Formatted Record Master										
TY 2005 FIELD	**TY 2006 FIELD**	**FIELD NAME**	**LENGTH**	**TYPE**	**140**	**140A**	**140EZ**	**140PY**	**140NR**	**Change Date**
		Byte count	4	N	X	X	X	X	X	
		Start of Record Sentinel	4	A/N	X	X	X	X	X	
0	0	Record ID Type	6	A	X	X	X	X	X	
1	1	Form Number	6	A	X	X	X	X	X	
2	2	Page Number	5	A	X	X	X	X	X	
3	3	Taxpayer ID	9	N	X	X	X	X	X	
4	4	Filler	1	A	X	X	X	X	X	
5	5	Form/Schedule	7	N	X	X	X	X	X	
10	10	State Code	2	A	X	X	X	X	X	
11	11	City Code	2	A	X	X	X	X	X	
	15	**Imperfect Return Indicator (IRS USE ONLY)**	**1**	**A**	**X**	**X**	**X**	**X**	**X**	
19	19	State-Only-Indicator	2	A	X	X	X	X	X	
20	20	Declaration Control Number	14	N	X	X	X	X	X	
23	23	Return sequence Number	16	N	X	X	X	X	X	
24	24	Direct Deposit Indicator	1	N	X	X	X	X	X	
25	25	Reserved Rtn Flag	1	N	X	X	X	X	X	
27	27	Direct Debit Date	8	DT	X	X	X	X	X	
28	28	Direct Debit Amount	12	N	X	X	X	X	X	
30	30	State Routing Transit	9	N	X	X	X	X	X	
32	32	State RTN Indicator	1	N	X	X	X	X	X	
35	35	State Deposit Acct Number	17	A/N	X	X	X	X	X	
40	40	State Checking Acct	1	A	X	X	X	X	X	
48	48	State Savings Acct	1	A	X	X	X	X	X	
49	49	On-line State Return	1	A	X	X	X	X	X	
50	50	State Numeric Area	27	N						
(01 - 09)	(01 - 09)	Preparer's SSN or PTIN	9	N	X	X	X	X	X	
(10 - 18)	(10 - 18)	Preparer's EIN	9	N	X	X	X	X	X	
(19 - 23)	(19 - 23)	Preparer's Zip	5	N	X	X	X	X	X	
(24 - 27)	(24 - 27)	Preparer's Zip+4	4	N	X	X	X	X	X	
52	52	State Alphanumeric Area	93							
(01 - 05)	(01 - 05)	Mail Box ID	5	A/N	X	X	X	X	X	
(06 - 40)	(06 - 40)	Preparer Firm Name	35	A/N	X	X	X	X	X	
(41 - 70)	(41 - 70)	Preparer Address	30	A/N	X	X	X	X	X	
(71 - 90)	(71 - 90)	Preparer City	20	A/N	X	X	X	X	X	
(91 - 92)	(91 - 92)	Preparer State	2	A/N	X	X	X	X	X	
93	93	Preparer Self-Empl Ind	1	A/N	X	X	X	X	X	
55	55	Spouse's SSN	9	N	X	X	X	X	X	

TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	140	140A	140EZ	140PY	140NR	Change Date
60	60	Name Line 1	35							
(01 - 32)	(01 - 32)	Primary Last Name	32	A/N	X	X	X	X	X	
(33 - 35)	(33 - 35)	Primary Suffix	3	A/N	X	X	X	X	X	
62	62	Date of Death Primary	8	N	X	X	X	X	X	
65	65	Name Line 2	35	A/N	X	X	X	X	X	
(01 - 32)	(01 - 32)	Secondary Last Name	32	A/N	X	X	X	X	X	
(33 - 35)	(33 - 35)	Secondary Suffix	3	A/N	X	X	X	X	X	
68	68	Date of Death Secondary	8	N	X	X	X	X	X	
70	70	Name Line 3	35							
(01 – 16)	(01 – 16)	Primary First Name	16	A/N	X	X	X	X	X	
17	17	Primary Middle Initial	1	A/N	X	X	X	X	X	
(18 - 33)	(18 - 33)	Secondary First Name	16	A/N	X	X	X	X	X	
34	34	Secondary Middle Initial	1	A/N	X	X	X	X	X	
35	35	Filler	1	A/N	X	X	X	X	X	
74	74	C/O Address	35	A/N	X	X	X	X	X	
75	75	Address Line 1	35	A/N	X	X	X	X	X	
77	77	Foreign Street Address	35	A/N	X	X	X	X	X	
80	80	Address Line 2	35	A/N	X	X	X	X	X	
85	85	City	22	A	X	X	X	X	X	
87	87	Foreign City State or Province	35	A/N	X	X	X	X	X	
90	90	City Code	5	N	X	X	X	X	X	
95	95	State	2	A	X	X	X	X	X	
98	98	Foreign Country	22	A	X	X	X	X	X	
100	100	Zip Code	12	N	X	X	X	X	X	
105	105	County	20	A	X	X	X	X	X	
110	110	County Code	5	N	X	X	X	X	X	
115	115	Telephone Number	12	N	X	X	X	X	X	
120	120	Primary TP Signature	5	N	X	X	X	X	X	
125	125	Secondary TP Signature	5	N	X	X	X	X	X	
126	126	ERO EFIN/PIN	11	N	X	X	X	X	X	
150	150	Fed Filing Status	1	N	X	X	X	X	X	
155	155	Total Fed Exemptions	2	N	X	X	X	X	X	
160	160	Wages, Salaries, Tips	12	N	X	X	X	X	X	
165	165	Taxable Interest	12	N	X	X	X	X	X	
170	170	Tax Exempt Interest	12	N	X	X	X	X	X	
175	175	Dividends	12	N	X	X	X	X	X	
180	180	State Refund	12	N	X	X	X	X	X	
185	185	Taxable SS Benefits	12	N	X	X	X	X	X	
190	190	Keogh Plan and SEP	12	N	X	X	X	X	X	
195	195	Adjusted Gross Income	12	N	X	X	X	X	X	
200	200	Std/Item Deductions	12	N	X	X	X	X	X	
205	205	Earned Income Credit	12	N	X	X	X	X	X	

TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	140	140A	140EZ	140PY	140NR	Change Date
300	300	Alphanumeric Field 1	80							
(1 – 10)	(1 – 10)	Software Developer Code	10	A/N	X	X	X	X	X	
(11 – 41)	(11 – 41)	Paid Preparer Name	31	A/N	X	X	X	X	X	
(42 – 51)	(42 – 51)	Preparer Phone Number	10	A/N	X	X	X	X	X	
(52 – 64)	(52 – 64)	Non-Paid Preparer	13	A/N	X	X	X	X	X	
(65 – 80)	(65 – 80)	Preparer State EIN	16	A/N	X	X	X	X	X	
305	305	Alphanumeric Field 2	80							
(01 - 04)	(01 - 04)	Tax Year Ending	4	N	X	X	X	X	X	
(05 - 06)	(05 - 06)	Tax Month Ending	2	N	X	X	X	X	X	
(07 - 12)	(07 - 12)	Form Number	6	A/N	X	X	X	X	X	
13	13	Filing Status	1	N	X	X	X	X	X	
14	14	Number over 65 Exempts	1	N	X	X		X	X	
15	15	Number Blind Exempts	1	N	X	X		X	X	
(16 - 17)	(16 - 17)	Number of Dependents	2	N	X	X		X	X	
(18 - 19)	(18 - 19)	Number of Parents/Ancestors	2	N	X	X		X		
(20 - 27)	(20 - 27)	Date of Return	8	N	X	X	X	X	X	
28	28	Standard or Itemized Deductions Flag	1	A	X	X	X	X	X	
(29 - 40)	(29 - 40)	Credits Boxes	12	N	X			X	X	
41	41	Political Party	1	N	X	X		X	X	
42	42	Annualized/Other Flag	1	A	X			X	X	
43	43	Farmer/Fisherman Flag	1	A	X			X	X	
44	44	Form 221 Flag	1	A	X			X	X	
45	45	Extension Code	1	A	X	X	X	X	X	
46	46	Clean Elect Filer	1	A	X	X	X	X	X	
47	47	Clean Elect Spouse	1	A	X	X	X	X	X	
48	48	Residency Status	1	N	X	X	X	X	X	
49	49	MSA Penalty box	1	A	X			X	X	
50	50	Clean Elect Contribution “square”	1	A			X			
(51 - 52)	(51 - 52)	No. of Energy Efficient Units	2	N	X			X	X	
(53-56)	(53-56)	Electronic Postmark Time	4	HHMM	X	X	X	X	X	
57	57	Electronic Postmark Time Zone	1	A	X	X	X	X	X	
58	58	Consortium Return Indicator	1	A	X	X	X	X	X	
59	59	Fed Return E-Signature	1	A	X	X	X	X	X	
60	**60**	**Filler**	**1**	**AN**	**X**	**X**	**X**	**X**	**X**	**10/2/2006**
(61 - 64)	(61 - 64)	Arizona Percentage	4	N				X	X	
(65 – 72)	(65 – 72)	AZ Residency ‘From/To’ Date	8	N				X		
(73 – 80)	(73 – 80)	Other States of Residency	8	A				X		

TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	140	140A	140EZ	140PY	140NR	Change Date
310	310	Alphanumeric Field 3	80							
(1-9)	(1-9)	Dependent SSN 1	9	N	X	X		X	X	
(10-20)	(10-20)	Dependent Relation 1	11	A	X	X		X	X	
(21-29)	(21-29)	Dependent SSN 2	9	N	X	X		X	X	
(30-40)	(30-40)	Dependent Relation 2	11	A	X	X		X	X	
(41-49)	(41-49)	Dependent SSN 3	9	N	X	X		X	X	
(50-60)	(50-60)	Dependent Relation 3	11	A	X	X		X	X	
(61-69)	(61-69)	Dependent SSN 4	9	N	X	X		X	X	
(70-80)	(70-80)	Dependent Relation 4	11	A	X	X		X	X	
315	315	Alphanumeric Field 4	80							
(1-9)	(1-9)	Dependent SSN 5	9	N	X	X		X	X	
(10-20)	(10-20)	Dependent Relation 5	11	A	X	X		X	X	
(21-29)	(21-29)	Dependent SSN 6	9	N	X	X		X	X	
(30-40)	(30-40)	Dependent Relation 6	11	A	X	X		X	X	
(41-49)	(41-49)	Dependent SSN 7	9	N	X	X		X	X	
(50-60)	(50-60)	Dependent Relation 7	11	**A / N**	X	X		X	X	
61		~~**Refundable CR Form 329**~~	~~**1**~~	~~**A**~~	~~**X**~~			~~**X**~~	~~**X**~~	
62		~~**Refundable CR Form 330**~~	~~**1**~~	~~**A**~~	~~**X**~~			~~**X**~~	~~**X**~~	
(63-70)	**(61-68)**	**Taxpayer Birthdate**	**8**	**DT**	X	X	X	X	X	
(71-78)	**(69-76)**	**Spouse Birthdate**	**8**	**DT**	X	X	X	X	X	
79	**77**	Form 131 Indicator	1	A	X	X	X	X	X	
80	**(78-80)**	Filler	**3**	**AN**	X	X	X	X	X	
320	320	Alphanumeric Field 5	80							
(01 – 11)	(01 – 11)	Name of dependent not claimed on Federal return 1	11	A	X	X		X	X	
(12 – 22)	(12 – 22)	Name of dependent not claimed on Federal return 2	11	A	X	X		X	X	
(23 – 33)	(23 – 33)	Dependent not claimed on Federal return due to	11	A	X	X		X	X	
(34 – 44)	(34 – 44)	Dependent not claimed on Federal return due to education credits 2	11	A	X	X		X	X	
(45 – 53)	(45 – 53)	Par/Ancestor SSN 1	9	N	X	X		X		Not allowed on 140NR or 140EZ
(54 – 63)	(54 – 63)	Par/Ancestor Relation 1	10	A	X	X		X		
(64 – 80)	(64 – 80)	Previous Name 1	17	A	X	X	X	X	X	
325	325	Alphanumeric Field 6	80							
(01 – 20)	(01 – 20)	Name	20	AN	X	X		X	X	
(21 – 35)	(21 – 35)	Stillborn Certificate Number	15	AN	X	X		X	X	
(35 – 43)	(35 – 43)	Stillborn Date of Birth	8	DT	X	X		X	X	
(44 - 68)	(44 - 68)	Spouse's Full Name	25	AN	X	X		X	X	
(69 - 77)	(69 - 77)	Spouse SSN	9	N	X	X		X	X	
(78)	(78)	Community Property Allocation Record Indicator	1	A	X	X		X	X	
(79-80)	(79-80)	Filler	2	A	X	X		X	X	

TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	140	140A	140EZ	140PY	140NR	Change Date
330	330	Alphanumeric Field 7	80							
(1 - 39)	(1 - 39)	IP Address	39	AN	X	X	X	X	X	
(40 - 70)	(40 - 70)	IP Email Address	31	AN	X	X	X	X	X	
(71 -78)	(71 -78)	IP Date	8	DT	X	X	X	X	X	
(79-80)	(79-80)	IP Time Zone	2	A	X	X	X	X	X	
350	350	Fed Adjusted Gross Income	12	N	x	x	x	x	x	
355	355	Arizona Income	12	N				X	X	
360	360	Additions to Income	12	N	X			X	X	
365	365	Tot Income FAGI + Additions	12	N	X			X	X	
370	370	Exemption Over 65	12	N	X	X		X	X	
375	375	Exemption Blind	12	N	X	X		X	X	
380	380	Exemption Dependents	12	N	X	X		X	X	
385	385	Exemption Parents/Ancestors	12	N	X	X		X		
390		~~**Filler - Reserved for Future Use**~~	~~**12**~~	~~**N**~~	~~**X**~~	~~**X**~~	~~**X**~~	~~**X**~~	~~**X**~~	
395	390	Subtractions From Inc	12	N	X			X	X	
400	395	Total Subtractions	12	N		X				
405	400	AZ Adjusted Gross	12	N	X	X		X	X	
410	405	Std/Itemized Deduction	12	N	X	X		X	X	
415	410	Personal Exemptions	12	N	X	X		X	X	
420	415	Stand Deduct/Per Exempt	12	N			X			
425	420	AZ Taxable Income	12	N	X	X	X	X	X	
430	425	Tax Calculation	12	N	X	X	X	X	X	
435	430	Recapture Credits Form 301	12	N	X			X	X	
440	435	Subtotal Tax	12	N	X			X	X	
445	440	Clean Elect Reduction	12	N	X	X	X	X	X	
450	445	Reduced Tax	12	N	X	X	X	X	X	
455	450	Family Income Credit	12	N	X	X	X	X		
460	455	Subtotal Credits	12	N	X			X	X	
465	460	**Tax After Family Tax Credit Reduction**	12	N		X				
470	465	Clean Elect Credit	12	N	X	X	X	X	X	
475	470	Balance of Tax	12	N	X	X	X	X	X	
480	475	Withholding	12	N	X	X	X	X	X	
485	480	Estimated Payments	12	N	X			X	X	
490	485	Extension Amount	12	N	X	X	X	X	X	
495	490	Increase Excise Tax Credit	12	N	X	X	X	X		
500	495	PTC Credit	12	N	X	X				
~~**505**~~		~~**Other Refundable Credits**~~	~~**12**~~	~~**N**~~	~~**X**~~			~~**X**~~	~~**X**~~	
510	500	Total Payments	12	N	X	X	X	X	X	
515	505	Tax Due	12	N	X	X	X	X	X	
520	510	Overpayment	12	N	X	X	X	X	X	
525	515	Next Year Est Payment	12	N	X			X	X	

TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	140	140A	140EZ	140PY	140NR	Change Date
530	520	Balance Overpayment	12	N	X			X	X	
535	525	Aid to Education Contrib	12	N	X	X		X	X	
540	530	AZ Wildlife Contrib	12	N	X	X		X	X	
545	535	Clean Elect Contrib	12	N	X	X	X	X	X	
550	540	Child Abuse Contrib	12	N	X	X		X	X	
555	545	Domestic Violence Contrib	12	N	X	X		X	X	
	550	**National Guard Relief Fund**	**12**	**N**	**X**	**X**		**X**	**X**	
560	555	Neighbors Help Contrib	12	N	X	X		X	X	
565	560	Spec Olympic Contrib	12	N	X	X		X	X	
570	565	Political Gift	12	N	X	X		X	X	
~~575~~		~~Filler - Reserved for Future Use~~	~~12~~	~~N~~	~~X~~	~~X~~		~~X~~	~~X~~	
	570	**Total Voluntary Gifts**	**12**	**N**		**X**				
580	575	Est Underpay / MSA Penalties	12	N	X			X	X	
585	580	Total Contributions & Penalty	12	N	X	~~X~~		X	X	
590	585	Refund Amount	12	N	X	X	X	X	X	
595	590	Amount Owed	12	N	X	X	X	X	X	
600	595	Filler - Reserved for Future Use	12	N	X	X	X	X	X	
605	600	Wages, Salaries,Tips Fed	12	N				X	X	
610	605	Wages, Salaries,Tips AZ	12	N				X	X	
615	610	Interest Fed	12	N				X	X	
620	615	Interest AZ	12	N				X	X	
625	620	Dividends Fed	12	N				X	X	
630	625	Dividends AZ	12	N				X	X	
635	630	AZ Inc Tax Refund Fed	12	N				X	X	
640	635	AZ Inc Tax Refund AZ	12	N				X	X	
645	640	Alimony Fed	12	N				X		
650	645	Alimony AZ	12	N				X		
655	650	Business Inc (C) Fed	12	N				X	X	
660	655	Business Inc (C) AZ	12	N				X	X	
665	660	Gain/Loss (D) Fed	12	N				X	X	
670	665	Gain/Loss (D) AZ	12	N				X	X	
675	670	Rents etc (E) Fed	12	N				X	X	
680	675	Rents etc (E) AZ	12	N				X	X	
685	680	Other Fed Income Fed	12	N				X	X	
690	685	Other Fed Income AZ	12	N				X	X	
695	690	Total Income Fed	12	N				X	X	
700	695	Total Income AZ	12	N				X	X	
705	700	Other Fed Adjust Fed	12	N				X	X	
710	705	Other Fed Adjust AZ	12	N				X	X	
715	710	Fed Adjusted Gross	12	N				X	X	

TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	140	140A	140EZ	140PY	140NR	Change Date
720	715	Arizona Income	12	N				X	X	
725	720	Non-AZ Mun Interest	12	N	X			X	X	
730	725	Early Withdraw AZ Ret	12	N	X			X	X	
735	730	Lump Sum	12	N	X					
740	735	Total federal depreciation	12	N	X			X	X	
745	740	Med Sav Distrb	12	N	X					
750	745	IRC 179 expense in excess of allowable amount	12	N	X					
755	750	Other Additions	12	N	X			X	X	
760	755	Total Additions	12	N	X			X	X	
765	760	Total Exemptions	12	N	X			X	X	
770	765	Percent AZ Exempt	12	N				X	X	
775	770	Int Savings Bond	12	N	X			X	X	
780	775	Exclusive Govt Pens	12	N	X					
785	780	AZ Lottery Winnings	12	N	X			X	X	
790	785	SS or RR Benefits	12	N	X			X		
795	790	Agric Crops Contrib	12	N					X	
800	795	Recalculated Arizona depreciation	12	N	X					
805	800	Wages Native American	12	N	X					
810	805	Inc Tax Refund Other States	12	N	X					
815	810	Med Savings Deposit	12	N	X					
820	815	Construction of Energy Efficient Residence.	12	N	X			X	X	
	820	**Active Duty Military Pay**	**12**	**N**	**X**					
825	825	Other Subtractions	12	N	X			X	X	
830	830	Total Subtractions	12	N	X			X	X	

HEADER SECTION							
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE	BUSINESS RULE
		Byte count	4	N	“2753” for fixed; nnnn for variable		
		Start of Record Sentinel	4		Value “*****”		
0	0	Record ID Type	6	A	Value “STbbbb”		
1	1	Form Number	6	A	Value “0001bb”		
2	2	Page Number	5	A	Value “PG01b”		
3	3	Taxpayer ID	9	N	Primary SSN		
4	4	Filler	1	A	Blank		
5	5	Form/Schedule	7	N	Value “0000001”		
		HEADER SECTION ENDS					
10	10	State Code	2	A	Value “AZ"		
11	11	City Code	2	A	Blank / Reserved		
	15	**Imperfect Return Indicator**	**1**	**A**	**Value "E" = Exception Processing or blank**	**New**	
19	19	State-Only-Indicator	2	A	“SO” (State Only return transmitted) or Blank = fed/state transmission.		
20	20	Declaration Control Number	14	N	Required Entry		
23	23	Return sequence Number	16	N	Required Entry		
State Direct Deposit / Direct debit Section							
24	24	Direct Deposit Indicator	1	N	1 = Direct Deposit or blank. “0” filled will cause a reject 2 = Direct Debit or blank. “0” filled will cause a reject		
25	25	Reserved Rtn Flag	1	N	Blank		
27	27	Direct Debit Date	8	DT	CCYYMMDD		
28	28	Direct Debit Amount	12	N			
30	30	State Routing Transit	9	N	Routing Number for Direct Deposit or Direct Debt. blank if not utilized, “0” filled will cause a reject		
32	32	State RTN Indicator	1	N	0 = No State RTN Present 1 = State RTN found on FOMF 2 = State RTN not found on FOMF		
35	35	State Deposit Acct Number	17	A/N	Blank if no Direct Debit or Direct Deposit		
40	40	State Checking Acct	1	A	“X” to indicate checking account or blank, “0” filled will cause a reject		
48	48	State Savings Acct	1	A	“X” to indicate savings account or blank, “0” filled will cause a reject		

Indicators							
49	49	On-line State Return	1	A	"O" (for on-line) or Blank		
Participant Section							
50	50	State Numeric Area	27	N	Define as follows: Prep Num Info		
(01 - 09)	(01 - 09)	Preparer's SSN or PTIN	9	AN	Required Field (IRS 1040 Seq 1360 (SSN/ PTIN/ N)		
(10 - 18)	(10 - 18)	Preparer's EIN	9	N	Required Field (IRS 1040 Seq 1380)		
(19 - 23)	(19 - 23)	Preparer's Zip	5	N	Required Field (IRS 1040 Seq 1410-5)		
(24 - 27)	(24 - 27)	Preparer's Zip+4	4	N	Required Field (IRS 1040 Seq 1410-4)		
52	52	State Alphanumeric Area	93		Define as follows: Prep Alpha Info		
(01 - 05)	(01 - 05)	Mail Box ID	5	A/N			
(06 - 40)	(06 - 40)	Preparer Firm Name	35	A/N	Required Field (IRS 1040 Seq 1370)		
(41 - 70)	(41 - 70)	Preparer Address	30	A/N	Required Field		
(71 - 90)	(71 - 90)	Preparer City	20	A/N	Required Field (IRS 1040 Seq 1390)		
(91 - 92)	(91 - 92)	Preparer State	2	A/N	Required Field (IRS 1040 Seq 1400)		
93	93	Preparer Self-Empl Ind	1	A/N	Required Field (IRS 1040 Seq 1350)		
Entity Section							
55	55	Spouse's SSN	9	N	Blank if no spouse		
60	60	Name Line 1	35	A/N	Define as follows: Primary name		
(01 - 32)	(01 - 32)	Primary Last Name	32	A/N	Primary last name (AZ only utilizes first 18 chars.)		
(33 - 35)	(33 - 35)	Primary Suffix	3	A/N	Primary suffix		
62	62	Date of Death Primary	8	N	CCYYMMDD		
65	65	Name Line 2	35	A/N	Define as follows: Secondary name		
(01 - 32)	(01 - 32)	Secondary Last Name	32	A/N	Secondary last name – Required for M/J filing status. (AZ only utilizes first 18 characters)		
(33 - 35)	(33 - 35)	Secondary Suffix	3	A/N	Secondary suffix		
68	68	Date of Death Secondary	8	N	CCYYMMDD		

70	70	Name Line 3	35	A/N	Define Primary & Secondary first names		
(01 – 16)	(01 – 16)	Primary First Name	16	A/N	Primary first name		
17	17	Primary Middle Initial	1	A/N	Primary middle initial. Blank if None		
(18 - 33)	(18 - 33)	Secondary First Name	16	A/N	Secondary first name– Required if filing M/J		
34	34	Secondary Middle Initial	1	A/N	Secondary middle initial. Blank if None		
35	35	Filler	1	A/N	Blank		
74	74	C/O Address	35	A/N			
75	75	Address Line 1	35	A/N	AZ only utilizes first 24 characters		If the return has a domestic address, the following must be present: 75,95, 100
77	77	Foreign Street Address	35	A/N	Blank if no foreign address		If the return has a foreign address the following must be present 77, 87, 98
80	80	Address Line 2	35	A/N	AZ only utilizes first 24 characters		
85	85	City	22	A	City		
87	87	Foreign City State or Province	35	A/N	Blank if no foreign address		
90	90	City Code	5	N	Blank		
95	95	State	2	A	State Abbreviation		
98	98	Foreign Country	22	A	Blank if no foreign address		
100	100	Zip Code	12	N	Zip Code 5 digit required (may include+4,+2,& check digit)		
105	105	County	20	A	Blank		
110	110	County Code	5	N	Blank		
115	115	Telephone Number	12	N	Must include area code, structure as 123-456-7890		
120	120	Primary TP Signature	5	N	Pin Use Only		
125	125	Secondary TP Signature	5	N	Pin Use Only		
126	126	ERO EFIN/PIN	11	N			

Consistency Section							
Entries must correspond to same entries on the federal return, Otherwise return will reject at IRS.							
150	150	Fed Filing Status	1	N	Enter from Federal Return		
155	155	Total Fed Exemptions	2	N	Enter from Federal Return		
160	160	Wages, Salaries, Tips	12	N	Enter from Federal Return		
165	165	Taxable Interest	12	N	Enter from Federal Return		
170	170	Tax Exempt Interest	12	N	Enter from Federal Return		
175	175	Dividends	12	N	Enter from Federal Return		
180	180	State Refund	12	N	Enter from Federal Return		
185	185	Taxable SS Benefits	12	N	Enter from Federal Return		
190	190	Keogh Plan and SEP	12	N	Enter from Federal Return		
195	195	Adjusted Gross Income	12	N	Enter from Federal Return		
200	200	Std/Item Deductions	12	N	Enter from Federal Return		
205	205	Earned Income Credit	12	N	Enter from Federal Return		
Alphanumeric Section							
300	300	Alphanumeric Field 1	80		Defined as follows:		
(1 – 10)	(1 – 10)	Software Developer Code	10	A/N	Required Field		
(11 – 41)	(11 – 41)	Paid Preparer Name	31	A/N	Required Field (IRS 1040 Seq 1340)		
(42 – 51)	(42 – 51)	Preparer Phone Number	10	A/N	Required Field		
(52 – 64)	(52 – 64)	Non-Paid Preparer	13	A/N	Required Field (IRS 1040 Seq 1338)		
(65 – 80)	(65 – 80)	Preparer State EIN	16	A/N			

