RPD-41281 Rev. 12/14/2011

Signature of claimant

State of New Mexico - Taxation and Revenue Department Job Mentorship Tax Credit Claim Form

Purpose of Form. Form RPD-41281, *Job Mentorship Tax Credit Claim Form*, is used by a taxpayer who is not a dependent of another taxpayer and who is an owner, partner or associate of a *New Mexico business** that employs *qualified students** in a *career preparation education program** sponsored by an accredited New Mexico secondary school. The taxpayer may claim a Job Mentorship Tax Credit for each taxable year in which the business employs one or more qualified students. (*See *Important Definitions* in the instructions) To claim the credit, the taxpayer must submit this form and all required attachments with the eligible employer's personal or corporate income tax return. Form RPD-41280, *Job Mentorship Tax Credit Certificate*, must be attached for each qualified student employed and included in this claim. See the instructions.

<u> </u>	employed and included in this claim. See the	
Name of Qualified New Mexico Business (Employer)	New Mexico CRS Identi	ification No.
Street Address	City, State and ZIP Code	
Mailing Address	City, State and ZIP Code	
Mailing Address	Oily, State and An Could	
Name of Contact	Phone Number	Fax Number and E-mail Address
Enter the beginning and ending dates of	f the tax year of this claim: From	to
Enter the number of <i>qualified students</i> e		
The credit cannot be allowed for more that	nan 10 qualified students in the current tax ye ent for more than 3 tax years. Attach Form RPI	
3. Enter the gross wages paid during the cu	urrent tax year to the qualified students include	ed
	or each qualified student cannot exceed gros	
4. Multiply line 3 by 50% (0.50). This is the year.	he maximum credit allowed in the current to	ax 4.
Calculate the total unused credit available the worksheet on Schedule A and enter	lable for carry forward from prior years from here. Include a copy of Schedule A with the	
claim form.6. Enter the sum of lines 4 and 5. This is the for the qualified New Mexico business.	the total credit available in the current tax ye	ear 6.
7. Enter the portion of total credit available (fi income tax return. The aggregate credit c	from line 6) claimed on your current New Mexic claimed by a business in any tax year cannot b	be
greater than \$12,000. If the credit is to b associates, complete the Division of Total	be claimed by two or more owners, partners and Available Credit Report in Schedule A. Eac	or ch
return. Include a copy of Schedule A with Enter the credit claimed on the applicable lin	ne of the New Mexico income tax form, PIT-1 m the taxpayer's New Mexico income tax lial	1, CIT-1 or S-Corp. The Job Men-
l certify that: (You must check the l	box.)	
) included in this claim does not displace or re	eplace a current employee.
Under penalty of perjury I declare that I true, correct and complete.	have examined this claim, and to the best of	f my knowledge and belief it is

RPD-41281 Rev. 12/14/2011

State of New Mexico - Taxation & Revenue Department Job Mentorship Tax Credit Claim Form Schedule A

Attach Schedule A to RPD-41281, *Job Mentorship Tax Credit Claim Form*, if you have unused Job Mentorship Tax credit available for carry forward from prior years, or your total available credit can be claimed by one or more owners, partners or associates.

Worksheet to calculate the total unused credit available for carry forward from prior years

- (a) Tax year of previously allowed credit. Enter the tax year for each credit allowed in a previous tax year. Do not include any credit allowed for a tax year more than three years prior to the current tax year. Enter the tax year if the credit was allowed for a full calendar year. For fiscal-year and short-year returns, enter the beginning and ending dates of the tax year. For example, enter 2003 if the tax year is a calendar year, or enter July 1, 2002 to June 30, 2003, if the tax year is a fiscal year.
- **(b)** Credit allowed in the previous tax year. For each credit allowed in a previous tax year listed in column (a), enter the total amount of credit allowed for the business as indicated on line 4 of the Form RPD-41281 filed for that year.
- (c) Total credit claimed in previous tax years. For each credit allowed in a previous tax year listed in column (a), enter the total amount of credit claimed by all owners, partners or associates eligible to claim the Job Mentorship Tax Credit available. Include credit claimed in all previous tax years. For each tax year, current-year credits are applied before applying carry forward credits.

(d) Unused credit available for carry forward from prior years. Subtract column (c) from column (b). Enter the sum of all amounts in column (d) on line 5 of the current year claim form, RPD-41281.

(a) Tax year of previously allowed credit	(b) Credit allowed in previous tax year	(c) Total credit claimed in previous tax years	(d) Unused credit for available for carry forward [(b) - (c)]

Division of the Total Available Credit Report

If the Job Mentorship Tax Credit for the New Mexico business is divided among two or more owners, partners or associates, complete the following information for each eligible owner, partner, or associate below. Enter the name and address of all business owners, partners or associates eligible to claim a portion of the total Job Mentorship Tax Credit available to be claimed in the current tax year. Enter the federal employer identification number (FEIN) or the social security number (SSN) used to file each owner's, partner's or associate's New Mexico income tax return. Enter the percentage which represents the owner's, partner's or associate's interest in the partnership, limited partnership, limited liability company, S corporation or other business association. If additional space is needed, attach a separate schedule.

Name and address of owner, partner or associate	FEIN or SSN	Percentage of interest
Name and address of owner, partner or associate	FEIN or SSN	Percentage of interest
Name and address of owner, partner or associate	FEIN or SSN	Percentage of interest
Name and address of owner, partner or associate	FEIN or SSN	Percentage of interest
Name and address of owner, partner or associate	FEIN or SSN	Percentage of interest