

For the calendar year 2009 or

fiscal year beginning MM,DD,YYYY and ending MM,DD,YYYY.

**Attach to your return.**

Name(s) as shown on Form 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X or 165	Your Social Security Number or Employer Identification Number
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**Part I Business Information**

- 1 Business name: \_\_\_\_\_
- 2 Business location: \_\_\_\_\_
- 3 Employer Identification Number: \_\_\_\_\_

**Part II Net Increase in Qualified Employment Positions**

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

**Part III Qualifying New Employees**

9 New employees hired during the year .....	<b>9</b>	
10 Qualified new employees.....	<b>10</b>	
11 Maximum number of qualifying net new employees: <i>Enter the smaller of line 8 or line 10</i> .....	<b>11</b>	

**Part IV Credit Calculation for Qualified Employees**

	(a) No. of Qualifying Employees	(b) Qualifying Wages	(c) Percentage	(d) Allowable Credit
12 Qualifying Net New Employees..... <b>12</b>			<b>25%</b>	
13 Previously Qualified Employees in the Second Year of Continuous Employment..... <b>13</b>			<b>33 1/3%</b>	
14 Previously Qualified Employees in the Third Year of Continuous Employment..... <b>14</b>			<b>50%</b>	
15 TOTALS..... <b>15</b>				

**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: MM,DD,YYYY to **(check only one box)**:

- Claim the credit*, as shown on Part IV, line 15, column (d);
- OR
- Pass the credit*, as shown on Part IV, line 15, column (d) 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) ..... **19**

Name(s) as shown on page 1	Social Security or Employer Identification No.
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**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**

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**Part VII Available Credit Carryover**

	(a) Carryover From Taxable Year Ending	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: <i>Subtract column (c) from column (b).</i>
23	<b>2004</b>			
24	<b>2005</b>			
25	<b>2006</b>			
26	<b>2007</b>			
27	<b>2008</b>			
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*..... **29**

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

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31 Total available credit. *Add lines 29 and 30. Enter the total here and on Form 300, Part I, line 9, or Form 301, Part I, line 12* ..... **31**

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Name(s) as shown on Form 320, page 1

Social Security or Employer Identification No.

### Form 320-1 (2009)

### Qualifying Employees

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

Name(s) as shown on Form 320, page 1

Social Security or Employer Identification No.

**Form 320-2 (2009)**

**Qualifying Employees for Which You are Taking a Credit**

	(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 <sup>st</sup> Year Employee c1	2 <sup>nd</sup> Year Employee c2	3 <sup>rd</sup> Year Employee c3		Year 1 \$2000 e1	Year 2 \$3000 e2	Year 3 \$3000 e3
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>12 TOTAL:</b>	<ul style="list-style-type: none"> <li>For column (c), add the number of employees in each column c1, c2 and c3 and enter the total for each column on line 12.</li> <li>For columns (d) and (e), add the amounts in each column and enter the total for each column on line 12.....</li> </ul>								<b>12</b>

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