305	305	Alphanumeric Field 2	80		Defined as follows:		
(01 - 04)	(01 - 04)	Tax Year Ending	4	N	CCYY (“2006” is valid - all else is invalid)		
(05 - 06)	(05 - 06)	Tax Month Ending	2	N	MM (“12” is valid – all else is invalid)		
(07 - 12)	(07 - 12)	Form Number	6	A/N	140 or 140A or 140EZ or 140NR, 140PY		
13	13	Filing Status	1	N	“1” = Married Filing Joint, must include spouse SSN “2” = Head of Household, “3” = Married Filing Separate return, must include spouse SSN “4” = Single		If filing status Married Filing Separate "3", the following must be present Field 325 positions 17-70; 71-79; 80.
14	14	Number over 65 Exempts	1	N	“1” or “2”. Enter “0”(zero) if None		
15	15	Number Blind Exempts	1	N	“1” or “2” . Enter “0”(zero) if None		
(16 - 17)	(16 - 17)	Number of Dependents	2	N	“00” (zero) if None		
(18 - 19)	(18 - 19)	Number of Parents/Ancestors	2	N	“00” (zero) if none – Not available on 140EZ or 140NR		
(20 - 27)	(20 - 27)	Date of Return	8	N	CCYYMMDD = Date the return is originally transmitted by the ERO/Taxpayer (this is the Postmark date for Arizona purposes)		**Same as IRS SUM RECORD - Seq 0260 Electronic Postmark Date or similar date.**
28	28	Standard or Itemized Deductions Flag	1	A	S = Standard Deduct (Valid for all forms) I = Itemized Deduct (N/A for 140A & 140EZ)		
(29 - 40)	(29 - 40)	Credits Boxes	12	N	“000000000000” = No credit claimed There are 4 credit boxes, enter 3 zeroes for each box with no credit entry. Valid entry = twelve numerals in any combination of **302, 304, 305, 306, 307, 308, 309, 310, 312, 315, 319, 320, 321, 322, 323, 325, 328, 331, 332, 333, 334, 336** 140, line 29 140NR, line 31 140PY, line32	**Change in valid credit numbers** **Form 336 added to list on 08/03/2006.**	

41	41	Political Party	1	N	"0" or blank = No Political contribution made. "1" = Democratic "2" = Libertarian "3" = Republican		
42	42	Annualized/Other Flag	1	A	"Y" = Yes; - otherwise blank or "N"		
43	43	Farmer/Fisherman Flag	1	A	"Y" = Yes; - otherwise blank or "N"		
44	44	Form 221 Flag	1	A	"Y" = Yes; - otherwise blank or "N"		
45	45	Extension Code	1	A	blank = No extension "F" = (6 month)	**Only one extension type**	
46	46	Clean Elect Filer	1	A	"Y" =. Reduction claimed for "Yourself" blank or N = No reduction claimed NOTE: If "Y", Field 445 requires entry.		
47	47	Clean Elect Spouse	1	A	"Y" =. Reduction claimed for "Spouse" blank or N = No reduction claimed NOTE: If "Y", Field 445 requires entry.		
48	48	Residency Status	1	N	140NR "1" = box 11 Nonresident "2" = box 12 Nonresident Active Military "3" = box 13 Composite Return 140PY "1" = box 12 Other than Active Military "2" = box 13 Active Military 140, 140A, 140EZ "0" = Resident		
49	49	MSA Penalty box	1	A	"Y" = Yes; otherwise Blank or "N"		
50	50	Clean Elect Contribution "box"	1	A	140EZ ONLY "Y" =140EZ, Line 21.A1 140, 140A, 140NR, 140PY blank		
(51 - 52)	(51 - 52)	No. of Energy Efficient Units	2	N	140 Line 16.1 ("00" thru "99") also Line C27A 140NR Line 19.1 (00" thru "99") also Line D29A 140PY Line 19.1 (00" thru "99") also Line D34A "00" if 140A or 140EZ		

53-56	53-56	Electronic Postmark Time	4	HHMM	HH = 00-23, MM = 00-59		Same as IRS SUM RECORD - Seq 0270 Electronic Postmark Time
57	57	Electronic Postmark Time Zone	1	A	"E" Eastern Time "C" Central Time "M" Moutain Time "P" Pacific Time "A" Alaskan Time "H" Hawaiian Time		Same as IRS SUM RECORD - Seq 0280 Electronic Postmark Time Zone
58	58	Consortium Return Indicator	1	A	"C" or blank		Same as IRS SUM RECORD - Seq 0285 Consortium Return Indicator
59	59	Fed Return E-Signature	1	A	"Y" or "N" A blank entry invalidates e-sign.		
60	**60**	**Filler**	**1**	**AN**	**Reserved for Future Use**		
(61 - 64)	(61 - 64)	Arizona Percentage	4	N	140NR, Line B16 = enter value. 50% enter as "0500" 140PY, Line B20 = enter value. 50% enter as "0500" 140, 140A, 140EZ = Blank		
(65 – 72)	(65 – 72)	AZ Residency 'From/To' Date	8	N	MMDDMMDD 140PY, Line B6. For 140PY ONLY 140, 140A, 140EZ, 140NR = Blank Note: CY 2004 is given		
(73 – 80)	(73 – 80)	Other States of Residency	8	A	140PY, Line B6. Utilize standard 2 digit state abbreviations. 140, 140A, 140EZ, 140NR = Blank		

310	310	Alphanumeric Field 3	80		Defined as follows:		
(1-9)	(1-9)	Dependent SSN 1	9	N	Blank if no Dependents.		
(10-20)	(10-20)	Dependent Relation 1	11	A	Blank if no Dependents.		
(21-29)	(21-29)	Dependent SSN 2	9	N	Blank if no Dependents.		
(30-40)	(30-40)	Dependent Relation 2	11	A	Blank if no Dependents.		
(41-49)	(41-49)	Dependent SSN 3	9	N	Blank if no Dependents.		
(50-60)	(50-60)	Dependent Relation 3	11	A	Blank if no Dependents.		
(61-69)	(61-69)	Dependent SSN 4	9	N	Blank if no Dependents.		
(70-80)	(70-80)	Dependent Relation 4	11	N	Blank if no Dependents.		
315	315	Alphanumeric Field 4	80		Use only when an entry is made to line A1, otherwise field is blank.	Description	
(1-9)	(1-9)	Dependent SSN 5	9	N	Blank if no Dependents.		
(10-20)	(10-20)	Dependent Relation 5	11	A	Blank if no Dependents.		
(21-29)	(21-29)	Dependent SSN 6	9	N	Blank if no Dependents.		
(30-40)	(30-40)	Dependent Relation 6	11	A	Blank if no Dependents.		
(41-49)	(41-49)	Dependent SSN 7	9	N	Blank if no Dependents. **If more than 7 dependents, the value of this field should be: blank**	**8/3/2006**	
(50-60)	(50-60)	Dependent Relation 7	11	**A/N**	Blank if no Dependents. **If more than 7 dependents, the value of this field should be: "SEE STMNT 1"**	**8/3/2006**	
61		~~**Refundable CR Form 329**~~	~~**1**~~	~~**A**~~	~~**"Y" = Yes; otherwise Blank or "N"**~~		
62		~~**Refundable CR Form 330**~~	~~**1**~~	~~**A**~~	~~**"Y" = Yes; otherwise Blank or "N"**~~		
(63-70)	**(61-68)**	Taxpayer Birthdate	8	DT	CCYYMMDD	**Field Change**	
(71-78)	**(69-76)**	Spouse Birthdate	8	DT	CCYYMMDD or Blank MFS, Single, Head of Household	**Field Change**	
79	**77**	Form 131 Indicator	1	A	"P" = Primary Taxpayer is Decedent "S" = Secondary Taxpayer is Decedent use only if a refund is due, otherwise blank. Use only when Surviving spouse is expecting a refund.	**Field Change**	
80	**(78-80)**	Filler	**3**	**AN**	Reserved for future use	**Field Change**	

320	320	Alphanumeric Field 5	80				
(01 – 11)	(01 – 11)	Name of dependent not claimed on Federal return 1	11	A	Line A3a Name of first dependent not qualifying as a dependant on federal return.		
(12 – 22)	(12 – 22)	Name of dependent not claimed on Federal return 2	11	A	Line A3a Name of second dependent not qualifying as a dependant on federal return.		
(23 – 33)	(23 – 33)	Dependent not claimed on Federal return due to education credits 1	11	A	Line A3b Name of first dependent not qualifying as a dependant on federal return due to education credits.		
(34 – 44)	(34 – 44)	Dependent not claimed on Federal return due to education credits 2	11	A	Line A3b Name of second dependent not qualifying as a dependant on federal return due to education credits.		
(45 – 53)	(45 – 53)	Par/Ancestor SSN 1	9	N	SSN from A4 of qualifying parent or ancestor. **If claiming more than 1 Parent/Ancestor exemption, this field should be blank.**	8/3/2006	**Not valid for forms 140EZ and 140NR**
(54 – 63)	(54 – 63)	Par/Ancestor Relation 1	10	A/N	Relationship from A4 of qualifying parent or ancestor. **If claiming more than 1 Parent/Ancestor exemption, this field value should be: "SEE STMT 1"**	8/3/2006	
(64 – 80)	(64 – 80)	Previous Name 1	17	A	Previous last name used in filing a return in the past four years.		
325	325	Alphanumeric Field 6	80				
(01 – 20)	(01 – 20)	Name	20	AN	Dependent Name or "Stillborn" or blank		
(21 – 35)	(21 – 35)	Stillborn Certificate Number	15	AN			
(36 – 43)	(36 – 43)	Stillborn Date of Birth	8	DT	CCYYMMDD		
(44 - 68)	(44 - 68)	Spouse's Full Name	25	AN	Use only when filing status "3" Married filing Separate is selected - Not Valid on 140EZ		
(69 - 77)	(69 - 77)	Spouse SSN	9	N	Use only when filing status "3" Married filing Separate is selected - Not Valid on 140EZ		
(78)	(78)	Community Property Allocation Record	1	A	"Y" = Yes; otherwise Blank "Use only when filing status "3" Married filing Separate is selected - Not Valid on 140EZ		
(79-80)	(79-80)	Filler	2	A	Reserved for future use		

330	330	Alphanumeric Field 7	80				
(1 - 39)	(1 - 39)	IP Address	39	AN			Same as IRS SUM RECORD - Seq 0190 IP Address
(40 - 70)	(40 - 70)	IP Email Address	31	AN			Same as IRS SUM RECORD - Seq 0195 IP Address
(71 -78)	(71 -78)	IP Date	8	DT	CCYYMMDD		Same as IRS SUM RECORD - Seq 0200 IP Date
(79-80)	(79-80)	IP Time Zone	2	A	US - Universal Standard ES - Eastern Standard ED - Eastern Daylight CD - Central Standard CD - Central Daylight MS - Mountain Standard MD - Mountain Daylight PS - Pacific Standard PD - Pacific Daylight AZ- Alaskan Standard AD - Alaskan Daylight HS- Hawaiian Standard HD - Hawaiian Daylight		Same as IRS SUM RECORD - Seq 0215 IP Time Zone

Arizona Form 140 - Signed Numeric Section							
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE	BUSINESS RULE
350	350	Fed Adjusted Gross Income	12	N	140 Line 12		
360	360	Additions to Income	12	N	140 Line 13		
365	365	Tot Income FAGI + Additions	12	N	140 Line 14		
370	370	Exemption Over 65	12	N	140 Line C14		
375	375	Exemption Blind	12	N	140 Line C15		
380	380	Exemption Dependents	12	N	140 Line C16		
385	385	Exemption Parents	12	N	140 Line C17		
390		~~Filler - Reserved for Future Use~~	~~12~~	~~N~~			
395	390	Subtractions From Inc	12	N	140 Line 15		
405	400	AZ Adjusted Gross	12	N	140 Line 16		
410	405	Std/Itemized Deduction	12	N	140 Line 17		
415	410	Personal Exemptions	12	N	140 Line 18		
425	**420**	AZ Taxable Income	12	N	140 Line 19		
430	425	Tax Calculation	12	N	140 Line 20		
435	430	Recapture Credits Form 301	12	N	140 Line 21		
440	435	Subtotal Tax	12	N	140 Line 22		
445	440	Clean Elect Reduction	12	N	140 Line 24		Field 305 (position 46 &/or 47) must contain "Y" if greater than 0.
450	445	Reduced Tax	12	N	140 Line 25		
455	450	Family Income Credit	12	N	140 Line 26		
460	455	Subtotal Credits	12	N	140 Line 27 not a refundable credit		
470	465	Clean Elect Credit	12	N	140 Line 29		
475	470	Balance of Tax	12	N	140 Line 30; Cannot be less than Zero		
480	475	Withholding	12	N	140 Line 31		
485	480	Estimated Payments	12	N	140 Line 32		
490	485	Extension Amount	12	N	140 Line 33		
495	490	Increase Excise Tax Credit	12	N	140 Line 34		
500	495	PTC Credit	12	N	140 Line 35 Not supported for E-File, 0 or blank fill		
505		~~Other Refundable Credits~~	~~12~~	~~N~~	~~140 Line 36~~	**N/A for 2006**	
510	500	Total Payments	12	N	140 Line 36		
515	505	Tax Due	12	N	140 Line 37		

520	510	Overpayment	12	N	140 Line 38		
525	515	Next Year Est Payment	12	N	140 Line 39		
530	520	Balance Overpayment	12	N	140 Line 40		
535	525	Aid to Education Contrib	12	N	140 Line 41 (Legal Limitation exists – Must equal the exact amount of Field 525 or "0")		
540	530	AZ Wildlife Contrib	12	N	140 Line 42		
545	535	Clean Elect Contrib	12	N	140 Line 43		
550	540	Child Abuse Contrib	12	N	140 Line 44		
555	545	Domestic Violence Contrib	12	N	140 Line 45		
	550	**National Guard Relief Fund**	**12**	**N**	**140 Line 46**	**New Line**	
560	555	Neighbors Help Contrib	12	N	140 Line 47		
565	560	Spec Olympic Contrib	12	N	140 Line 48		
570	565	Political Gift	12	N	140 Line 49		
575		~~**Filler - Reserved for Future Use**~~	~~**12**~~	~~**N**~~			
580	575	Est Underpay / MSA Penalties	12	N	140 Line 51 (Entry in this field requires entry in field 305, position(s) 44 and/or 49)		
585	580	Total Contributions & Penalty	12	N	140 Line 53		
590	585	Refund Amount	12	N	140 Line 54		
595	590	Amount Owed	12	N	140 Line 55		
600	595	Filler - Reserved for Future Use	12	N			
725	720	Non-AZ Mun Interest	12	N	140 Line B6		
730	725	Early Withdraw AZ Ret	12	N	140 Line B7		
735	730	Lump Sum	12	N	140 Line B8		
740	735	Total federal depreciation	12	N	140 Line B9		
745	740	Med Sav Distrb	12	N	140 Line B10		
750	745	IRC 179 expense in excess of allowable amount	12	N	140 Line B11		
755	750	Other Additions	12	N	140 Line B12		
760	755	Total Additions	12	N	140 Line B13		
765	760	Total Exemptions	12	N	140 Line C18		
775	**770**	Int Savings Bond	12	N	140 Line C19		
780	775	Exclusive Govt Pens	12	N	140 Line C20		
785	780	AZ Lottery Winnings	12	N	140 Line C21		
790	785	SS or RR Benefits	12	N	140 Line C22		
800	**795**	Recalculated Arizona depreciation	12	N	140 Line C23		

