

Include with your return.

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 2014 or fiscal year beginning MM,DD,2014 and ending MM,DD,YYYY.

Your Name as shown on Form 140, 140PY, 140NR, 140X, 99T, 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 1 Business Information

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

- 3 Employer Identification Number: _____

Part 2 Credit Computation

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

Part 3 S Corporation Credit Election and Shareholder's Share of Credit

7 The S corporation has made an irrevocable election for the taxable year ending MM,DD,YYYY to (**check only one box**):

- Claim the credit for qualified health insurance plans, as shown on Part 2, line 6 for the taxable year mentioned above;
- OR
- Pass the credit for qualified health insurance plans, as shown on Part 2, 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 2, line 6 **10**

	00

Part 4 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 2, line 6 **13**

	00

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

Part 5 Available Credit Carryover

	(a) Taxable Year from which you are carrying a credit	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract column (c) from column (b).
14	2012	00	00	00
15	2013	00	00	00
16				
17	TOTAL AVAILABLE CARRYOVER: Add lines 14 and 15 in column (d).....			00

Part 6 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 2, line 6.
 - S corporation shareholders: Enter the amount from Part 3, line 10.
 - Partners of a partnership: Enter the amount from Part 4, line 13 **18** 00
- Individuals: Also enter this amount on Arizona Form 301, Part 1, line 28, column (a).
Corporations, S corporations, and exempt organizations with UBTI: Also enter this amount on Arizona Form 300, Part 1, line 22, column (a).
- 19** Available carryover from Part 5, line 17, column (d)..... **19** 00
- Individuals: Also enter this amount on Arizona Form 301, Part 1, line 28, column (b).
Corporations, S corporations, and exempt organizations with UBTI: Also enter this amount on Arizona Form 300, Part 1, line 22, column (b).
- 20** Total Available Credit: Add lines 18 and 19 and enter the total **20** 00
- Individuals: Enter this total on Arizona Form 301, Part 1, line 28, column (c).
Corporations, including S corporations that are claiming the credit and exempt organizations with UBTI: Also enter this amount on Arizona Form 300, Part 1, line 22, column (c).

Form 347-1

Qualified Employees for Which You Are Claiming a Credit

2014

(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 you are claiming the credit for more than 20 employees, enter the total from all schedules... 21		

If you have more than 20 qualifying employees, include additional schedules.