employees: Enter the smaller of line 8 or line 10	11

Part IV Credit Calculation for Qualifying Employees

	(a) No. of Qualifying Employees	(b) Qualifying Wages (Maximum \$2,000 for each net new employee)	(c) Percentage	(d) Allowable Credit
12 Qualifying Net New Employees	12		25%	
13 Previously Qualified Employees in the Second Year of Continuous Employment	13	(Maximum \$3,000 for each previously qualified employee in the 2 nd year of continuous employment)	33 1/3%	
14 Previously Qualified Employees in the Third Year of Continuous Employment	14	(Maximum \$3,000 for each previously qualified employee in the 3 rd year of continuous employment)	50%	
15 TOTALS	15			

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

16 The S corporation has made an irrevocable election for the taxable year ending [MMDDYYYY] to:
(Check only one box:)

- Claim the credit, as shown on Part IV, line 15, column (d), for the taxable year mentioned above;
- OR
- Pass the credit, as shown on Part IV, line 15, column (d), for the taxable year mentioned above through to its shareholders.

Signature Title Date

If passing the credit through to the shareholders, complete lines 17 through 19 separately for each shareholder. Furnish each shareholder with a copy of the completed Form 320.

- 17 Name of shareholder: _____
- 18 Shareholder's TIN: _____
- 19 Shareholder's share of the amount on Part IV, line 15, column (d)

Part VI Partner's Share of Credit

Complete lines 20 through 22 separately for each partner. Furnish each partner with a copy of the completed Form 320.

20 Name of partner: _____

21 Partner's TIN: _____

22 Partner's share of the amount on Part IV, line 15, column (d).....

22		
-----------	--	--

Part VII Available Credit Carryover

	(a) Enter The Taxable Year From Which You Are Carrying The Credit	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: <i>Subtract column (c) from column (b)</i>
23				
24				
25				
26				
27				
28	TOTAL AVAILABLE CARRYOVER:			

Part VIII Total Available Credit

29 Current year's credit: Individuals, corporations, or S corporations that are claiming the credit, enter the amount from Part IV, line 15, column (d). S corporation shareholders, enter the amount from Part V, line 19. Partners of a partnership, enter the amount from Part VI, line 22

30 Available carryover from Part VII, line 28, column (d)

31 Total available credit. Add lines 29 and 30. Enter the total here and on Form 300, Part I, line 14, or Form 301, Part I, line 15.....

29		
30		
31		

Form 320-1 (2003)

Qualifying Employees

If you have more than 25 qualifying employees, complete additional schedules.

	(a) Employee's Name	(b) Social Security Number	(c) Date of Hire	(d) Was this employee an Arizona resident on date of hire?	(e) Was this employee receiving TANF benefits on date of hire?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

DRAFT

Form 320-2 (2003)

Qualifying Employees for Which You are Taking a Credit

If you have more than 11 qualifying employees, complete additional schedules.

(a) Employee's Name	(b) Social Security Number	(c) Type of Employee Check the appropriate box. This employee is a:			(d) Total Wages Less Wages Subsidized as Provided by ARS §46-299 Paid to the Employee During the Current Taxable Year	(e) Maximum Allowable Wages Enter the lesser of column (d) or the maximum allowed below.		
		1 st Year Employee c1	2 nd Year Employee c2	3 rd Year Employee c3		Year 1 \$2000 e1	Year 2 \$3000 e2	Year 3 \$4000 e3
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12 TOTAL: Add lines 1 through 11								

Form 320-2 (2003)

Qualifying Employees for Which You are Taking a Credit

If you have more than 11 qualifying employees, complete additional schedules.

	(a) Employee's Name	(b) Social Security Number	(c) Type of Employee <i>Check the appropriate box. This employee is a:</i>			(d) Total Wages Less Wages Subsidized as Provided by ARS §46-299 Paid to the Employee During the Current Taxable Year	(e) Maximum Allowable Wages <i>Enter the lesser of column (d) or the maximum allowed below.</i>		
			1 st Year Employee c1	2 nd Year Employee c2	3 rd Year Employee c3		Year 1 \$2000 e1	Year 2 \$3000 e2	Year 3 \$4000 e3
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12	TOTAL: Add lines 1 through 11.....								