

Include this completed form and the Certification of Qualification from the Arizona Commerce Authority with your return.

For the calendar year 2017 or fiscal year beginning [M,M|D,D|2,0,1,7] 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
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Part 1 Listing of Post-Approved Qualified Facilities and Apportioned Credit Amount

List qualified facilities for which you are entitled to claim a credit during this taxable year. If you have more than two facilities, include additional schedules. See instructions.

(a) Arizona Commerce Authority Post-Approval Information			(b) Apportioned Credit Amount	
(a)1 Allocation Year	(a)2 Post-Approval Date	(a)3 Post-Approval Number		
1	YYYY	M M D D Y Y Y Y		00
2	YYYY	M M D D Y Y Y Y		00
3	Enter the total from all additional schedules.....		3	00
4	Enter the total amount of this credit passed through from partnerships on Form 349-P, Part 1, line 3c.....		4	00
5	Enter the total amount of this credit passed through from S corporations on Form 349-S, Part 1, line 3c.....		5	00
6	Subtotal: Add lines 1 through 5, column (b). Enter the total. This is your total apportioned credit amount.....		6	00

Part 2 Full-Time Employment Positions Vacant More Than 150 Days

List the number of full-time employment positions which were vacant for more than 150 days since the credit was approved. If positions were vacant at more than two facilities, include additional schedules. See instructions.

(a) Allocation Year	(b) Post-Approval Number	(c) Number of Employees	(d) Reduction	(e) Total	
7	YYYY		\$4,000.00		00
8	YYYY		\$4,000.00		00
9	Total from all additional schedules.....			9	00
10	Subtotal: Add lines 7 through 9, column (e). Enter the total. This is the amount of your credit reduction.....			10	00

Part 3 Net Credit

11 Subtract the amount on line 10 from the amount on line 6. Enter the difference. If less than zero, enter "0".....	11		00
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Part 4 Credit Recapture

12 Date on which the certification of the business as a qualified facility was terminated or revoked.....	12	M M D D Y Y Y Y	
13 Total recapture of apportioned credit for qualified facilities: Enter the total amount(s) of the credit(s) previously claimed for the facility(ies) whose certification was terminated or revoked. If more than one certification has been terminated or revoked, enter the total amount.....	13		00
14 Enter the partner's portion of this credit to be recaptured from Form 349-P, Part 2, line 7.....	14		00
15 Enter the S corporation shareholder's portion of this credit to be recaptured from Form 349-S, Part 2, line 7.....	15		00
16 Add lines 13 through 15. Enter the total. This is your total recapture amount.....	16		00

Continued on page 2 →

Name (as shown on page 1)	EIN
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Part 5 S Corporation Credit Election

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

17a Claim the credit for qualified facilities as shown in Part 3, line 11 (for the taxable year indicated above);

OR

17b Pass the credit for qualified facilities as shown in Part 3, line 11 (for the taxable year indicated above), through to its shareholders.

Signature _____ Title _____ Date _____

If passing the credit through to the shareholders, complete Form 349-S for each shareholder.

- Provide a completed copy of Form 349-S to each shareholder.
- Include a copy of each completed Form 349-S with your tax return.
- Keep a copy of each completed Form 349-S for your records.

Part 6 Partnerships

Partnerships passing the credit through to its partners, complete Form 349-P for each partner.

- Provide a completed copy of Form 349-P to each partner.
- Include a copy of each completed Form 349-P with your tax return.
- Keep a copy of each completed Form 349-P for your records.

Part 7 Credit Recapture Summary

18 Enter the taxable year(s) in which you took a credit for a business as a qualified facility whose certification has been terminated or revoked:

19 Total amount of credit recaptured:

- *Individuals, C corporations, S corporations, and exempt organizations with UBTI:* Enter the amount from Part 4, line 16.
- *Individuals:* Also enter this amount on Form 301, Part 2, line 38.
- *C corporations, S corporations that claimed this credit at the corporate level, and exempt organizations with UBTI:* Also enter this amount on Form 300, Part 2, line 29.....

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Part 8 Total Apportioned Credit Claimed This Taxable Year

20 Total apportioned credit for qualified facilities:

- *Individuals, C corporations, S corporations claiming this credit at the corporate level, and exempt organizations with UBTI:* Enter the amount from Part 3, line 11.
- *Partnerships:* Enter "0".
- *S corporations electing to pass this credit through to individual shareholders:* Enter "0".
- *Individuals:* Also enter this amount on Form 140, line 57; or Form 140NR, line 64; or Form 140PY, line 68; or Form 140X, line 43.
- *C corporations:* Also enter this amount on Form 120, line 22; or Form 120A, line 14; or Form 120X, line 22(c).
- *Exempt organizations with UBTI:* Also enter this amount on Form 99T, line 12.
- *S corporations that claimed this credit at the corporate level:* Also enter this amount on Form 120S, line 18.....

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