ARIZONA FORM 345

Credit for New Employment

2011

NOTE: This credit is available only for taxable years beginning after June 30, 2011.

For the fiscal year beginning M M D D Y Y Y Y and ending M M D D Y Y Y Y.

Attach to your return.

Name(s) as shown on Form 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X, or 165	Social security number or employer identification number

Part I Qualification for Credit and Credit Calculation

1 Did you receive a Certification from Arizona Commerce Authority? ☐ Yes ☐ No
If yes, attach a copy of the Certification. If no, do not file this form, as you do not qualify for the credit.

2 Enter the number of first year positions that the Arizona Commerce Authority certified for the business for this taxable year. This number cannot exceed 400 ..... **2**

3 Enter the number of second year positions that the Arizona Commerce Authority certified for the business for this taxable year. This number cannot exceed 400 ..... **3**

4 Enter the number of third year positions that the Arizona Commerce Authority certified for the business for this taxable year. This number cannot exceed 400 ..... **4**

5 Total positions. *Add lines 2 through 4, and enter the total* **5**

6 Multiply the number on line 5 by $3,000. Enter the result. **This is the total credit for this taxable year** **6** **00**

Part II Business Information

7 Business name **7**

8 Business location address **8**

9 Employer identification number **9**

10a What type of entity is the business?
☐ corporation ☐ limited liability company (LLC) ☐ partnership ☐ S corporation ☐ sole proprietorship

10b If the business is an LLC, what is the federal tax classification?
☐ corporation ☐ disregarded entity ☐ partnership ☐ S corporation
If the business is an LLC, a partnership or an S corporation, attach a schedule that lists ownership information including: name, address, TIN, and ownership percentage at the end of the tax year.

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

11 The S corporation has made an irrevocable election for the fiscal year ending to:
(CHECK ONLY ONE BOX)

☐ Claim the credit for new employment as shown on Part I, line 6 (for the fiscal year mentioned above);

OR

☐ Pass the credit for new employment as shown on Part I, line 6 (for the fiscal year mentioned above) through to its shareholders.

Signature _____ Title _____ Date _____

If passing the credit through to the shareholders, complete lines 12 through 14 separately for each shareholder. Furnish each shareholder with a copy of the completed Form 345.

12 Name of shareholder _____

13 Shareholder's TIN _____

14 Shareholder's share of the amount on Part I, line 6 ..... **14** **00**

Part IV Partner's Share of Credit

Complete lines 15 through 17 separately for each partner.
Furnish each partner with a copy of the completed Form 345.

15 Name of partner _____

16 Partner's TIN _____

17	Partner's share of the amount on Part I, line 6	**17**	**00**

Part V Available Credit Carryover

		(a)	(b)	(c)	(d)	(e)	(f)
18	Taxable year						
19	Original credit amount						
20	Amount previously used						
21	Tentative carryover - *subtract line 20 from line 19*						
22	Amount unallowable - *See instructions*						
23	Available carryover - *subtract line 22 from line 21*						
24	Total available carryover						

Part VI Total Available Credit

25 Current year's credit for new employment.
Individuals, corporations, or S corporations - *enter the amount from Part I, line 6.*
S corporation shareholders - *enter the amount from Part III, line 14.*
Partners of a partnership - *enter the amount from Part IV, line 17* **25** **00**

26 Available credit carryover - *from Part V, line 24, column (f)* **26**

27 **Total available credit.** *Add lines 25 and 26.* Corporations and S corporations - *enter total here and on Form 300, Part I, line 21.* Individuals - *enter total here and on Form 301, Part I, line 27* **27** **00**

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Form 345-1 (2011) Employees at Business Location

Complete a Form 345-1 for each employee, whether or not the employee is in a qualified employment position. See instructions for Form 345-1 (beginning on page 2 of the Instructions for Form 345) about providing the requested information in an alternative format.

1 Employee name _____

2 Employee's taxpayer identification number (TIN) _____

3 What year is this employee? ❑ First ❑ Second ❑ Third ❑ Fourth or more

4a Current date of employment _____

4b Termination date, if the employee was terminated before the end of the taxable year _____

5a If employee was previously employed by the business, list the previous date of employment. (See instructions.)

_____

5b If employee was previously employed by the business, list the date of separation _____

5c Did the employee relocate to this state from out of state? ❑ Yes ❑ No

5d If the employee relocated from out of state, enter date of relocation: _____

6a Is the employee in a permanent position that consists of at least 1750 hours per year? ❑ Yes ❑ No

6b If the answer to line 6a is yes, list the number of hours the employee actually worked during the taxable year (see instructions) _____

7 Are the employee's job duties performed primarily at the location(s) of the business? ❑ Yes ❑ No

8a Employee's annual compensation for the taxable year $_____

8b Employee's hourly wage $_____ /hour

9a Total cost of health insurance provided by employer for employee. (See instructions.) $_____

9b Total cost of health insurance for employee paid by employer. (See instructions.) $_____

10 Is this employee in a new qualified employment position? ❑ Yes ❑ No

11a Has this employee been substituted for another employee in a qualified employment position? ❑ Yes ❑ No

11b If answer on line 11a is yes, list the date of substitution _____ and indicate whether the individual is a second year employee or a third year employee. *See instructions before answering this question.*

Check only one box. ❑ second year employee ❑ third year employee

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Name: _____ TIN: _____ **Page ___of ___**

Form 345-2 (2011)

Employees in Qualified Employment Positions

If you are claiming more than 23 employees in qualified employment positions, complete additional schedules.	**(b)**	**(c)** Check the appropriate box. This employee is a:			**(d)**
(a) Employee name	Social security number	1st year employee (c)1	2nd year employee (c)2	3rd year employee (c)3	Limitation on total number of credits is 400 QEPs per taxpayer each year. See instructions before checking this box.
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22					
23					
24 Total - Add lines 1 through 23 including only lines with check marks. Enter the total here.					

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