14 Previously Qualified Employees in the

Third Year of Continuous Employment...... 14

15 Current year's pass-through amounts from all Partnership(s): Enter the total amount from Form(s) 320-P. See instructions.......15

16 Current year's pass-through amounts from all S corporation(s): Enter the total amount from Form(s) 320-S. See instructions.......16

column (a), (b), and (d), add lines 12 through 16, and enter the total for each column...... 17

17 Total Current Year's Credit: For each

liciuu	e with your return.								
ļ	For the calendar year 2019 or fiscal year be	ginning M.M.L	D, D 2, 0, 1	_9_ and	l en	ding M.M.	D,Dr	Y, Y, Y, Y,.	
Your Na	me as shown on Form 140, 140NR, 140PY, 140X, 99T	, 120, 120A, 120S	, 120X or 165	Your Soc	ial S	ecurity or Emp	oloyer l	dentification Num	ber
Spouse's	s Name as shown on Form 140, 140NR, 140PY, 140X	(if a joint return)		Spouse's	Soc	ial Security N	umber		
opouco.	3 Tamb	(ii a joint rotain)		Орошоо	, 000	nai coodiny is	amboi		
Part 1	Business Information								
1	Business name:						1		
2	Business location:						ı		
	-						-		
3							1		
	_								
Part 2	· · · · · · · · · · · · · · · · · · ·						<u> </u>		7
_	4 Average number of qualified employment positions during the current taxable year								
_	 5 Average number of qualified employment positions during the immediately preceding taxable year 6 Net increase in the number of qualified employment positions: Subtract line 5 from line 4								
7	Number of positions on line 6 that are eligible for	•					7		1
8	Maximum number of positions eligible for the c	•					8]
Part 3	Qualifying New Employees								
							9		1
10	9 New employees hired during the year 0 Qualified new employees								1
11	Maximum number of qualifying net new employ						11]
Dowt 4	Credit Coloniation for Onalitied France								
Part 4	Credit Calculation for Qualified Emplo		(le			(a)		(d)	
		(a) No. of Qualifying	(b	')		(c)		(d)	
		Employees	Qualifying	g Wages		Percentage	<i> </i>	Allowable Credit	
								<u> </u>	
	Qualifying Net New Employees12		\$		00	25%	\$		00
13	Previously Qualified Employees in the Second Year of Continuous Employment13		\$		00	33.33%	œ.		00
	Occord real of Continuous Employment 13	1	ıΨ		IUU	JJ.JJ%	ıΦ		IUUI

Note: Do not take a subtraction for the same wage expense for which a credit is claimed.

• Individuals: If you are claiming a current year's credit you must add-back on your tax return, under Other Additions to Income, the total net amount of qualifying wage expenses entered on line 17, column (b).

00

00

00

50%

- C Corporations, Partnerships and Exempt organizations with UBTI: If you are claiming a current year's credit you must add-back on your tax return, under Additions related to Arizona tax credits, the total net amount of qualifying wage expenses entered on line 17, column (b).
- S corporations: If you are passing the current year's credit to your shareholders you must report, on each shareholder's Form 320-S, Part 3, line 5, the net amount of qualifying wage expenses enter on line 17, column (b).