805	800	Wages Native American	12	N	140 Line C24		
810	805	Inc Tax Refund Other States	12	N	140 Line C25		
815	810	Med Savings Deposit	12	N	140 Line C26		
820	815	Construction of Energy Efficient Residence.	12	N	140 Line C27		
	820	**Active Duty Military Pay**	**12**	**N**	**140 Line C28**	**New Line**	
825	825	Other Subtractions	12	N	140 Line C29		
830	830	Total Subtractions	12	N	140 Line C30		

Arizona Form 140A - Signed Numeric Section							
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE	BUSINESS RULE
350	350	Fed Adjusted Gross	12	N	140A Line 12		
370	370	Exemption Over 65	12	N	140A Line 13		
375	375	Exemption Blind	12	N	140A Line 14		
380	380	Exemption Dependents	12	N	140A Line 15		
385	385	Exemption Parents/Ancestors	12	N	140A Line 16		
400	395	Total Subtractions	12	N	140A Line 17		
405	400	AZ Adjusted. Gross	12	N	140A Line 18		
410	405	Standard Deduction	12	N	140A Line 19	Single, Married Filing Separate = **$4,247** Head of Household and Married Filing Joint = **$8,494**	
415	410	Personal Exemptions	12	N	140A Line 20		
425	420	AZ Taxable Income	12	N	140A Line21; Must be less than $50,000		
430	425	Tax Calculation	12	N	140A Line 22		
445	440	Clean Elect Reduction	12	N	140A Line 24		Field 305 (position 46 &/or 47) must contain "Y" if greater than 0.
450	445	Reduced Tax	12	N	140A Line 25		
455	450	Family Income Credit	12	N	140A Line 26 not a refundable credit		
465	460	**Tax After Family Tax Credit Reduction**	12	N	140A Line 27		
470	465	Clean Elect Credit	12	N	140A Line 28		
475	470	Balance of Tax	12	N	140A Line 29 Cannot be less than Zero		
480	475	Withholding	12	N	140A Line 30		
490	485	Extension Amount	12	N	140A Line 31		
495	490	Increase Excise Tax Credit	12	N	140A Line 32		
500	495	PTC Credit	12	N	140A Line 33 "0" or blank		**Not supported for e-File**
510	500	Total Payments	12	N	140A Line 34		
515	505	Tax Due	12	N	140A Line 35		
520	510	Overpayment	12	N	140A Line 36		
535	525	Aid to Education Contrib	12	N	140A Line 37; (Legal Limitation exists – Must equal the exact amount in Field 510 or "0")		
540	530	AZ Wildlife Contrib	12	N	140A Line 38		
545	535	Clean Elect Contrib	12	N	140A Line 39		
550	540	Child Abuse Contrib	12	N	140A Line 40		
555	545	Domest Violence Contrib	12	N	140A Line 41		
	550	**National Guard Relief Fund**	**12**	**N**	140A Line 42	**New Line**	
560	555	Neighbors Help Contrib	12	N	140A Line 43		
565	560	Spec Olympic Contrib	12	N	140A Line 44		
570	565	Political Gift	12	N	140A Line 45		
~~575~~		~~**Filler - Reserved for Future Use**~~	~~**12**~~	~~**N**~~			
585	**570**	**Total Voluntary Gifts**	**12**	**N**	**140A Line 47**		
590	585	Refund Amount	12	N	140A Line 48		
595	590	Amount Owed	12	N	140A Line 49		
600	595	Filler - Reserved for Future Use	12	N			

Arizona Form 140EZ - Signed Numeric Section							
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE	BUSINESS RULE
350	350	Fed Adjusted Gross	12	N	140EZ, Line 6		
420	415	Stand Deduct/Per Exempt	12	N	140EZ, Line 7		Single and Married Filing Separate = **$6,347** Head of Household and Married Filing Joint = **$ 12,694**
425	420	AZ Taxable Income	12	N	140EZ, Line 8		Must be less than $50,000
430	425	Tax Calculation	12	N	140EZ, Line 9		
445	440	Clean Elect Reduction	12	N	140EZ, Line 11		Field 305 (position 46 &/or 47) must contain "Y" if greater than 0.
450	445	Reduced Tax	12	N	140EZ, Line 12		
455	450	Family Income Credit	12	N	140EZ, Line 13		not a refundable credit
470	465	Clean Elect Credit	12	N	140EZ, Line 14		not a refundable credit
475	470	Balance of Tax	12	N	140EZ, Line 15		Cannot be less than zero
480	475	Withholding	12	N	140EZ, Line 16		
490	485	Extension Amount	12	N	140EZ, Line 17		
495	490	Increase Excise Tax Credit	12	N	140EZ, Line 18		
510	500	Total Payments	12	N	140EZ, Line 19		
	505	**Tax Due**	**12**	**N**	**140EZ, Line 20**	**NEW 8/29/2006**	
520	510	Overpayment	12	N	140EZ, Line 21		
545	535	Clean Elect Contrib	12	N	140EZ, Line 22		
590	585	Refund Amount	12	N	140EZ, Line 23		
595	590	Amount Owed	12	N	140EZ, Line 24		
600	595	Filler - Reserved for Future Use	12	N			

Arizona Form 140NR - Signed Numeric Section							
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE	BUSINESS RULE
350	350	Fed Adjusted Gross Income	12	N	140NR Line 14		
355	355	Arizona Income	12	N	140NR Line 15		
360	360	Additions to Income	12	N	140NR Line 16		
365	365	Total Income	12	N	140NR Line 17		
370	370	Exemption Over 65	12	N	140NR Line D21		
375	375	Exemption Blind	12	N	140NR Line D22		
380	380	Exemption Dependents	12	N	140NR Line D23		
390		~~Filler -~~	~~12~~	~~N~~			~~Reserved for Future Use~~
395	390	Subtractions From Inc	12	N	140NR Line 18		
405	400	AZ Adjusted Gross	12	N	140NR Line 19		
410	405	Std/Itemized Deducts	12	N	140NR Line 20		
415	410	Personal Exemptions	12	N	140NR Line 21		
425	420	AZ Taxable Income	12	N	140NR Line 22		
430	425	Tax Calculation	12	N	140NR Line 23		
435	430	Recapture of Credits from Form 301	12	N	140NR Line 24		
440	435	Subtotal Tax	12	N	140NR Line 25		
445	440	Clean Elect Reduction	12	N	140NR Line 27		Field 305 (position 46 &/or 47) must contain "Y" if greater than 0.
450	445	Reduced Tax	12	N	140NR Line 28		
460	455	Subtotal Credits	12	N	140NR Line 29		
470	465	Clean Elect Credit	12	N	140NR Line 31		
475	470	Balance of Tax	12	N	140NR Line 32		Cannot be less than zero
480	475	Withholding	12	N	140NR Line 33		
485	480	Estimated Payments	12	N	140NR Line 34		
490	485	Extension Amount	12	N	140NR Line 35		
505		~~Other Refundable Credits~~	~~12~~	~~N~~	~~140NR Line 36~~		
510	500	Total Payments	12	N	140NR Line 36		
515	505	Tax Due	12	N	140NR Line 37		
520	510	Overpayment	12	N	140NR Line 38		
525	515	Next Year Est Payment	12	N	140NR Line 39		
530	520	Balance Overpayment	12	N	140NR Line 40		
535	525	Aid to Education Contribution	12	N	140NR Line 41		(Legal Limitation exists – Must equal exact amount of Field 520 or "0")
540	530	AZ Wildlife Contrib	12	N	140NR Line 42		
545	535	Clean Elect Contrib	12	N	140NR Line 43		
550	540	Child Abuse Contrib	12	N	140NR Line 44		
555	545	Domestic Violence Contrib	12	N	140NR Line 45		
	550	**National Guard Relief Fund**	**12**	**N**	**140NR Line 46**		**NEW**
560	555	Neighbors Help Contrib	12	N	140NR Line 47		
565	560	Spec Olympic Contrib	12	N	140NR Line 48		
570	565	Political Gift	12	N	140NR Line 49		
575		~~Filler - Reserved for Future Use~~	~~12~~	~~N~~			

580	575	Est Underpay / MSA Penalties	12	N	140 Line 51		(Entry in this field requires entry in field 305, position(s) 44 and/or 49)
585	580	Total Contributions & Penalty	12	N	140 Line 53		
590	585	Refund Amount	12	N	140 Line 54		
595	590	Amount Owed	12	N	140 Line 55		
600	595	Filler - Reserved for Future Use	12	N			
605	600	Wages, Salaries,Tips Fed	12	N	140NR Line B4 Fed		
610	605	Wages, Salaries,Tips AZ	12	N	140NR Line B4 AZ		
615	610	Interest Fed	12	N	140NR Line B5 Fed		
620	615	Interest AZ	12	N	140NR Line B5 AZ		
625	620	Dividends Fed	12	N	140NR Line B6 Fed		
630	625	Dividends AZ	12	N	140NR Line B6 AZ		
635	630	AZ Inc Tax Refund Fed	12	N	140NR Line B7 Fed		
640	635	AZ Inc Tax Refund AZ	12	N	140NR Line B7 AZ		
655	650	Business Inc (C) Fed	12	N	140NR Line B8 Fed		
660	655	Business Inc (C) AZ	12	N	140NR Line B8 AZ		
665	660	Gain/Loss (D) Fed	12	N	140NR Line B9 Fed		
670	665	Gain/Loss (D) AZ	12	N	140NR Line B9 AZ		
675	670	Rents etc (E) Fed	12	N	140NR Line B10 Fed		
680	675	Rents etc (E) AZ	12	N	140NR Line B10 AZ		
685	680	Other Fed Income Fed	12	N	140NR Line B11 Fed		
690	685	Other Fed Income AZ	12	N	140NR Line B11 AZ		
695	690	Total Income Fed	12	N	140NR Line B12 Fed		
700	695	Total Income AZ	12	N	140NR Line B12 AZ		
705	700	Other Fed Adjust Fed	12	N	140NR Line B13 Fed		
710	705	Other Fed Adjust AZ	12	N	140NR Line B13 AZ		
715	710	Fed Adjusted Gross	12	N	140NR Line B14		
720	715	Arizona Income	12	N	140NR Line B15		
730	725	Early Withdrawal AZ Retire	12	N	140NR Line C17		
740	735	Total federal depreciation	12	N	140NR Line C18		
755	750	Other Additions	12	N	140NR Line C19		
760	755	Total Additions	12	N	140NR Line C20		
765	760	Total Exemptions	12	N	140NR Line D24		
770	765	AZ Exemption Portion	12	N	140NR Line D25		
775	770	Int. Savings Bond	12	N	140NR Line D26		
785	780	AZ Lottery Winnings	12	N	140NR Line D27		
795	790	Agric Crops Contrib	12	N	140NR Line D28		
820	815	Construction of Energy Efficient Residence	12	N	140NR Line D29		
825	825	Other Subtractions	12	N	140NR Line D30		
830	830	Total Subtractions	12	N	140NR Line D31		

Arizona Form 140PY - Signed Numeric Section							
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE	BUSINESS RULE
350	350	Fed Adjusted Gross	12	N	140PY Line 14		
355	355	Arizona Income	12	N	140PY Line 15		
360	360	Additions to Income	12	N	140PY Line 16		
365	365	Total Income	12	N	140PY Line 17		
370	370	Exemption Over 65	12	N	140PY Line D25		
375	375	Exemption Blind	12	N	140PY Line D26		
380	380	Exemption Dependents	12	N	140PY Line D27		
385	385	Exemption Parents/Ancestors	12	N	140PY Line D28		
390		~~**Filler - Reserved for Future Use**~~	~~**12**~~	~~**N**~~			
395	390	Subtractions From Inc	12	N	140PY Line 18		
405	400	AZ Adjusted Gross	12	N	140PY Line 19		
410	405	Std/Itemized Deducts	12	N	140PY Line 20		
415	410	Personal Exemptions	12	N	140PY Line 21		
425	420	AZ Taxable Income	12	N	140PY Line 22		
430	425	Tax Calculation	12	N	140PY Line 23		
435	430	Recapture of Credits from Form 301	12	N	140PY Line 24		
440	435	Subtotal Tax	12	N	140PY Line 25		
445	440	Clean Elect Reduction	12	N	140PY Line 27		Field 305 (position 46 &/or 47) must contain "Y" if greater than 0.
450	445	Reduced Tax	12	N	140PY Line 28		
455	450	Family Income Credit	12	N	140PY Line 29		not a refundable credit
460	455	Subtotal Credits	12	N	140PY Line 30		
470	465	Clean Elect Credit	12	N	140PY Line 32		
475	470	Balance of Tax	12	N	140PY Line 33		Cannot be less than Zero
480	475	Withholding	12	N	140PY Line 34		
485	480	Estimated Payments	12	N	140PY Line 35		
490	485	Extension Amount	12	N	140PY Line 36		
495	490	Increased Excise Tax Credit	12	N	140PY Line 37		
505		~~**Other Refundable Credits**~~	~~**12**~~	~~**N**~~	~~**140PY Line 38**~~		
510	500	Total Payments	12	N	140PY Line 38		
515	505	Tax Due	12	N	140PY Line 39		
520	510	Overpayment	12	N	140PY Line 40		
525	515	Next Year Est Payment	12	N	140PY Line 41		
530	520	Balance Overpayment	12	N	140PY Line 42		
535	525	Aid to Education Contrib	12	N	140PY Line 43		(Legal Limitation exists -Must equal exact amount of Field 520 or "0")
540	530	AZ Wildlife Contrib	12	N	140PY Line 44		
545	535	Clean Elect Contrib	12	N	140PY Line 45		
550	540	Child Abuse Contrib	12	N	140PY Line 46		
555	545	Domest Violence Contrib	12	N	140PY Line 47		
	550	**National Guard Relief Fund**	**12**	**N**	**140PY Line 48**		**New**
560	555	Neighbors Help Contrib	12	N	140PY Line 49		
565	560	Spec Olympic Contrib	12	N	140PY Line 50		
570	565	Political Gift	12	N	140PY Line 51		

