

To claim this credit, the taxpayer must employ at least 2 and not more than 50 employees who are Arizona residents.

For the calendar year 2013 or fiscal year beginning MMDD, 2013 and ending MMDD, YYY, Y.

Attach to your return.

Your Name as shown on Form 99T, 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X or 165	Your Social Security or Employer Identification Number
Spouse's Name as shown on Form 140, 140PY, 140NR, 140X (if a joint return)	Spouse's Social Security Number

Part I Business Information

- 1 Business name: _____
- 2 Business location: _____
- 3 Employer Identification Number: _____

Part II Credit Computation

- | | | | |
|---|--|-----|----|
| 4 | Number of qualified employees enrolled in a qualified health insurance plan for which you have paid at least \$360 | | |
| 5 | Allowable credit per employee | 360 | 00 |
| 6 | Multiply the number on line 4 by the amount on line 5 | | 00 |

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

- 7 The S corporation has made an irrevocable election for the taxable year ending MMDD, YYY, Y to (**check only one box**):
 - ☐ Claim the credit for qualified health insurance plans, as shown on Part II, line 6 for the taxable year mentioned above;
 - OR
 - ☐ Pass the credit for qualified health insurance plans, as shown on Part II, line 6 for the taxable year mentioned above, through to its shareholders.

Signature _____ Title _____ Date _____

If passing the credit through to the shareholders, complete lines 8 through 10 separately for each shareholder. Furnish each shareholder with a copy of pages 1 and 2 of Form 347.

- | | | | |
|----|--|----|----|
| 8 | Name of shareholder: _____ | | |
| 9 | Shareholder's TIN: _____ | | |
| 10 | Shareholder's share of the amount on Part II, line 6 | 10 | 00 |

Part IV Partner's Share of Credit

Complete lines 11 through 13 separately for each partner. Furnish each partner with a copy of pages 1 and 2 of Form 347.

- | | | | |
|----|--|----|----|
| 11 | Name of partner: _____ | | |
| 12 | Partner's TIN: _____ | | |
| 13 | Partner's share of the amount on Part II, line 6 | 13 | 00 |

Continued on page 2 →

Your Name (as shown on page 1)	Your Social Security or Employer Identification Number
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Part V Available Credit Carryover

	(a) Carryover From Taxable Year	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract column (c) from column (b).
14	2012	.00	.00	.00
15				
16				
17	TOTAL AVAILABLE CARRYOVER.....			.00

Part VI Total Available Credit

- 18 Current year's credit: Individuals, corporations, S corporations that are claiming the credit, or exempt organizations with UBTI, enter the amount from Part II, line 6
- S corporation shareholders: Enter the amount from Part III, line 10.
 - Partners of a partnership: Enter the amount from Part IV, line 13.
- 19 Available carryover from Part V, line 17, column (d)
- 20 Total Available Credit: Add lines 18 and 19
- Corporations, including S corporations that are claiming the credit and exempt organizations with UBTI, enter the total here and on Form 300, Part I, line 22.
 - Individuals, enter the total here and on Form 301, Part I, line 28.

18		00
19		00
20		00

Your Name (as shown on page 1)	Your Social Security or Employer Identification Number
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Form 347-1 (2013)

Qualified Employees for Which You Are Claiming a Credit

(To qualify, the amount in column (c) must be at least \$360 for each employee listed.)

	(a) Name of Qualified Employee (must be an Arizona resident)	(b) Social Security Number	(c) Employer's Amount of Expenses for: •Employee's Qualified Health Insurance Plan, and •Employee's Health Savings Account
1			.00
2			.00
3			.00
4			.00
5			.00
6			.00
7			.00
8			.00
9			.00
10			.00
11			.00
12			.00
13			.00
14			.00
15			.00
16			.00
17			.00
18			.00
19			.00
20			.00
21 Number of Qualified Employees: Enter the total number of qualified employees here and on page 1, line 4. If more than 20 employees, enter the total from all schedules 21 If you have more than 20 qualifying employees, complete additional schedules.			