

For taxable year beginning MM / DD / YYYY, and ending MM / DD / YYYY

Attach to your return

Name(s) as shown on Forms 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X, or 165	Your social security number or federal employer ID number
--	---

Part I Business Information

1 Business name	1	
2 Business location	2	
3 Federal employer identification number	3	
4 Name of military reuse zone	4	

Part II Net Increase in Employment

5 Average employment during the current taxable year	5	
6 Employment baseline for preceding taxable year	6	
7 Net increase in employment - <i>subtract line 6 from line 5</i>	7	

Part III Maximum Number of New Employees

8 Dislocated military base employees. <i>Enter the number of new employees who are dislocated military base employees</i>	8	
9 Non-dislocated military base employees. <i>Enter the number of new employees who are non-dislocated military base employees</i>	9	
10 Total number of new employees. <i>Add line 8 and line 9</i>	10	
11 Net increase in employment. <i>Enter the number from Part II, line 7</i>	11	
12 Maximum number of new employees. <i>Enter the lesser of line 10 or line 11</i>	12	

Part IV Credit Calculation for Dislocated Military Base Employees

		(a) Number of dislocated military base employees	(b) Credit allowed per employee	(c) Allowable credit
13	New employees in first year of employment		\$1,000	
14	Employees in the second year of continuous employment		\$1,500	
15	Employees in the third year of continuous employment		\$2,000	
16	Employees in the fourth year of continuous employment		\$2,500	
17	Employees in the fifth year of continuous employment		\$3,000	
18	Total			

Part V Credit Calculation for Non-Dislocated Military Base Employees

	(a) Number of non-dislocated military base employees	(b) Credit allowed per employee	(c) Allowable credit
19	New employees in first year of employment	\$500	
20	Employees in the second year of continuous employment	\$1,000	
21	Employees in the third year of continuous employment	\$1,500	
22	Employees in the fourth year of continuous employment	\$2,000	
23	Employees in the fifth year of continuous employment	\$2,500	
24	Total		

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

25 The S corporation has made an irrevocable election for the taxable year ending MM / DD / YYYY to:
(CHECK ONLY ONE BOX)

Claim the military reuse zone credit shown on Part IV, line 18, column (c) and Part V, line 24, column (c) (for the taxable year mentioned above);

OR

Pass the military reuse zone credit shown on Part IV, line 18, column (c) and Part V, line 24, column (c) (for the taxable year mentioned above) through to its shareholders.

Signature _____

Title _____

Date _____

If passing the credit through to the shareholder, complete lines 26 through 29 separately for each shareholder.
Furnish each shareholder with a copy of the completed Form 306.

26 Name of shareholder _____

27 Shareholder's TIN _____

28 Shareholder's share of the amount on Part IV, line 18, column (c) _____

29 Shareholder's share of the amount on Part V, line 24, column (c) _____

Part VII Partner's Share of Credit

Complete lines 30 through 33 separately for each partner.
Furnish each partner with a copy of the completed Form 306.

30 Name of partner _____

31 Partner's TIN _____

32 Partner's share of the amount on Part IV, line 18, column (c) _____

33 Partner's share of the amount on Part V, line 24, column (c) _____

Part VIII Available Credit Carryover

	(a)	(b)	(c)	(d)	(e)	(f)
34 Carryover credit from taxable year ending						
35 Original credit amount						
36 Amount previously used						
37 Tentative carryover - subtract line 36 from line 35						
38 Amount unallowable						
39 Available carryover - subtract line 38 from line 37						
40 Total available carryover						

Part IX Total Available Credit

41 Current year's credit for dislocated military base employees. Individuals, corporations, or S corporations - enter amount from Part IV, line 18, column (c). S corporation shareholders - enter amount from Part VI, line 28. Partners of a partnership - enter amount from Part VII, line 32	41		
42 Current year's credit for non-dislocated military base employees. Individuals, corporations, or S corporations - enter amount from Part V, line 24, column (c). S corporation shareholders - enter amount from Part VI, line 29. Partners of a partnership - enter amount from Part VII, line 33	42		
43 Available credit carryover - from Part VIII, line 40, column (f).....	43		
44 Total available credit - add lines 41, 42 and 43. Enter total here and on Form 300, Part I, line 4 or Form 301, Part I, line 4....	44		

Form 306-1 (2002) All New Dislocated Military Base Employees

If you have more than 25 new dislocated military base employees, complete additional schedules.	(b)	(c)
(a) Employee name	Social security number	Date of hire or transfer
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		

Dislocated Military Base Employees Claimed

If you are claiming more than 25 dislocated military base employees, complete additional schedules.	(b)	(c)				
(a) Employee name	Social security number	Check the appropriate box. This employee is a:				
		1st year employee c1	2nd year employee c2	3rd year employee c3	4th year employee c4	5th year employee c5
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26 Total - Add lines 1 through 25. Enter the total here.						

Form 306-3 (2002) All New Non-Dislocated Military Base Employees

If you have more than 25 new non-dislocated military base employees, complete additional schedules.	(b)	(c)
(a) Employee name	Social security number	Date of hire or transfer
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		

Non-Dislocated Military Base Employees Claimed

If you are claiming more than 25 non-dislocated military base employees, complete additional schedules.	(b)	(c)				
(a) Employee name	Social security number	Check the appropriate box. This employee is a:				
		1st year employee c1	2nd year employee c2	3rd year employee c3	4th year employee c4	5th year employee c5
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26 Total - Add lines 1 through 25. Enter the total here.						