

Include with your return.

For the calendar year 2014 or fiscal year beginning M M D D 2 0 1 4 and ending M M D D 2 0 Y Y .

| | |
|---|---|
| Name as shown on Form 140, 140PY, 140NR, 140X, 99T, 120, 120A, 120S, 120X, or 165 | Social Security or Employer Identification Number |
|---|---|

Part 1 Business Information

| | |
|----------|---|
| 1 | Business Name |
| 2 | Business Location Address — Street |
| | City State ZIP Code |
| 3 | Employer Identification Number |

- 4a** What type of entity is the business?
- Corporation Exempt Organization Limited Liability Company (LLC)
 Partnership S corporation Sole Proprietorship
- 4b** If the business is an LLC, what is the federal tax classification? Check only one box:
- Corporation Disregarded Entity Partnership S corporation

If the business is an LLC, a partnership or an S corporation, include a schedule that lists ownership information including: name, address, TIN, and ownership percentage at the end of the tax year.

Part 2 Qualification for Credit and Credit Calculation

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

| | (a) Number of Employees | (b) Available Credit: Multiply column (a) by \$3,000. |
|--|-------------------------------|---|
| 6 Credit for employees in first year or partial year of employment in a qualified employment position | 6 | 00 |
| 7 Credit for employees in the second year of continuous employment in a qualified employment position | 7 | 00 |
| 8 Credit for employees in the third year of continuous employment in a qualified employment position | 8 | 00 |
| 9 Subtotal: Add lines 6 through 8 in each column, and enter the total | 9 | 00 |

Part 3 Qualification for Credit and Credit Amount Passed Through From S corporations and Partnerships

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

- 11** Enter the name of the entity that received the Certification from the Arizona Commerce Authority and its identification number.
Be sure to include a copy of the Certification.
Name: _____
EIN: _____

| | | |
|---|-----------|----|
| 12 Enter your share of the credit for employees in first year or partial year of employment in a qualified employment position | 12 | 00 |
| 13 Enter your share of the credit for employees in the second year of continuous employment in a qualified employment position | 13 | 00 |
| 14 Enter your share of the credit for employees in the third year of continuous employment in a qualified employment position | 14 | 00 |
| 15 Subtotal: Add lines 12 through 14, and enter the total..... | 15 | 00 |

| | |
|---------------------------|-----|
| Name (as shown on page 1) | TIN |
|---------------------------|-----|

Part 4 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 Total Credit: Add lines 16 through 18, and enter the total. This is the total credit for new employment for this taxable year | 19 | | 00 |

Part 5 S Corporation Credit Election and Shareholder's Share of Credit

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

- Claim the credit for new employment as shown on Part 4, line 19 (for the taxable year mentioned above);
- OR**
- Pass the credit for new employment as shown on Part 4, 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 26 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 4, line 19 | 23 | | 00 |
| 24 Shareholder's share of the amount on Part 4, line 16 | 24 | | 00 |
| 25 Shareholder's share of the amount on Part 4, line 17 | 25 | | 00 |
| 26 Shareholder's share of the amount on Part 4, line 18 | 26 | | 00 |

Part 6 Partner's Share of Credit

Complete lines 27 through 32 separately for each partner. Furnish each partner with a copy of the Certification and pages 1 through 3 of Form 345.

27 Name of partner: _____

28 Partner's TIN: _____

| | | | |
|--|-----------|--|----|
| 29 Partner's share of the credit for new employment on Part 4, line 19 | 29 | | 00 |
| 30 Partner's share of the amount on Part 4, line 16 | 30 | | 00 |
| 31 Partner's share of the amount on Part 4, line 17 | 31 | | 00 |
| 32 Partner's share of the amount on Part 4, line 18 | 32 | | 00 |

Continued on page 3 →

| | |
|---------------------------|-----|
| Name (as shown on page 1) | TIN |
|---------------------------|-----|