575		~~Filler - Reserved for Future Use~~	~~12~~	~~N~~			
580	575	Est Underpay / MSA Penalties	12	N	140 Line 53		(Entry in this field requires entry in field 305, position(s) 44 and/or 49)
585	580	Total Contributions & Penalty	12	N	140 Line 55		
590	585	Refund Amount	12	N	140 Line 56		
595	590	Amount Owed	12	N	140 Line 57		
600	595	Filler - Reserved for Future Use	12	N			
605	600	Wages, Salaries,Tips Fed	12	N	140PY Line B7 Fed		
610	605	Wages, Salaries,Tips AZ	12	N	140PY Line B7 AZ		
615	610	Interest Fed	12	N	140PY Line B8 Fed		
620	615	Interest AZ	12	N	140PY Line B8 AZ		
625	620	Dividends Fed	12	N	140PY Line B9 Fed		
630	625	Dividends AZ	12	N	140PY Line B9 AZ		
635	630	AZ Inc Tax Refund Fed	12	N	140PY Line B10 Fed		
640	635	AZ Inc Tax Refund AZ	12	N	140PY Line B10 AZ		
645	640	Alimony Fed	12	N	140PY Line B11 Fed		
650	645	Alimony AZ	12	N	140PY Line B11 AZ		
655	650	Business Inc (C) Fed	12	N	140PY Line B12 Fed		
660	655	Business Inc (C) AZ	12	N	140PY Line B12 AZ		
665	660	Gain/Loss (D) Fed	12	N	140PY Line B13 Fed		
670	665	Gain/Loss (D) AZ	12	N	140PY Line B13 AZ		
675	670	Rents etc (E) Fed	12	N	140PY Line B14 Fed		
680	675	Rents etc (E) AZ	12	N	140PY Line B14 AZ		
685	680	Other Fed Income Fed	12	N	140PY Line B15 Fed		
690	685	Other Fed Income AZ	12	N	140PY Line B15 AZ		
695	690	Total Income Fed	12	N	140PY Line B16 Fed		
700	695	Total Income AZ	12	N	140PY Line B16 AZ		
705	700	Other Fed Adjust Fed	12	N	140PY Line B17 Fed		
710	705	Other Fed Adjust AZ	12	N	140PY Line B17 AZ		
715	710	Fed Adjusted Gross Inc.	12	N	140PY Line B18 Fed		
720	715	Arizona Income	12	N	140PY Line B19		
730	725	Early Withdraw AZ Ret	12	N	140PY Line C21		
740	735	Total federal depreciation	12	N	140PY Line C22		
755	750	Other Additions	12	N	140PY Line C23		
760	755	Total Additions	12	N	140PY Line C24		
765	760	Total Exemptions	12	N	140PY Line D29		
770	765	AZ Exemption Portion	12	N	140PY Line D30		
775	770	Int Savings Bond	12	N	140PY Line D31		
785	780	AZ Lottery Winnings	12	N	140PY Line D32		
790	785	SS or RR Benefits	12	N	140PY Line D33		
820	815	Construction of Energy Efficient Residence	12	N	140PY Line D34		
825	825	Other Subtractions	12	N	140PY Line D35		
830	830	Total Subtractions	12	N	140PY Line D36		

Unformatted Record – Arizona Form 131, Claim for Refund on Behalf of Deceased Taxpayer							
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE	BUSINESS RULE
0010	0010	Record ID	26	A/N	Value "FRMb131bbb01PG01b(9n)* Note: (9n=Primary SSN)		**7/26/2006**
0015	0015	Tax Year Decedent Due Refund	4	N	YYYY		
0020	0020	Name of Decedent	35	A/N	131 Line 1		**Last, First, MI**
0025	0025	Date of Death	8	DT	CCYYMMDD, 131 Line 2		
0030	0030	Decedent's SSN	9	N	131 Line 3		
0035	0035	Address of Decedent at death	35	A/N	131 Line 4		
0040	0040	City	22	A	131 Line 5		
0045	0045	State	2	A	131 Line 5		
0050	0050	ZipCode	12	N	131 Line 5		
0055	0055	Name of Person Claiming Refund	35	A/N	131 Line 6		**Last, First, MI**
0060	0060	SSN of Person Claiming Refund	9	N	131 Line 8		
0065	0065	Relationship to Decedent	10	A	131 Line 7 "Spouse" **Claim for refund is only available to the surviving spouse for e-File**		
0070	0070	Address of Person Claiming Refund	35	A/N	131 Line 9		
0075	0075	City	22	A	131 Line 10		
0080	0080	State	2	A	131 Line 10		
0085	0085	Zip	12	N	131 Line 10		
0090	0090	**Surviving Spouse claiming refund based on a joint return**	1	A	131 Line 11a "X" or "blank"		
0095	0095	Court Appointed or certified Rep	1	A	131 Line 11b "blank"		**Not supported for e-File, blank**
0100	0100	Person other than A or B claiming decedent refund	1	A	131 Line 11c "blank"		**Not supported for e-File, blank**
0110	0110	Did decedent leave a will?	1	A	131 Line 12 blank		
0115	0115	Valid Proof of Death is in my possession	1	A	For future use. Y" = Yes; - otherwise "N"		
0120	0120	Refund paid out according to state laws "yes" box	1	A	131 Line 13 "blank"		

Unformatted Section – Arizona Form 202 Personal Exemption Allocation Election							
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE	BUSINESS RULE
0010	0010	Record ID	26	A/N	Value "FRMb202bbb01PG01b(9n)* Note: (9n=Primary SSN)		**7/26/2006**
50	0050	Spouse Name Claim more	35	N	AZ 202		
55	0055	Spouse More SSN	9	N	AZ 202		
60	0060	Spouse Name Claim less	35	N	AZ 202		
65	0065	Spouse Less SSN	9	N	AZ 202		
70	0070	Original Election	1	N	AZ 202		
75	0075	Amended Election	1	N	AZ 202		**Not offered for e-file**
80	0080	Total Exempt No Ded Spouse More	12	N	Value = 4,200.00 AZ 202, Part I, Line 1, Col More		
85	0085	Total Exempt No Ded Spouse Less	12	N	Value = 4,200.00 AZ 202, Part I, Line 1, Col Less		
90	0090	Personal Exempt No Ded Claimed More	12	N	AZ 202, Part I, Line 2, Col More		
95	0095	Personal Exempt No Ded Claimed less	12	N	AZ 202, Part I, Line 2, Col Less		
100	0100	Total Exempt No Ded PYNR Spouse More	12	N	Value = 4,200.00 AZ 202, Part II, Line 1, Col More		
105	0105	Total Exempt No Ded PYNR Spouse Less	12	N	Value = 4,200.00 AZ 202, Part II, Line 1, Col Less		
110	0110	Personal Exempt No Ded PYNR Claimed More	12	N	AZ 202, Part II, Line 2, Col More		
115	0115	Personal Exempt No Ded PYNR Claimed less	12	N	AZ 202, Part II, Line 2, Col Less		
120	0120	Resident Percent No Ded PYNR Claimed More	4	N	AZ 202, Part II, Line 3, Col More		
125	0125	Resident Percent No Ded PYNR Claimed Less	4	N	AZ 202, Part II, Line 3, Col Less		
130	0130	Allowable Exempt No Ded PYNR Claimed More	12	N	AZ 202, Part II, Line 4 Col More		
135	0135	Allowable Exempt No Ded PYNR Claimed Less	12	N	AZ 202, Part II, Line 4 Col Less		
140	0140	Total Exempt With Ded Spouse More	12	N	Value = 6,300.00 AZ 202, Part III, Line 1, Col More		
145	0145	Total Exempt With Ded Spouse Less	12	N	Value = 6,300.00 AZ 202, Part III, Line 1, Col Less		
150	0150	Personal Exempt With Ded Claimed More	12	N	AZ 202, Part III, Line 2, Col More		
155	0155	Personal Exempt With Ded Claimed less	12	N	AZ 202, Part III, Line 2, Col Less		
160	0160	Total Exempt WithDed PYNR Spouse More	12	N	Value = 6,300.00 AZ 202, Part IV, Line 1, Col More		
165	0165	Total Exempt With Ded PYNR Spouse Less	12	N	Value = 6,300.00 AZ 202, Part IV Line 1, Col Less		
170	0170	Personal Exempt With Ded PYNR Claimed More	12	N	AZ 202, Part IV, Line 2, Col More		
175	0175	Personal Exempt With Ded PYNR Claimed less	12	N	AZ 202, Part IV, Line 2, Col Less		
180	0180	Resident Percent With Ded PYNR Claimed More	4	N	AZ 202, Part IV, Line 3, Col More		
185	0185	Resident Percent With Ded PYNR Claimed Less	4	N	AZ 202, Part IV, Line 3, Col Less		
190	0190	Allowable Exempt With Ded PYNR Claimed More	12	N	AZ 202, Part IV, Line 4 Col More		
195	0195	Allowable Exempt With Ded PYNR Claimed Less	12	N	AZ 202, Part IV, Line 4 Col Less		

Unformatted Record – Arizona Form 221, Estimated Payment Penalty Annualized Income Installment Worksheet							
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	Type	FIELD DESCRIPTION	CHANGE	BUSINESS RULE
0010	0010	Record ID	26	A/N	Value "FRMb221bbb01PG01b(9n)* Note: (9n=Primary SSN)	**9/11/2006**	
0015	0015	Exception Box	1	A	Y or N (221, line1)		
0020	0020	Calculated Tax	12	N	221, Line 2		
0025	0025	Total Tax Credits	12	N	221, Line 3		
0030	0030	Diff Line 3 from Line 2	12	N	221, Line 4		
0035	0035	AZ Tax Withheld for 2005	12	N	221, line 5		
0040	0040	Subtract line 5 from 4	12	N	221, line 6		
0045	0045	90% of Line 4	12	N	221, Line 7		
0050	0050	Prev Tax Year Liability	12	N	221, Line 8		
0055	0055	Required Annual Pmt	12	N	221, Line 9		
0060	0060	Other Install Meth Box	1	A	Y or N (221, Line 11)		
0065	0065	Payment Qtr 1	10	N	221, Line 11A		
0070	0070	Payment Qtr 2	10	N	221, Line 11B		
0075	0075	Payment Qtr 3	10	N	221, Line 11C		
0080	0080	Payment Qtr 4	10	N	221, Line 11D		
0085	0085	Est Amt & WH Qtr 1	10	N	221, Line 12A		
0090	0090	Est Amt & WH Qtr 2	10	N	221, Line 12B		
0095	0095	Est Amt & WH Qtr 3	10	N	221, Line 12C		
0100	0100	Est Amt & WH Qtr 4	10	N	221, Line 12D		
0105	0105	Overpayment Qtr 2	10	N	221, Line 13B		
0110	0110	Overpayment Qtr 3	10	N	221, Line 13C		
0115	0115	Overpayment Qtr 4	10	N	221, Line 13D		
0120	0120	Sum 12 & 13, Qtr 1	10	N	221, Line 14A		
0125	0125	Sum 12 & 13, Qtr 2	10	N	221, Line 14B		
0130	0130	Sum 12 & 13, Qtr 3	10	N	221, Line 14C		
0135	0135	Sum 12 & 13, Qtr 4	10	N	221, Line 14D		
0140	0140	Under /Overpayment Qtr 1	10	N	221, Line 15A		
0145	0145	Under/ Overpayment Qtr 2	10	N	221, Line 15B		
0150	0150	Under/ Overpayment Qtr 3	10	N	221, Line 15C		
0155	0155	Under /Overpayment Qtr 4	10	N	221, Line 15D		
0160	0160	Days Late Period 1 Qtr 1	3	N	221, Line 17A	**As of 9/11/2006**	Rate Period One = 7% Rate Period Two = 8% Rate Period Three = 8% Rate Period Four = TBD
0165	0165	Days Late Period 1 Qtr 2	3	N	221, Line 17B		
0170	0170	Interest Amt Period 1 Qtr 1	10	N	221, Line 18A		
0175	0175	Interest Amt Period 1 Qtr 2	10	N	221, Line 18B		

0180	0180	Days Late Period 2 Qtr 1	3	N	221, Line 20A	**As of 9/11/2006**	Rate Period One = 7% Rate Period Two = 8% Rate Period Three = 8% Rate Period Four = TBD
0185	0185	Days Late Period 2 Qtr 2	3	N	221, Line 20B		
0190	0190	Days Late Period 2 Qtr 3	3	N	221, Line 20C		
0195	0195	Interest Amt Period 2 Qtr 1	10	N	221, Line 21A		
0200	0200	Interest Amt Period 2 Qtr 2	10	N	221, Line 21B		
0205	0205	Interest Amt Period 2 Qtr 3	10	N	221, Line 21C		
0210	0210	Days Late Period 3 Qtr 1	3	N	221, Line 23A	**As of 9/11/2006**	Rate Period One = 7% Rate Period Two = 8% Rate Period Three = 8% Rate Period Four = TBD
0215	0215	Days Late Period 3 Qtr 2	3	N	221, Line 23B		
0220	0220	Days Late Period 3 Qtr 3	3	N	221, Line 23C		
0225	0225	Interest Amt Period 3 Qtr 1	10	N	221, Line 24A		
0230	0230	Interest Amt Period 3 Qtr 2	10	N	221, Line 24B		
0235	0235	Interest Amt Period 3 Qtr 3	10	N	221, Line 24C		
0240	0240	Days Late Period 4 Qtr 1	3	N	221, Line 26A	**As of 9/11/2006**	Rate Period One = 7% Rate Period Two = 8% Rate Period Three = 8% Rate Period Four = TBD
0245	0245	Days Late Period 4 Qtr 2	3	N	221, Line 26B		
0250	0250	Days Late Period 4 Qtr 3	3	N	221, Line 26C		
0255	0255	Days Late Period 4 Qtr 4	3	N	221, Line 26D		
0260	0260	Interest Amt Period 4 Qtr 1	10	N	221, Line 27A		
0265	0265	Interest Amt Period 4 Qtr 2	10	N	221, Line 27B		
0270	0270	Interest Amt Period 4 Qtr 3	10	N	221, Line 27C		
0275	0275	Interest Amt Period 4 Qtr 4	10	N	221, Line 27D		
0280	0280	Penalty Amt Qtr1	10	N	221, Line 28A		
0285	0285	Penalty Amt Qtr2	10	N	221, Line 28B		
0290	0290	Penalty Amt Qtr3	10	N	221, Line 28C		
0295	0295	Penalty Amt Qtr4	10	N	221, Line 28D		
0300	0300	Pen Limitation Qtr 1	10	N	221, Line 29A		
0305	0305	Pen Limitation Qtr 2	10	N	221, Line 29B		
0310	0310	Pen Limitation Qtr 3	10	N	221, Line 29C		
0315	0315	Pen Limitation Qtr 4	10	N	221, Line 29D		
0320	0320	Total Penalty Amt	10	N	221, Line 30D		
0325	0325	221 (Annualized), Line 1A	10	N	221 (Annualized), Line 1A		
0330	0330	221 (Annualized), Line 1B	10	N	221 (Annualized), Line 1B		
0335	0335	221 (Annualized), Line 1C	10	N	221 (Annualized), Line 1C		
0340	0340	221 (Annualized), Line 1D	10	N	221 (Annualized), Line 1D		

