

Include with your return.

For the calendar year 2015 or fiscal year beginning MM,DD,2015 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 qualifying employees placed on active duty during the current taxable year	4		
5 Credit per employee	5	1,000	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 employing national guard members, as shown on Part 2, line 6 for the taxable year mentioned above;
- OR
- Pass the credit for employing national guard members, 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 333.

- 8 Name of shareholder: _____
- 9 Shareholder's TIN: _____

10 Shareholder's share of the amount on Part 2, line 6	10		00
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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 333.

- 11 Name of partner: _____
- 12 Partner's TIN: _____

13 Partner's share of the amount on Part 2, line 6	13		00
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Continued on page 2 →

Your Name (as shown on page 1)	Your Social Security or Employer Identification Number
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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	2010	00	00	00
15	2011	00	00	00
16	2012	00	00	00
17	2013	00	00	00
18	2014	00	00	00
19	TOTAL AVAILABLE CARRYOVER: Add lines 14 through 18, column (d)...			00

Part 6 Total Available Credit

20	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. • Individuals: Also, enter this amount on <i>Arizona Form 301, Part 1, line 18, column (a)</i> . • Corporations, S corporations that are claiming the credit, and exempt organizations with UBTI: Also, enter this amount on <i>Arizona Form 300, Part 1, line 12, column (a)</i>	20	00
21	Available carryover from Part 5, line 19, column (d). • Individuals: Also, enter this amount on <i>Arizona Form 301, Part 1, line 18, column (b)</i> . • Corporations, S corporations that are claiming the credit, and exempt organizations with UBTI: Also, enter this amount on <i>Arizona Form 300, Part 1, line 12, column (b)</i>	21	00
22	Total Available Credit: Add lines 20 and 21 and enter the total. • Individuals: Also, enter this amount on <i>Arizona Form 301, Part 1, line 18, column (c)</i> . • Corporations, including S corporations that are claiming the credit, and exempt organizations with UBTI: Also, enter this amount on <i>Arizona Form 300, Part 1, line 12, column (c)</i>	22	00

Your Name (as shown on Form 333, page 1)

Your Social Security or Employer Identification Number

Page ____ of ____

Form 333-1

Qualifying Employees

2015

	(a) Employee Name	(b) Social Security Number	(c) Date of Hire	(d) Date placed on Active Duty	(e) Was this employee in a full-time employment position when placed on active duty?	(f) Did this employee serve on active duty during the taxable year for training that exceeds the required annual training period, including any activation for federal or state contingencies or emergencies?
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If you have more than 16 qualifying employees, complete additional schedules and include with the form.