Part 7 Available Credit Carryover

| | (a) | (b) | (c) | (d) | (e) |
|---|-----|-----|-----|-----------|-----|
| 33 Taxable year | | | | | |
| 34 Original credit amount | 00 | 00 | 00 | 00 | 00 |
| 35 Amount previously used..... | 00 | 00 | 00 | 00 | 00 |
| 36 Tentative carryover: Subtract line 35 from line 34..... | 00 | 00 | 00 | 00 | 00 |
| 37 Amount unallowable: See instructions..... | 00 | 00 | 00 | 00 | 00 |
| 38 Available carryover: Subtract line 37 from line 36..... | 00 | 00 | 00 | 00 | 00 |
| | | | | | |
| 39 TOTAL AVAILABLE CARRYOVER..... | | | | 39 | 00 |

Part 8 Total Available Credit

- 40** Current year's credit for new employment:
- Individuals, corporations, exempt organizations with UBTI, or S corporations: Enter the amount from Part 4, line 19.
 - S corporation shareholders: Enter the amount from Part 5, line 23.
 - Partners of a partnership: Enter the amount from Part 6, line 29..... **40**
- Individuals: Also enter this amount on Form 301, Part 1, line 26, column (a).
Corporations, S corporations, and exempt organizations with UBTI: Also enter this amount on Form 300, Part 1, line 20, column (a).
- 41** Available credit carryover from Part 7, line 39, column (e) **41**
- Individuals: Also enter this amount on Form 301, Part 1, line 26, column (b).
Corporations, S corporations, and exempt organizations with UBTI: Also enter this amount on Form 300, Part 1, line 20, column (b).
- 42** **Total available credit:** Add lines 40 and 41..... **42**
- Individuals: Also enter total here and on Form 301, Part 1, line 26, column (c).
Corporations, S corporations, and exempt organizations with UBTI: Also enter total here and on Form 300, Part 1, line 20, column (c).

Form 345-1

Employees at Business Location

2014

Complete a Form 345-1 for each employee, whether or not the employee is in a qualified employment position. (See instructions)

1 Employee name: _____

2 Employee's taxpayer identification number (TIN)..... _____

3a What credit year are you claiming for this employee? First Second Third Not qualified for credit, or fourth year or more

3b Is this employee a replacement of another employee who left a qualified employment position in the second or third year? (See instructions)..... Yes No

3c If the answer to line 3b is "Yes", did the total time the position was vacant from the date the employment position was originally filled to the end of the current tax year total 90 days or less? (See instructions)..... Yes No

3d If the answer to line 3c is "Yes", enter the name of the replaced employee, his or her social security number, and termination date:

| Employee Name | Social Security Number | Termination Date |
|---------------|------------------------|---------------------|
| | | M M D D Y Y Y Y |

4a Current date of employment..... M M | D D | Y Y Y Y

4b Termination date, if the employee was terminated before the end of the taxable year M M | D D | Y Y Y Y

4c If the employee was terminated, is he or she replaced by a new hire in the same qualified employment position? Yes No
If the answer is "Yes", enter the name of the new hire, his or her social security number, and hire date:

| Employee Name | Social Security Number | Hire Date |
|---------------|------------------------|---------------------|
| | | M M D D Y Y Y Y |

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

5b If employee was previously employed by the business, list the date of separation..... M M | D D | Y Y Y Y

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 M M | D D | Y Y Y Y

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. _____

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 \$ _____ .00

8b Employee's HOURLY wage in dollars and cents..... \$ _____ .

9a Total cost of health insurance provided by employer for employee. (See instructions.)..... \$ _____ .00

9b Total cost of health insurance for employee paid by employer. (See instructions.)..... \$ _____ .00

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 (M M | D D | Y Y Y Y) and indicate whether the individual is a second year employee or a third year employee. See instructions for the qualification before answering this question.

Check only one box: Second year employee Third year employee

Form 345-2

Employees in Qualified Employment Positions

2014

| | (a) Employee's Name | (b) Social Security Number | (c) Type of Employee | | | (d) Limitation on Total Number of Credits |
|----|--|-------------------------------|---|---------------------------------------|---------------------------------------|--|
| | | | Check the appropriate box. This employee is a: | | | |
| | | | (c1) 1 st Year Employee | (c2) 2 nd Year Employee | (c3) 3 rd Year Employee | See instructions before checking this box. |
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| 23 | | | | | | |
| 24 | TOTAL: Add lines 1 through 23 including only lines with check marks. Enter the total for each column | | | | | |

If you are claiming more than 23 employees in qualified employment positions, complete additional schedules.