0345	0345	221 (Annualized), Line 3A	10	N	221 (Annualized), Line 3A		
0350	0350	221 (Annualized), Line 3B	10	N	221 (Annualized), Line 3B		
0355	0355	221 (Annualized), Line 3C	10	N	221 (Annualized), Line 3C		
0360	0360	221 (Annualized), Line 3D	10	N	221 (Annualized), Line 3D		
0365	0365	221 (Annualized), Line 4A	10	N	221 (Annualized), Line 4A		
0370	0370	221 (Annualized), Line 4B	10	N	221 (Annualized), Line 4B		
0375	0375	221 (Annualized), Line 4C	10	N	221 (Annualized), Line 4C		
0380	0380	221 (Annualized), Line 4D	10	N	221 (Annualized), Line 4D		
0385	0385	221 (Annualized), Line 6A	10	N	221 (Annualized), Line 6A		
0390	0390	221 (Annualized), Line 6B	10	N	221 (Annualized), Line 6B		
0395	0395	221 (Annualized), Line 6C	10	N	221 (Annualized), Line 6C		
0400	0400	221 (Annualized), Line 6D	10	N	221 (Annualized), Line 6D		
0405	0405	221 (Annualized), Line 7A	10	N	221 (Annualized), Line 7A		
0410	0410	221 (Annualized), Line 7B	10	N	221 (Annualized), Line 7B		
0415	0415	221 (Annualized), Line 7C	10	N	221 (Annualized), Line 7C		
0420	0420	221 (Annualized), Line 7D	10	N	221 (Annualized), Line 7D		
0425	0425	221 (Annualized), Line 8A	10	N	221 (Annualized), Line 8A		
0430	0430	221 (Annualized), Line 8B	10	N	221 (Annualized), Line 8B		
0435	0435	221 (Annualized), Line 8C	10	N	221 (Annualized), Line 8C		
0440	0440	221 (Annualized), Line 8D	10	N	221 (Annualized), Line 8D		
0445	0445	221 (Annualized), Line 9A	10	N	221 (Annualized), Line 9A		
0450	0450	221 (Annualized), Line 9B	10	N	221 (Annualized), Line 9B		
0455	0455	221 (Annualized), Line 9C	10	N	221 (Annualized), Line 9C		
0460	0460	221 (Annualized), Line 9D	10	N	221 (Annualized), Line 9D		
0465	0465	221 (Annualized), Line 10A	10	N	221 (Annualized), Line 10A		
0470	0470	221 (Annualized), Line 10B	10	N	221 (Annualized), Line 10B		
0475	0475	221 (Annualized), Line 10C	10	N	221 (Annualized), Line 10C		
0480	0480	221 (Annualized), Line 10D	10	N	221 (Annualized), Line 10D		
0485	0485	221 (Annualized), Line 11A	10	N	221 (Annualized), Line 11A		
0490	0490	221 (Annualized), Line 11B	10	N	221 (Annualized), Line 11B		
0495	0495	221 (Annualized), Line 11C	10	N	221 (Annualized), Line 11C		
0500	0500	221 (Annualized), Line 11D	10	N	221 (Annualized), Line 11D		
0505	0505	221 (Annualized), Line 12A	10	N	221 (Annualized), Line 12A		
0510	0510	221 (Annualized), Line 12B	10	N	221 (Annualized), Line 12B		
0515	0515	221 (Annualized), Line 12C	10	N	221 (Annualized), Line 12C		
0520	0520	221 (Annualized), Line 12D	10	N	221 (Annualized), Line 12D		
0525	0525	Tax Credits Qtr 1	10	N	221 (Annualized), Line 13A		
0530	0530	Tax Credits Qtr 2	10	N	221 (Annualized), Line 13B		
0535	0535	Tax Credits Qtr 3	10	N	221 (Annualized), Line 13C		
0540	0540	Tax Credits Qtr 4	10	N	221 (Annualized), Line 13D		
0545	0545	Diff Line 13 from 12 Qt 1	10	N	221 (Annualized), Line 14A		
0550	0550	Diff Line 13 from 12 Qt 2	10	N	221 (Annualized), Line 14B		

0555	0555	Diff Line 13 from 12 Qt 3	10	N	221 (Annualized), Line 14C		
0560	0560	Diff Line 13 from 12 Qt 4	10	N	221 (Annualized), Line 14D		
0565	0565	Line 14 x 15 Qtr 1	10	N	221 (Annualized), Line 16A		
0570	0570	Line 14 x 15 Qtr 2	10	N	221 (Annualized), Line 16B		
0575	0575	Line 14 x 15 Qtr 3	10	N	221 (Annualized), Line 16C		
0580	0580	Line 14 x 15 Qtr 4	10	N	221 (Annualized), Line 16D		
0585	0585	Combined Amts Qtr 2	10	N	221 (Annualized), Line 17B		
0590	0590	Combined Amts Qtr 3	10	N	221 (Annualized), Line 17C		
0595	0595	Combined Amts Qtr 4	10	N	221 (Annualized), Line 17D		
0600	0600	Diff Line 17 from 16 Qt 1	10	N	221 (Annualized), Line 18A		
0605	0605	Diff Line 17 from 16 Qt 2	10	N	221 (Annualized), Line 18B		
0610	0610	Diff Line 17 from 16 Qt 3	10	N	221 (Annualized), Line 18C		
0615	0615	Diff Line 17 from 16 Qt 4	10	N	221 (Annualized), Line 18D		
0620	0620	Payment Due Qtr 1	10	N	221 (Annualized), Line 19A		
0625	0625	Payment Due Qtr 2	10	N	221 (Annualized), Line 19B		
0630	0630	Payment Due Qtr 3	10	N	221 (Annualized), Line 19C		
0635	0635	Payment Due Qtr 4	10	N	221 (Annualized), Line 19D		
0640	0640	Prec Line 22 Amt Qtr 2	10	N	221 (Annualized), Line 20B		
0645	0645	Prec Line 22 Amt Qtr 3	10	N	221 (Annualized), Line 20C		
0650	0650	Prec Line 22 Amt Qtr 4	10	N	221 (Annualized), Line 20D		
0655	0655	Sum Line 19 & 20 Qtr 1	10	N	221 (Annualized), Line 21A		
0660	0660	Sum Line 19 & 20 Qtr 2	10	N	221 (Annualized), Line 21B		
0665	0665	Sum Line 19 & 20 Qtr 3	10	N	221 (Annualized), Line 21C		
0670	0670	Sum Line 19 & 20 Qtr 4	10	N	221 (Annualized), Line 21D		
0675	0675	Diff Line 18 from 21 Qtr 1	10	N	221 (Annualized), Line 22A		
0680	0680	Diff Line 18 from 21 Qtr 2	10	N	221 (Annualized), Line 22B		
0685	0685	Diff Line 18 from 21 Qtr 3	10	N	221 (Annualized), Line 22C		
0690	0690	Annual Pmt Due Qtr 1	10	N	221 (Annualized), Line 23A		
0695	0695	Annual Pmt Due Qtr 2	10	N	221 (Annualized), Line 23B		
0700	0700	Annual Pmt Due Qtr 3	10	N	221 (Annualized), Line 23C		
0705	0705	Annual Pmt Due Qtr 4	10	N	221 (Annualized), Line 23D		

Unformatted Section – Arizona Schedule A, Itemized Deductions Adjustments for FORM 140							
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE	BUSINESS RULE
0010	0010	Record ID	26	A/N	Value "FRMbAZAb01PG01b(9n)* Note: (9n=Primary SSN)		
0015	0015	Medical/Dental Exp	12	N	Schd A, Line 1		
0020	0020	MSA Distrib Used	12	N	Schd A, Line 2		
0025	0025	Med Expense Fed	12	N	Schd A, Line 3		
0030	0030	Tot Med Deduct	12	N	Schd A, Line 4		
0035	0035	AZ Med Deduct	12	N	Schd A, Line 5		
0040	0040	AZ Med Adjust	12	N	Schd A, Line 6		
0045	0045	Fed Cred for Int	12	N	Schd A, Line 7		
0050	0050	Wagering Losses	12	N	Schd A, Line 8		
0055	0055	Gambling Winnings	12	N	Schd A, Line 9		
0060	0060	AZ Lottery Subtract	12	N	Schd A, Line 10		
0065	0065	Max Gambling Ded	12	N	Schd A, Line 11		
0070	0070	Tot Gambling Losses	12	N	Schd A, Line 12		
0075	0075	Prop Taxes Defense Contr	12	N	Schd A, Line 13		
0080	0080	Charitable Contrib	12	N	Schd A, Line 14		
0085	0085	Fed Item Ded Non AZ	12	N	Schd A, Line 15		
0090	0090	Total Line 5 & 7	12	N	Schd A, Line 16		
0095	0095	Total Other Lines	12	N	Schd A, Line 17		
0100	0100	Total Fed Item Ded	12	N	Schd A, Line 18		
0105	0105	Amount from Line 16	12	N	Schd A, Line 19		
0110	0110	Total Line 18 & 19	12	N	Schd A, Line 20		
0115	0115	Amount from Line 17	12	N	Schd A, Line 21		
0120	0120	AZ Itemized Deduct	12	N	Schd A, Line 22		

Unformatted Section – Arizona Schedule A NR, Itemized Deductions Adjustments for FORM 140 NR							
TY 2004 FIELD	TY 2005 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE	BUSINESS RULE
0010	0010	Record ID	26	A/N	Value "FRMbAZANRb01PG01b(9n)* Note: (9n=Primary SSN)		
0015	0015	Medical/Dental Exp	12	N	Schd A(NR), Line 1		
0020	0020	MSA Distrib Used	12	N	Schd A(NR), Line 2		
0025	0025	Med Expense Fed	12	N	Schd A(NR), Line 3		
0030	0030	Tot Med Deduct	12	N	Schd A(NR), Line 4		
0035	0035	AZ Med Deduct	12	N	Schd A(NR), Line 5		
0040	0040	AZ Med Adjust	12	N	Schd A(NR), Line 6		
0045	0045	Fed Cred for Int	12	N	Schd A(NR), Line 7		
0050	0050	Wagering Losses	12	N	Schd A(NR), Line 8		
0055	0055	Gambling Winnings	12	N	Schd A(NR), Line 9		
0060	0060	AZ Lottery Subtract	12	N	Schd A(NR), Line 10		
0065	0065	Max Gambling Ded	12	N	Schd A(NR), Line 11		
0070	0070	Tot Gambling Losses	12	N	Schd A(NR), Line 12		
0075	0075	Prop Taxes Def Contr	12	N	Schd A(NR), Line 13		
0080	0080	Charitable Contrib	12	N	Schd A(NR), Line 14		
0085	0085	Total Line 5 & 7	12	N	Schd A(NR), Line 15		
0090	0090	Total Other Lines	12	N	Schd A(NR), Line 16		
0095	0095	Total Fed Item Ded	12	N	Schd A(NR), Line 17		
0100	0100	Amount from Line 15	12	N	Schd A(NR), Line 18		
0105	0105	Total Line 17 & 18	12	N	Schd A(NR), Line 19		
0110	0110	Amount from Line 16	12	N	Schd A(NR), Line 20		
0115	0115	Adjust Itemized Ded	12	N	Schd A(NR), Line 21		
0120	0120	Arizona Percentage	4	N	Schd A(NR), Line 22		
0125	0125	AZ Itemized Deduct	12	N	Schd A(NR), Line 23		