Continued on page 2 →

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Your Name (as shown on page 1)				Your Social Security or Employer Identification Number					
Part 5	Partner's Share	of Credit							
Partners	•								
	not complete Part 7 an								
		parately for each partner.							
	=	a copy of Form 320-P.		_					
Part 6		redit Election and Sha s made an irrevocable ele				V V			
	to (check only one b		ction for the taxable year	enu	iiiig. [ivi,ivi]D,D]T,T				
	to (encon only one s	σχ _j .							
	(a) Claim the credi	it for employment of TANF re	ecipients, as shown on Part	t4, lin	ne 17, column (d) for the ta	axable year mentioned	above		
	OR								
		it for employment of TANF	recipients, as shown on	Part 4	4, line 17, column (d) for	r the taxable year men	ntioned		
	above, throug	h to its shareholders.							
	Signature		Title		Date				
	• •	ed, continue to Part 7.							
	If box (b) is checked								
		arate Form 320-S for each							
		areholder with a copy of F hat have a carryover avail:		ior ve	oar must complete Dari	t 7: and Dart 9 lines 1	26		
		rryover is available do not	Telephone and the contract of	-	eai musi complete Fan	t 7, and Fart 0, lines 2	20		
	una 27. 11110 0a	Tryovor lo avallable de flot	. complete i art i aria i a						
Part 7	Available Credit								
	(a)	(b)	(c)		(d)				
	Taxable Year from which you are	Original Credit Amount	Amount Previously Use	ea	Available Carryover:				
	carrying the credit				Subtract column (c) from	n			
				T	column (b).	 			
19	2014	0	0	00		00			
20	2015	0	0	00		00			
04		i							
21	2016	0	0	00		00			
21 22	2016	0		00		00			
22	2017	0	0	00		00			
			0						
22 23	2017	0	0	00		00			
22 23	2017	0	0	00		00			
22 23 24	2017	00 over: Add lines 19 through	0	00		00			
22 23 24 Part 8 25	2017 2018 Total Available Carryo Total Available C Current year's credit:	00 over: Add lines 19 through	0 0 1 23, column (d)	00		00			
22 23 24 Part 8 25	2017 2018 Total Available Carryo Total Available C Current year's credit: Individuals, C corpor	over: Add lines 19 through tredit	o 23, column (d)	00	mpt organizations with	00			
22 23 24 Part 8 25	2017 2018 Total Available Carryo Total Available C Current year's credit: Individuals, C corpor UBTI: Enter the an	over: Add lines 19 through redit rations, S corporations that nount from Part 4, line 17,	are claiming the credit, or column (d).	00 00 24		00			
22 23 24 Part 8 25	2017 2018 Total Available Carryo Total Available C Current year's credit: Individuals, C corpor UBTI: Enter the an Individuals: Also, e	over: Add lines 19 through credit rations, S corporations that nount from Part 4, line 17, nter this amount on <i>Arizor</i>	are claiming the credit, or column (d)	00 00 24 exer	olumn (a).	00			
22 23 24 Part 8 25	2017 2018 Total Available Carryo Total Available C Current year's credit: Individuals, C corpor UBTI: Enter the an Individuals: Also, e C corporations, S co	over: Add lines 19 through redit rations, S corporations that rount from Part 4, line 17, nter this amount on <i>Arizor</i> orporations that are claimi	are claiming the credit, or column (d). a Form 301, Part 1, line ing the credit, and exemp	00 00 24 exer	olumn (a). ganizations with UBTI:	00 00 00	00		
22 23 24 Part 8 25	2017 2018 Total Available Carryo Total Available C Current year's credit: Individuals, C corpor UBTI: Enter the an Individuals: Also, e C corporations, S co Also, enter this amo	over: Add lines 19 through redit rations, S corporations that rount from Part 4, line 17, nter this amount on Arizor orporations that are claiming ount on Arizona Form 300,	are claiming the credit, or column (d). na Form 301, Part 1, line ing the credit, and exemp, Part 1, line 7, column (a)	00 00 24 exer	olumn (a). ganizations with UBTI:	00 00 00	00		
22 23 24 Part 8 25	2017 2018 Total Available Carryo Total Available C Current year's credit: Individuals, C corpor UBTI: Enter the an Individuals: Also, e C corporations, S co Also, enter this amo Available carryover: If	over: Add lines 19 through redit rations, S corporations that rount from Part 4, line 17, nter this amount on <i>Arizor</i> orporations that are claimi	are claiming the credit, or column (d). are form 301, Part 1, line ing the credit, and exempt, Part 1, line 7, column (d).	00 00 24 24 29, ccopt organia)	olumn (a). ganizations with UBTI:	00 00 00	OC		
22 23 24 Part 8 25	2017 2018 Total Available Carryo Total Available C Current year's credit: Individuals, C corpor UBTI: Enter the an Individuals: Also, e C corporations, S co Also, enter this amo Available carryover: I Individuals: Also, e	over: Add lines 19 through redit rations, S corporations that rount from Part 4, line 17, nter this amount on Arizon orporations that are claimi ount on Arizona Form 300, Enter the amount from Part	are claiming the credit, or column (d). a Form 301, Part 1, line ing the credit, and exemp, Part 1, line 7, column (art 7, line 24, column (d). a Form 301, Part 1, line 7, redumn (d).	00 00 24 24 29, ccc exer	olumn (a). ganizations with UBTI: olumn (b).	00 00 00	00		
22 23 24 Part 8 25	2017 2018 Total Available Carryo Total Available C Current year's credit: Individuals, C corpor UBTI: Enter the an Individuals: Also, e C corporations, S c Also, enter this amo Available carryover: I Individuals: Also, e C corporations, S c C corporations, S c	over: Add lines 19 through redit rations, S corporations that reduct from Part 4, line 17, near this amount on Arizon orporations that are claims ount on Arizona Form 300, Enter the amount from Parter this amount on Arizon	are claiming the credit, or column (d). a Form 301, Part 1, line ing the credit, and exemp, Part 1, line 24, column (d). a Form 301, Part 1, line 77, line 247, column (d). a Form 301, Part 1, line 17, line 18, column (d). a Form 301, Part 1, line 18, column (d). a Form 301, Part 1, line 18, column (d).	00 00 24 24 29, ccept org	olumn (a). ganizations with UBTI:olumn (b). ganizations with UBTI:	00 00 00	00		
22 23 24 Part 8 25	2017 2018 Total Available Carryo Total Available C Current year's credit: Individuals, C corpor UBTI: Enter the an Individuals: Also, e C corporations, S co Also, enter this amo Available carryover: I Individuals: Also, e C corporations, S co Also, enter this amo Total Available Credit:	over: Add lines 19 through a redit rations, S corporations that anount from Part 4, line 17, neer this amount on Arizor orporations that are claiming out on Arizona Form 300, and the this amount on Arizor orporations that are claiming out on Arizona Form 300, and Add lines 25 and 26 and	are claiming the credit, or column (d). na Form 301, Part 1, line ing the credit, and exemp, Part 1, line 7, column (d). na Form 301, Part 1, line ing the credit, and exemple in the credit, and exemple in the credit.	00 00 00 24 r exer e 9, cc e 9, cc e 9, cc e 9, cc	olumn (a). ganizations with UBTI:olumn (b). ganizations with UBTI:	00 00 00			
22 23 24 Part 8 25 26	2017 2018 Total Available Carryo Total Available C Current year's credit: Individuals, C corpor UBTI: Enter the an Individuals: Also, e C corporations, S co Also, enter this amo Available carryover: I Individuals: Also, e C corporations, S co Also, enter this amo Total Available Credit: Individuals: Also, er	over: Add lines 19 through redit rations, S corporations that rount from Part 4, line 17, neer this amount on Arizon orporations that are claimi ount on Arizona Form 300, Enter the amount from Painter this amount on Arizon orporations that are claimi ount on Arizona Form 300, Add lines 25 and 26 and after on Arizona Form 301,	are claiming the credit, or column (d). The area of a second of a	00 00 00 24 29, cc espectoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotoregotorego	olumn (a). ganizations with UBTI: olumn (b). ganizations with UBTI:	00 00 00			
22 23 24 Part 8 25 26	2017 2018 Total Available Carryo Total Available C Current year's credit: Individuals, C corpor UBTI: Enter the and Individuals: Also, e C corporations, S co Also, enter this amo Available carryover: I Individuals: Also, e C corporations, S co Also, enter this amo Total Available Credit: Individuals: Also, er C corporations, S co	over: Add lines 19 through a redit rations, S corporations that anount from Part 4, line 17, neer this amount on Arizor orporations that are claiming out on Arizona Form 300, and the this amount on Arizor orporations that are claiming out on Arizona Form 300, and Add lines 25 and 26 and	are claiming the credit, or column (d). The area reading the credit, or column (d). The area readit, and exemply, Part 1, line 7, column (d). The area readit, and exemply, Part 1, line 24, column (d). The area readit, and exemply, Part 1, line 7, column (b). The area readit, and exemply, Part 1, line 7, column (b). The area readit, and exemply reading the credit, and exemply reading the credit, and exemply.	00 00 00 24 24 29, ccc 29, ccc 29, ccc 29, ccc 29, ccc 20, ccc	olumn (a). ganizations with UBTI: column (b). ganizations with UBTI:	00 00 00 25			

