

Include with your return.

NOTE: This credit is no longer available to individual taxpayers.

For the calendar year 2024 or fiscal year beginning [M, M, D, D] 2, 0, 2, 4 and ending [M, M, D, D] Y, Y, Y, Y.

Name as shown on Form 99T, 120, 120A, 120S, 120X or 165	Employer Identification Number
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Part 1 Business Information

- 1 Business name: _____
- 2 Business location: _____

- 3 Employer Identification Number: _____

Part 2 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 3 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 4 Credit Calculation for Qualified Employees

	(a) No. of Qualifying Employees	(b) Qualifying Wages	(c) Percentage	(d) Allowable Credit	
12 Qualifying Net New Employees	\$	00	25%	\$	00
13 Previously Qualified Employees in the Second Year of Continuous Employment....	\$	00	33.33%	\$	00
14 Previously Qualified Employees in the Third Year of Continuous Employment.....	\$	00	50%	\$	00
15 Corporate partner's current year's pass-through amounts from all Partnership(s) : Enter the total amount from Form(s) 320-P. <i>See instructions</i>	\$	00		\$	00
16 Total Current Year's Credit: For each column (a), (b), and (d), add lines 12 through 15, and enter the total for each column.....	\$	00		\$	00

Note: Do not take a subtraction for the same wage expense for which a credit is claimed.

- **C Corporations, S Corporations claiming this credit at the corporate level, Partnerships passing this credit through to corporate partners, and Exempt organizations with UBTI:** If you are claiming a current year's credit you must add-back on your tax return, under *Additions related to Arizona tax credits*, the total net amount of qualifying wage expenses entered on line 17, column (b).

Continued on page 2 →

Name (as shown on page 1)	Employer Identification Number
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Part 5 Corporate Partner's Share of Credit

Partnerships:

- Do not complete Part 6 and 7 of Form 320.
- Complete Form 320-P separately for each corporate partner.
- Furnish each corporate partner with a copy of Form 320-P.

Part 6 Available Credit Carryover

	(a) Taxable Year from which you are carrying the credit	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract column (c) from column (b).	
17		00	00	00	
18		00	00	00	
19		00	00	00	
20		00	00	00	
21		00	00	00	
22	Total Available Carryover: Add lines 17 through 21, column (d).....			22	00

Part 7 Total Available Credit

23 Current year's credit:		
• <i>C Corporations, S Corporations that are claiming the credit at the corporate level, or exempt organizations with UBTI:</i> Enter the amount from Part 4, line 16, column (d). Also, enter this amount on Arizona Form 300, Part 1, line 4, column (a)	23	00
24 Available carryover: Enter the amount from Part 6, line 22, column (d).		
• <i>C Corporations, S Corporations that claimed the credit at the corporate level, and exempt organizations with UBTI that have valid carryovers of this credit:</i> Also, enter this amount on Arizona Form 300, Part 1, line 4 column (b).....	24	00
25 Total Available Credit: Add lines 23 and 24 and enter the total.		
• <i>C Corporations, S Corporations that claimed the credit at the corporate level, and exempt organizations with UBTI:</i> Also, enter this amount on Arizona Form 300, Part 1, line 4, column (c).....	25	00

Your Name (as shown on Form 320 page 1)

Employer Identification Number

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Form 320-1

Qualifying Employees

2024

	(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				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
20				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
21				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
25				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have more than 25 qualifying employees, complete additional schedules and include behind this page.

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

Employer Identification Number

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Form 320-2

Qualifying Employees for Which You are Claiming a Credit

2024

	(a) Employee's Name	(b) Social Security Number	(c) Type of Employee			(d) Total Wages Paid to the Employee During the Current Taxable Year Less Wages Subsidized as Provided by A.R.S. §46-299	(e) Maximum Allowable Wages:		
			Check the appropriate box. This employee is a:				Enter the lesser of column (d) or the maximum allowed below.		
			(c1) 1 st Year Employee	(c2) 2 nd Year Employee	(c3) 3 rd Year Employee		(e1) Year 1 \$2000	(e2) Year 2 \$3000	(e3) Year 3 \$3000
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	00			
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	00			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	00			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	00			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	00			
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	00			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	00			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	00			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	00			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	00			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	00			
12 TOTAL:									
	<ul style="list-style-type: none"> 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. For columns (d) and (e), add the amounts in each column and enter the total for each column on line 12. 12 					00			

If you have more than 11 qualifying employees for which you are claiming a credit, complete additional schedules and include behind this page.