

**Form 304-1 (2007) Employees at Enterprise Zone Location**

Complete a Form 304-1 for each employee at the enterprise zone location, whether or not the employee is in a qualified employment position. See instructions for Form 304-1 (included with Instructions for Form 304, page 4) about providing the requested information in an alternative format.

- 1 Employee name \_\_\_\_\_
- 2 Employee's taxpayer identification number (TIN) \_\_\_\_\_
- 3 Employee's residence address \_\_\_\_\_
- 4a Is the residence address listed on line 3 inside or outside of an enterprise zone that is located in the same county in which the business is located?       inside       outside
- 4b If the answer on line 4a is inside, list the name of the enterprise zone in which the employee's residence address is located  
\_\_\_\_\_
- 5 Employee's residence address AT DATE OF HIRE \_\_\_\_\_  
\_\_\_\_\_
- 6a Is the residence address listed on line 5 inside or outside of an enterprise zone that is located in the same county in which the business is located?       inside       outside
- 6b If the answer on line 6a is inside, list the name of the enterprise zone in which the employee's residence address was located  
\_\_\_\_\_
- 7 Date of initial employment \_\_\_\_\_
- 8 If employee was previously employed by the business, list the last date of employment. (See instructions.)  
\_\_\_\_\_
- 9a Is the employee in a permanent full time position?       Yes       No
- 9b If the answer to line 9a is yes, list the number of hours the employee worked during the taxable year \_\_\_\_\_
- 10 Employee's annual compensation for the taxable year \$ \_\_\_\_\_
- 11a Total cost of health insurance provided by employer for employee. (See instructions.) \$ \_\_\_\_\_
- 11b Total cost of health insurance for employee paid by employer. (See instructions.) \$ \_\_\_\_\_
- 12 Is this employee in a new qualified employment position?       Yes       No
- 13a Has this employee been substituted for another employee in a qualified employment position?       Yes       No
- 13b If answer on line 13a is yes, list the date of substitution \_\_\_\_\_ and indicate whether the individual is a second year employee or a third year employee. *See instructions before answering this question.*
- Check only one box.       second year employee       third year employee