Unformatted Section – Arizona Schedule A PY, Itemized Deductions Adjustments for FORM 140PY							
TY 2004 FIELD	TY 2005 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE	BUSINESS RULE
0010	0010	Record ID	26	A/N	Value "FRMbAZAPYb01PG01b(9n)* Note: (9n=Primary SSN)		
0015	0015	Medical/Dental Exp	12	N	Schd A(PY), Line 1		
0020	0020	Taxes Allowable Fed	12	N	Schd A(PY), Line 2		
0025	0025	Interest Expense	12	N	Schd A(PY), Line 3		
0030	0030	Charitable Gifts	12	N	Schd A(PY), Line 4		
0035	0035	Casualty Loss Schd A	12	N	Schd A(PY), Line 5		
0040	0040	Casualty Loss 4684	12	N	Schd A(PY), Line 6		
0045	0045	AZ Losses	12	N	Schd A(PY), Line 7		
0050	0050	Percent of Losses	4	N	Schd A(PY), Line 8		
0055	0055	Total AZ Losses	12	N	Schd A(PY), Line 9		
0060	0060	Misc Expenses	12	N	Schd A(PY), Line 10		
0065	0065	AZ Expenses	12	N	Schd A(PY), Line 11		
0070	0070	Percent of Expenses	4	N	Schd A(PY), Line 12		
0075	0075	Misc Deductions	12	N	Schd A(PY), Line 13		
0080	0080	AZ Misc Deductions	12	N	Schd A(PY), Line 14		
0085	0085	Other Misc Expenses	12	N	Schd A(PY), Line 15		
0090	0090	Wagering losses	12	N	Schd A(PY), Line 16		
0095	0095	Gambling Winnings	12	N	Schd A(PY), Line 17		
0100	0100	AZ Lottery Subtract	12	N	Schd A(PY), Line 18		
0105	0105	Max Gambling Loss	12	N	Schd A(PY), Line 19		
0110	0110	Total Gambling Losses	12	N	Schd A(PY), Line 20		
0115	0115	Misc Exp Less Gamb Loss	12	N	Schd A(PY), Line 21		
0120	0120	Total Misc Expenses	12	N	Schd A(PY), Line 22		
0125	0125	Tentative AZ Item Ded	12	N	Schd A(PY), Line 23		
0130	0130	Fed Item Ded Reduct	12	N	Schd A(PY), Line 24		
0135	0135	Fed Item Deduct	12	N	Schd A(PY), Line 25		
0140	0140	Percent AZ Item Deduct	4	N	Schd A(PY), Line 26		
0145	0145	Partial Fed Item Ded	12	N	Schd A(PY), Line 27		
0150	0150	AZ Itemized Deduct	12	N	Schd A(PY), Line 28		

Unformatted Section – Arizona Schedule A PYN, Itemized Deductions Adjustments for FORM 140 PY							
TY 2004 FIELD	TY 2005 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE	BUSINESS RULE
0010	0010	Record ID	26	A/N	Value "FRMbAZAPYN01PG01b(9n)* Note: (9n=Primary SSN)		
0015	0015	Medical/Dental Exp	12	N	Schd A(PYN), Line 1		
0020	0020	Taxes Allowable Fed	12	N	Schd A(PYN), Line 2		
0025	0025	Interest Expense	12	N	Schd A(PYN), Line 3		
0030	0030	Charitable Gifts	12	N	Schd A(PYN), Line 4		
0035	0035	Casualty Loss Schd A	12	N	Schd A(PYN), Line 5		
0040	0040	Casualty Loss 4684	12	N	Schd A(PYN), Line 6		
0045	0045	AZ Losses	12	N	Schd A(PYN), Line 7		
0050	0050	Percent of Losses	4	N	Schd A(PYN), Line 8		
0055	0055	Total AZ Losses	12	N	Schd A(PYN), Line 9		
0060	0060	Misc Expenses	12	N	Schd A(PYN), Line 10		
0065	0065	AZ Expenses	12	N	Schd A(PYN), Line 11		
0070	0070	Percent of Expenses	4	N	Schd A(PYN), Line 12		
0075	0075	Misc Deductions	12	N	Schd A(PYN), Line 13		
0080	0080	AZ Misc Deductions	12	N	Schd A(PYN), Line 14		
0085	0085	Other Misc Expenses	12	N	Schd A(PYN), Line 15		
0090	0090	Wagering losses	12	N	Schd A(PYN), Line 16		
0095	0095	Gambling Winnings	12	N	Schd A(PYN), Line 17		
0100	0100	AZ Lottery Subtract	12	N	Schd A(PYN), Line 18		
0105	0105	Max Gambling Loss	12	N	Schd A(PYN), Line 19		
0110	0110	Total Gambling Losses	12	N	Schd A(PYN), Line 20		
0115	0115	Misc Exp Less Gamb Loss	12	N	Schd A(PYN), Line 21		
0120	0120	Total Misc Expenses	12	N	Schd A(PYN), Line 22		
0125	0125	Tentative AZ Item Ded	12	N	Schd A(PYN), Line 23		
0130	0130	Fed Item Ded Reduct	12	N	Schd A(PYN), Line 24		
0135	0135	Fed Item Deduct	12	N	Schd A(PYN), Line 25		
0140	0140	Percent AZ Item Deduct	4	N	Schd A(PYN), Line 26		
0145	0145	Partial Fed Item Ded	12	N	Schd A(PYN), Line 27		
0150	0150	Res AZ Itemized Deduct	12	N	Schd A(PYN), Line 28		
0155	0155	Medical/Dental Exp NR	12	N	Schd A(PYN), Line 29		
0160	0160	MSA Distrib Used NR	12	N	Schd A(PYN), Line 30		
0165	0165	Med Expense Fed NR	12	N	Schd A(PYN), Line 31		
0170	0170	Tot Med Deduct NR	12	N	Schd A(PYN), Line 32		
0175	0175	AZ Med Deduct NR	12	N	Schd A(PYN), Line 33		
0180	0180	AZ Med Adjust NR	12	N	Schd A(PYN), Line 34		
0185	0185	Fed Cred for Int NR	12	N	Schd A(PYN), Line 35		
0190	0190	Wagering losses NR	12	N	Schd A(PYN), Line 36		
0195	0195	Gambling Winnings NR	12	N	Schd A(PYN), Line 37		
0200	0200	AZ Lottery Subtract NR	12	N	Schd A(PYN), Line 38		

0205	0205	Max Gambling Ded NR	12	N	Schd A(PYN), Line 39		
0210	0210	Tot Gambling Losses NR	12	N	Schd A(PYN), Line 40		
0215	0215	Prop Taxes Def Contr NR	12	N	Schd A(PYN), Line 41		
0220	0220	Charitable Contrib NR	12	N	Schd A(PYN), Line 42		
0225	0225	Total Line 33 & 35	12	N	Schd A(PYN), Line 43		
0230	0230	Total Other Lines	12	N	Schd A(PYN), Line 44		
0235	0235	Total Fed Item Ded	12	N	Schd A(PYN), Line 45		
0240	0240	Amount from Line 43	12	N	Schd A(PYN), Line 46		
0245	0245	Total Line 45 & 46	12	N	Schd A(PYN), Line 47		
0250	0250	Amount of Line 44	12	N	Schd A(PYN), Line 48		
0255	0255	Adjust Itemized Ded	12	N	Schd A(PYN), Line 49		
0260	0260	Res AZ Item Ded	12	N	Schd A(PYN), Line 50		
0265	0265	Adjust AZ Item Ded	12	N	Schd A(PYN), Line 51		
0270	0270	Percent from Worksheet	4	N	Schd A(PYN), Line 52		
0275	0275	Percent AZ Item Ded	12	N	Schd A(PYN), Line 53		
0280	0280	AZ Itemized Deduct	12	N	Schd A(PYN), Line 54		

Unformatted Record – Arizona Form 301, Nonrefundable Individual Tax Credits and Recapture						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb301bbb01PG01b(9n)* Note: (9n=Primary SSN)	**9/5/2006**
0015	0015	Defense Contract (Form 302)	10	N	301, Line 1	
0020	0020	Enterprise Zone (Form 304)	10	N	301, Line 2	
0025	0025	Environ Technology (Form 305)	10	N	301, Line 3	
0030	0030	Military Reuse Zone (Form 306)	10	N	301, Line 4	
0035	0035	Recycling Equipment (Form 307)	10	N	301, Line 5	
0040	0040	Increased Research Act (Form 308-I)	10	N	301, Line 6	
0045	0045	Taxes Paid to Another State or Country (Form 309)	10	N	301, Line 7	
0050	0050	Solar Energy Device (Form 310)	10	N	301, Line 8	
0055	0055	Agri Water Con Sys (Form 312)	10	N	301, Line 9	
0060	0060	Pollution Control (Form 315)	10	N	301, Line 10	
0065	0065	Solar Hot Water Heater (Form 319)	10	N	301, Line 11	
0070	0070	Employment of TANF (Form 320)	10	N	301, Line 12	
0075	0075	Contributions to Charities (Form 321)	10	N	301, Line 13	
0080	0080	Cont Made to Public Sch (Form 322)	10	N	301, Line 14	
0085	0085	School Tuition (Form 323)	10	N	301, Line 15	
0090	0090	Agri Pollution Control (Form 325)	10	N	301, Line 16	
0095	0095	Neighborhood Electric Veh (Form 328)	10	N	301, Line 17	
0100	0100	Donation of School Site (Form 331)	10	N	301, Line 18	
0105	0105	Healthy Forest Enterprises (Form 332)	10	N	301, Line 19	
	0110	Employing National Guard Members (Form 333)	10	N	301, Line 20	**NEW**
	0115	Motion Picture Production (Form 334)	10	N	301, Line 21	**NEW**
	0120	Solar Energy Devices Commercial and Industrial Applications (Form 336)	10	N	301, Line 22	**NEW**
0110	0125	Total Available Tax Credits	10	N	301, Line 23	
0115	0130	Tax from form 140, line 20	10	N	301, Line 24	
0120	0135	Clean Elections Fund tax reduction	10	N	301, Line 25	
0125	0140	Subtract line 25 from line 24	10	N	301, Line 26	
0130	0145	Recapture of ETC from Form 305	10	N	301, Line 27	
0135	0150	Recapture of NEV from Form 328	10	N	301, Line 28	
	0155	Recapture of Healthy Forest from Form 332	10	N	301, Line 29	**NEW**
	0160	Line not in use. Reserved for 2007.	10	N	301, Line 30 **No entry allowed for 2006**	**NEW**
0140	0165	Recapture Total	10	N	301, Line 31	
0145	0170	Subtotal: Add lines 26 and 31	10	N	301, Line 32	
0150	0175	Family Inc Tax CR from 140 line 26	10	N	301, Line 33	
0155	0180	Subtract line 33 from line 32	10	N	301, Line 34	
0160	0185	Defense Contracting Form 302	10	N	301, Line 35	
0165	0190	Enterprise Zone (Form 304)	10	N	301, Line 36	
0170	0195	Environment Tech Fac (Form 305)	10	N	301, Line 37	
0175	0200	Military Reuse Zone (Form 306)	10	N	301, Line 38	
0180	0205	Recycling Equip (Form 307)	10	N	301, Line 39	
0185	0210	Increased Research Act (Form 308-I)	10	N	301, Line 40	
0190	0215	Taxes Paid to Other States (Form 309)	10	N	301, Line 41	
0195	0220	Solar Energy Devices (Form 310)	10	N	301, Line 42	
0200	0225	Agriculture Water Con (Form 312)	10	N	301, Line43	
0205	0230	Pollution Control Credit (Form 315)	10	N	301, Line 44	
0210	0235	Solar Hot Water Plumbing and Electric Vehicle Recharge (Form 319)	10	N	301, Line 45	

0215	0240	Employment of TANF (Form 320)	10	N	301, Line 46	
0220	0245	Contr to Charities. (Form 321)	10	N	301, Line 47	
0225	0250	Contr or Fees Paid to Sch (Form 322)	10	N	301, Line 48	
0230	0255	School Tuition Org (Form 323)	10	N	301, Line 49	
0235	0260	Agri Pollution Control Equip (Form 325)	10	N	301, Line 50	
0240	0265	NEV (Form 328)	10	N	301, Line 51	
0245	0270	Donation of School Site (Form 331)	10	N	301, Line 52	
0250	0275	Healthy Forest Enterprises (Form 332)	10	N	301, Line 53	
	0280	Employing National Guard Members (Form 333)	10	N	301, Line 54	**NEW**
	0285	Motion Picture Production (Form 334)	10	N	301, Line 55	**NEW**
	0290	Solar Energy Devices Commercial and Industrial Applications (Form 336)	10	N	301, Line 56	**NEW**
0255	0295	Total Tax Credits Claimed	10	N	301, Line 57	

Unformatted Record – Arizona Form 302, Defense Contracting Credit						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb302bbb01PG01b(9n)* Note: (9n=Primary SSN)	**7/28/2006**
0015	0015	Business certified as defense contractor by AZ Dept. of Commerce?	1	N	302, Line 1 "Y" or "N"	
0020	0020	Average employment during the current taxable year under U.S. Dept. of Defense contracts	10	N	302, Line 2	
0025	0025	Employment baseline	10	N	302, Line 3	
0030	0030	Net Defense Position Increase	10	N	302, Line 4 Subtract Line 3 from Line 2	
0035	0035	Net Commercial Position Increase	10	N	302, Line 5	
0040	0040	New Commercial Positions	10	N	302, Line 6	
0045	0045	Net Qualified Commercial Positions	10	N	302, Line 7 Enter the lesser of Line 5 or Line 6	
0050	0050	first year Qualified positions (defense)	10	N	302, Line 8a	
0055	0055	first year Qualified positions (commercial)	10	N	302, Line 8b	
0060	0060	Allowable credit 1	10	N	302, Line 8d Multiply the sum of Line 8a and Line 8b times 2500	
0065	0065	second year Qualified positions (defense)	10	N	302, Line 9a	
0070	0070	second year Qualified positions (commercial)	10	N	302, Line 9b	
0075	0075	Allowable credit 2	10	N	302, Line 9d Multiply the sum of Line 9a and Line 9b times 2000	
0080	0080	third year Qualified positions (defense)	10	N	302, Line 10a	
0085	0085	third year Qualified positions (commercial)	10	N	302, Line 10b	
0090	0090	Allowable credit 3	10	N	302, Line 10d Multiply the sum of Line 10a and Line 10b times 1500	
0095	0095	fourth year Qualified positions (defense)	10	N	302, Line 11a	
0100	0100	fourth year Qualified positions (commercial)	10	N	302, Line 11b	
0105	0105	Allowable credit 4	10	N	302, Line 11d Multiply the sum of Line 11a and Line 11b times 1000	
0110	0110	fifth year Qualified positions (defense)	10	N	302, Line 12a	
0115	0115	fifth year Qualified positions (commercial)	10	N	302, Line 12b	
0120	0120	Allowable credit 5	10	N	302, Line 12d Multiply the sum of Line 12a and Line 12b times 500	
0125	0125	Total qualified positions (defense)	10	N	302, Line 13a add lines 8a, 9a, 10a, 11a and 12a	
0130	0130	Total qualified positions (commercial)	10	N	302, Line 13b add lines 8b, 9b, 10b, 11b and 12b	