Your Name (as shown on Form 320 page 1)		Your Social Security or E	Page of						
	Form 320-1	Qualifying Employees					2019		
	(a) Employee's Name	(b) Social Security Number	(c) Date of Hire	(d) Was this empl an Arizona res on date of hire	ident rec	ceiving T nefits on	mployee		
1				☐ Yes ☐	No 🗆] Yes	□No		
2				☐ Yes ☐	No 🗆] Yes	□No		
3				☐ Yes ☐	l No □] Yes	□No		
4				☐ Yes ☐	l No □] Yes	□No		
5				☐ Yes ☐	No 🗆] Yes	□ No		
6				☐ Yes ☐	No 🗆] Yes	□ No		
7				☐ Yes ☐	l No 🗆] Yes	□ No		
8				☐ Yes ☐	No 🗆] Yes	□ No		
9				☐ Yes ☐	No 🗆] Yes	□ No		
10				☐ Yes ☐	No 🗆] Yes	□ No		
11				☐ Yes ☐	No 🗆] Yes	□ No		
12				☐ Yes ☐	No 🗆] Yes	□ No		
13				☐ Yes ☐	No 🗆] Yes	□ No		
14				☐ Yes ☐	No 🗆] Yes	□ No		
15				☐ Yes ☐	No 🗆] Yes	□ No		
16				☐ Yes ☐	No 🗆] Yes	□ No		
17				☐ Yes ☐	No 🗆] Yes	□ No		
18				☐ Yes ☐	No 🗆] Yes	□ No		
19				☐ Yes ☐	No 🗆] Yes	□ No		
20				☐ Yes ☐	No 🗆] Yes	□ No		
21				☐ Yes ☐	No 🗆] Yes	□ No		
22				☐ Yes ☐	No 🗆] Yes	□No		
23				☐ Yes ☐	No 🗀] Yes	□No		
24				☐ Yes ☐	No 🗆] Yes	□ No		

