

**Credit for New Employment**

**2012**

For the calendar year 2012 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	Social security or employer identification number
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**Part I Business Information**

- 1 Business name .....
- 2 Business location address .....
- 3 Employer identification number .....

<b>1</b>	
<b>2</b>	
<b>3</b>	

- 4a** What type of entity is the business?  
 corporation     limited liability company (LLC)     partnership     S corporation     sole proprietorship

- 4b** 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 II Qualification for Credit and Credit Calculation**

- 5** Did you receive a Certification from Arizona Commerce Authority? .....  Yes     No  
*If "Yes", attach a copy of the Certification. If "No", skip lines 6 through 9.*

- 6** Credit for employees in first year or partial year of employment in a qualified employment position.....
- 7** Credit for employees in the second year of continuous employment in a qualified employment position.....
- 8** Credit for employees in the third year of continuous employment in a qualified employment position.....
- 9** Subtotal: *Add lines 6 through 8 in each column, and enter the total*.....

	(a) Number of Employees	(b) Available Credit: <i>Multiply column (a) by \$3000.</i>
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

**Part III Qualification for Credit and Credit Amount Passed Through From Partnerships**

- 10** Did a partnership from which you are claiming a pass through credit for new employment receive Certification from the Arizona Commerce Authority?.....  Yes     No  
*If "Yes", attach a copy. If "No", skip lines 11 through 15.*

- 11** Enter the name of the partnership that received the Certification from the Arizona Commerce Authority and its identification number. *Be sure to attach a copy of the Certification.*  
 Name: \_\_\_\_\_  
 TIN: \_\_\_\_\_

- 12** Enter your share of the credit for employees in first year or partial year of employment in a qualified employment position.....
- 13** Enter your share of the credit for employees in the second year of continuous employment in a qualified employment position.....
- 14** Enter your share of the credit for employees in the third year of continuous employment in a qualified employment position.....
- 15** Subtotal: *Add lines 12 through 14, and enter the total*.....

<b>12</b>		00
<b>13</b>		00
<b>14</b>		00
<b>15</b>		00

*Continued on page 2 →*

**Part IV Current Taxable Year's Credit**

16	Enter the sum of line 6, column (b) and line 12 .....	16		00
17	Enter the sum of line 7, column (b) and line 13 .....	17		00
18	Enter the sum of line 8, column (b) and line 14 .....	18		00
19	<b>Total Credit:</b> Add lines 16 through 18, and enter the total. This is the total credit for new employment for this taxable year .....	19		00

**Part V S Corporation Credit Election and Shareholder's Share of Credit**

20 The S corporation has made an irrevocable election for the taxable year ending MM|DD|YY|YY to (check only one box):

Claim the credit for new employment as shown on Part IV, line 19 (for the taxable year mentioned above);

OR

Pass the credit for new employment as shown on Part IV, line 19 (for the taxable year mentioned above) through to its shareholders.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

If passing the credit through to the shareholders, complete lines 21 through 23 separately for each shareholder. Furnish each shareholder with a copy of the Certification and pages 1 through 3 of Form 345.

21 Name of shareholder \_\_\_\_\_

22 Shareholder's TIN \_\_\_\_\_

23	Shareholder's share of the credit for new employment on Part IV, line 19 .....	23		00
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**Part VI Partner's Share of Credit**

Complete lines 24 through 26 separately for each partner.  
 Also complete line 27 through 29, if applicable, separately for each partner.  
 Furnish each partner with a copy of the Certification and pages 1 through 3 of Form 345.

24 Name of partner \_\_\_\_\_

25 Partner's TIN \_\_\_\_\_

26	Partner's share of the credit for new employment on Part IV, line 19 .....	26		00
27	Partner's share of the number on Part IV, line 16 .....	27		00
28	Partner's share of the number on Part IV, line 17 .....	28		00
29	Partner's share of the amount on Part IV, line 18 .....	29		00

Continued on page 3 →

**Part VII Available Credit Carryover**

	(a)	(b)	(c)	(d)	(e)	(f)
30 Taxable year						
31 Original credit amount						
32 Amount previously used						
33 Tentative carryover - subtract line 32 from line 31						
34 Amount unallowable - See instructions						
35 Available carryover - subtract line 34 from line 33						
36 Total available carryover						

**Part VIII Total Available Credit**

37 Current year's credit for new employment.

Individuals, corporations, or S corporations - enter the amount from Part IV, line 19.

S corporation shareholders - enter the amount from Part V, line 23.

Partners of a partnership - enter the amount from Part VI, line 26.....

38 Available credit carryover - from Part VII, line 36, column (f) .....

39 Total available credit. Add lines 37 and 38. Corporations and S corporations - enter total here and on Form 300, Part I, line 20. Individuals - enter total here and on Form 301, Part I, line 26.....

37		00
38		00
39		00

**Form 345-1 (2012) 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

**Form 345-2 (2012)**

**Employees in Qualified Employment Positions**

If you are claiming more than 23 employees in qualified employment positions, complete additional schedules.	(b)	(c)			(d)
(a) Employee name	Social security number	Check the appropriate box. This employee is a:			Limitation on total number of credits is 400 QEPs per taxpayer each year. See instructions before checking this box.
		1st year employee (c1)	2nd year employee (c2)	3rd year employee (c3)	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
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19					
20					
21					
22					
23					
<b>24 Total - Add lines 1 through 23 including only lines with check marks. Enter the total here.</b>					