If you have more than 25 qualifying employees, complete additional schedules and include behind this page.

							Page	of	
Form 320-2 Qualify	ring Employees for '	Which Y	ou are (Claiming	a Credit		20	19	
(a) Employee's Name	(b) Social Security Number	(c) Type of Employee Check the appropriate box. This employee is a:			(d) Total Wages Paid to the Employee During the Current Taxable Year Less	(e) Maximum Allowable Enter the lesser of column the maximum allowed below		ın (d) or	
		(c1) 1 st Year Employee	(c2) 2 nd Year Employee	(c3) 3 rd Year Employee	Wages Subsidized as Provided by A.R.S. §46-299	(e1) Year 1 \$2000	(e2) Year 2 \$3000	(e3) Year 3 \$3000	
1					00)			
2					00				
3					00				
4					00)			
5					00)			
6					00)			
7					00)			
8					00)			
9					00)			
10					00)			
11					00)			
TOTAL: • For column (c), add the number of employees in each and enter the total for each column on line 12. • For columns (d) and (e), add the amounts in each column on the each col									

Your Social Security or Employer Identification Number

If you have more than 11 qualifying employees for which you are claiming a credit, complete additional schedules and include behind this page.

enter the total for each column on line 12.

Your Name (as shown on Form 320, page 1)