0135	0135	Total allowable credit	10	N	302, Line 13d add lines 8d, 9d, 10d, 11d and 12d	
0140	0140	Taxes on AZ Property	10	N	302, Line 14	
0145	0145	Percent based on net new defense positions	4	N	302, Line 15	
0150	0150	Prorate 1	10	N	302, Line 16 Multiply Line 14 by Line 15	
0155	0155	Percent based on income	4	N	302, Line 17	
0160	0160	CR for Property Tax	10	N	302, Line 18 Multiply Line 16 by Line 17	
0165	0165	S Corp Irrevocable Election for TYE	8	N	302, Line 19 CCYYMMDD or blank	
0170	0170	Claim or Pass	1	A	302, Line 19 "C" = Claim "P" = Pass or blank	
0175	0175	Name of shareholder	40	A/N	302, Line 20	
0180	0180	Shareholder's TIN	9	N	302, Line 21	
0185	0185	Shareholder's share Positions	10	N	302, Line 22 of the amt on Line 13d (Field 0135)	
0190	0190	Shareholder's share Property	10	N	302, Line 23 of the amt on Line 18 (Field 0160)	
0195	0195	Name of partner	40	A/N	302, Line 24	
0200	0200	Partner's TIN	9	N	302, Line 25	
0205	0205	Partner's share Positions	10	N	302, Line 26 of the amt on Line 13d (Field 0135)	
0210	0210	Partner's share Property	10	N	302, Line 27 of the amt on Line 18 (Field 0160)	
0215	0215	Original CR Amt	10	N	302, Line 28a	
0220	0220	Amount Prev Used	10	N	302, Line 28b	
0225	0225	Available Carryover	10	N	302, Line 28c	
0230	0230	Current Yr CR Positions	10	N	302, Line 29 Individuals enter amt from Line 13d S-Corp shareholders enter amt from Line 22 Partners of partnrship enter amt from Line 26	
0235	0235	Current Yr CR Property	10	N	302, Line 30 Individuals enter amt from Line 18 S-Corp shareholders enter amt from Line 23 Partners of partnrship enter amt from Line 27	
0240	0240	CR Carryover	10	N	302, Line 31 enter amt from Line 28c	
0245	0245	Available CR	10	N	302, Line 32 add Lines 29, 30 and 31, enter on Form 301, Line 1	

Unformatted Record – Arizona Form 304 Enterprise Zone Credit						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb304bbb01PG01b(9n)* Note: (9n=Primary SSN)	**7/28/2006**
0015	0015	Business Name	40	A/N	304, Line 1	
0020	0020	Business Street Address	40	A/N	304, Line 2a	
0025	0025	Business City, State Zip	40	A/N	304, Line 2a	
0030	0030	Name of Enterprise Zone	40	A/N	304, Line 2b	
0035	0035	FEIN	9	N	304, Line 3	
0040	0040	Retail Sales exceed 10% of total income at location	1	A	304, Line 4 "Y" = yes or "N" = no , If "Y" do not complete this form	
0045	0045	Current Yr Avg # employees at location	10	N	304, Line 5	
0050	0050	Previous Yr Avg # employees at location	10	N	304, Line 6	
0055	0055	Net Increase	10	N	304, Line 7	
0060	0060	Qualified Positions	10	N	304, Line 8	
0065	0065	Net Increase in Avg # employees	10	N	304, Line 9 enter number from line 7	
0070	0070	Max # new employees before 35% residency requirement	10	N	304, Line 10	
0075	0075	# Qualified employees that are zone residents on date of hire	10	N	304, Line 11a	
0080	0080	Divide by 35%	10	N	304, Line 11b quotient of line 11a divided by 35%	
0085	0085	Max # Positions for which the CR may be claimed	10	N	304, Line 11c enter the smaller of Line 10 or Line 11b	
0090	0090	Max # of qualified positions	10	N	304, Line 12 value = "200"	
0095	0095	Max # of new Qualified positions	10	N	304, Line 13 enter the lesser of line 11c or 12	
0100	0100	All Qualified employees AZ residents	1	A	304, Line 14 "Y" = yes "N" = no	
0105	0105	# 1st Yr Qualified Positions	10	N	304, Line 15a	
0110	0110	1st Yr Qualifying Wages	10	N	304, Line 15b Max 2000 per position	
0115	0115	CR for 1st Yr Positions	10	N	304, Line 15d Line 15b times 25%	
0120	0120	# 2nd Yr Qualified Positions	10	N	304, Line 16a	
0125	0125	2nd Yr Qualifying Wages	10	N	304, Line 16b	
0130	0130	CR for 2nd Yr Positions	10	N	304, Line 16d	
0135	0135	# 3rd Yr Qualified Positions	10	N	304, Line 17a	
0140	0140	3rd Yr Qualifying Wages	10	N	304, Line 17b	
0145	0145	CR for 3rd Yr Positions	10	N	304, Line 17d	
0150	0150	Total # Qualified Positions	10	N	304, Line 18a	
0155	0155	CR for All Positions	10	N	304, Line 18d	
0160	0160	LLC Classification	1	A	304, Line 19 "S" = S-Corp "P" = Partnership "D" = Disregarded entity "C" = Corporation	

0165	0165	S Corp Irrevoc Election for TYE	8	N	304, Line 20 CCYYMMDD or blank	
0170	0170	Claim or Pass	1	A	304, Line 20 "C" = Claim "P" = Pass or blank	
0175	0175	Name of shareholder	40	A/N	304, Line 21	
0180	0180	Shareholder's TIN	9	N	304, Line 22	
0185	0185	Shareholder's share	10	N	304, Line 23 of the amt on Line 18d	
0190	0190	Name of partner	40	N	304, Line 24	
0195	0195	Partner's TIN	9	N	304, Line 25	
0200	0200	Partner's share	10	N	304, Line 26 of the amt on Line 18d	
0205	0205	Taxable Yr 1	4	N	304, Line 27a CCYY	
0210	0210	Original Credit Amount 1	10	N	304, Line 28a	
0215	0215	Amount Previously Used 1	10	N	304, Line 29a	
0220	0220	Tentative Carryover 1	10	N	304, Line 30a	
0225	0225	Unallowable Amt 1	10	N	304, Line 31a	
0230	0230	Available Carryover 1	10	N	304, Line 32a	
0235	0235	Taxable Yr 2	4	N	304, Line 27b CCYY	
0240	0240	Original Credit Amount 2	10	N	304, Line 28b	
0245	0245	Amount Previously Used 2	10	N	304, Line 29b	
0250	0250	Tentative Carryover 2	10	N	304, Line 30b	
0255	0255	Unallowable Amt 2	10	N	304, Line 31b	
0260	0260	Available Carryover 2	10	N	304, Line 32b	
0265	0265	Taxable Yr 3	4	N	304, Line 27c CCYY	
0270	0270	Original Credit Amount 3	10	N	304, Line 28c	
0275	0275	Amount Previously Used 3	10	N	304, Line 29c	
0280	0280	Tentative Carryover 3	10	N	304, Line 30c	
0285	0285	Unallowable Amt 3	10	N	304, Line 31c	
0290	0290	Available Carryover 3	10	N	304, Line 32c	
0295	0295	Taxable Yr 4	4	N	304, Line 27d CCYY	
0300	0300	Original Credit Amount 4	10	N	304, Line 28d	
0305	0305	Amount Previously Used 4	10	N	304, Line 29d	
0310	0310	Tentative Carryover 4	10	N	304, Line 30d	
0315	0315	Unallowable Amt 4	10	N	304, Line 31d	
0320	0320	Available Carryover 4	10	N	304, Line 32d	
0325	0325	Taxable Yr 5	4	N	304, Line 27e CCYY	
0330	0330	Original Credit Amount 5	10	N	304, Line 28e	
0335	0335	Amount Previously Used 5	10	N	304, Line 29e	
0340	0340	Tentative Carryover 5	10	N	304, Line 30e	
0345	0345	Unallowable Amt 5	10	N	304, Line 31e	
0350	0350	Available Carryover 5	10	N	304, Line 32e	
0355	0355	Total Available Carryover	10	N	304, Line 33	
0360	0360	Current Yr Qualified CR	10	N	304, Line 34	
0365	0365	CR Carryover	10	N	304, Line 35 from Line 33	
0370	0370	Available Enterprise Zone CR	10	N	304, Line 36 sum of Lines 34 and 35	

Unformatted Record – Arizona Form 304-1 Employees at Enterprise Zone Location						
TY 2004 FIELD	TY 2005 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb304-1bbb01PG01b(9n)* Note: (9n=Primary SSN)	**7/28/2006**
0015	0015	Employee Name	40	A/N	304-1, Line 1	
0020	0020	Employee TIN	9	N	304-1, Line 2	
0025	0025	Employee Residence Address	40	A/N	304-1, Line 3	
0030	0030	Employee City, State Zip	40	A/N	304-1, Line 3	
0035	0035	Inside or Outside Zone	1	A	304-1, Line 4a "I" = inside "O" = outside	
0040	0040	Zone Name	40	A/N	304-1, Line 4b	
0045	0045	Employee Address When Hired	40	A/N	304-1, Line 5	
0050	0050	Employee City, State, Zip When Hired	40	A/N	304-1, Line 5	
0055	0055	Hired Inside or Outside Zone	1	A	304-1, Line 6a "I" = inside "O" = outside	
0060	0060	Hired Zone Name	25	A/N	304-1, Line 6b	
0065	0065	Date of Initial Employment	8	N	304-1, Line 7 CCYYMMDD	
0070	0070	Previous Employee Last Work Date	8	N	304-1, Line 8 CCYYMMDD or blank	
0075	0075	Permanent FTE	1	A	304-1, Line 9a "Y" = yes "N" = no	
0080	0080	# Hours Worked This Yr	10	N	304-1, Line 9b	
0085	0085	Compensation This Yr	10	N	304-1, Line 10	
0090	0090	Cost of Health Insurance Provided by Employer	10	N	304-1, Line 11a	
0095	0095	Health Insurance Cost Paid by Employer	10	N	304-1, Line 11b	
0100	0100	New Qualified Position	1	A	304-1, Line 12 "Y" = yes "N" = no	
0105	0105	Substituted For Another Employee	1	A	304-1, Line 13a "Y" = yes "N" = no	
0110	0110	Date of Substitution	8	N	304-1, Line 13b CCYYMMDD or blank	
0115	0115	2nd or 3rd Yr	1	A	304-1, Line 13b "S" = second "T" = third	

Unformatted Record – Arizona Form 304-2 Employees in Qualified Employment Positions						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb304-2bbb01PG01b(9n)* Note: (9n=Primary SSN)	**8/29/2006**
0015	0015	Employee Name 1	40	A/N	304-2, Line 1a	
0020	0020	Employee Street Address 1	40	A/N	304-2, Line 1a	
0025	0025	Employee City, State, Zip 1	40	A/N	304-2, Line 1a	
0030	0030	Yrs of employment 1	1	N	304-2, Line 1b enter "1" "2" or "3"	
0035	0035	Wages Paid Current 1	10	N	304-2, Line 1c	
0040	0040	Max Wages 1	10	N	304-2, Line 1d 1 the max wages = 2000 2 the max wages = 3000 3 the max wages = 3000	
0045	0045	Limitation 1	1	A	304-2, Line 1e X or blank	
0050	0050	Employee Name 2	40	A/N	304-2, Line 2a	
0055	0055	Employee Street Address 2	40	A/N	304-2, Line 2a	
0060	0060	Employee City, State, Zip 2	40	A/N	304-2, Line 2a	
0065	0065	Yrs of employment 2	1	N	304-2, Line 2b enter "1" "2" or "3"	
0070	0070	Wages Paid Current 2	10	N	304-2, Line 2c	
0075	0075	Max Wages 2	10	N	304-2, Line 2d 1 the max wages = 2000 2 the max wages = 3000 3 the max wages = 3000	
0080	0080	Limitation 2	1	A	304-2, Line 2e X or blank	
0085	0085	Employee Name 3	40	A/N	304-2, Line 3a	
0090	0090	Employee Street Address 3	40	A/N	304-2, Line 3a	
0095	0095	Employee City, State, Zip 3	40	A/N	304-2, Line 3a	
0100	0100	Yrs of employment 3	1	N	304-2, Line 3b enter "1" "2" or "3"	
0105	0105	Wages Paid Current 3	10	N	304-2, Line 3c	
0110	0110	Max Wages 3	10	N	304-2, Line 3d 1 the max wages = 2000 2 the max wages = 3000 3 the max wages = 3000	
0115	0115	Limitation 3	1	A	304-2, Line 3e X or blank	
0120	0120	Employee Name 4	40	A/N	304-2, Line 4a	
0125	0125	Employee Street Address 4	40	A/N	304-2, Line 4a	
0130	0130	Employee City, State, Zip 4	40	A/N	304-2, Line 4a	
0135	0135	Yrs of employment 4	1	N	304-2, Line 4b enter "1" "2" or "3"	
0140	0140	Wages Paid Current 4	10	N	304-2, Line 4c	
0145	0145	Max Wages 4	10	N	304-2, Line 4d 1 the max wages = 2000 2 the max wages = 3000 3 the max wages = 3000	
0150	0150	Limitation 4	1	A	304-2, Line 4e X or blank	

0155	0155	Employee Name 5	40	A/N	304-2, Line 5a	
0160	0160	Employee Street Address 5	40	A/N	304-2, Line 5a	
0165	0165	Employee City, State, Zip 5	40	A/N	304-2, Line 5a	
0170	0170	Yrs of employment 5	1	N	304-2, Line 5b enter “1” “2” or “3”	
0175	0175	Wages Paid Current 5	10	N	304-2, Line 5c	
0180	0180	Max Wages 5	10	N	304-2, Line 5d 1 the max wages = 2000 2 the max wages = 3000 3 the max wages = 3000	
0185	0185	Limitation 5	1	A	304-2, Line 5e X or blank	
0190	0190	Employee Name 6	40	A/N	304-2, Line 6a	
0195	0195	Employee Street Address 6	40	A/N	304-2, Line 6a	
0200	0200	Employee City, State, Zip 6	40	A/N	304-2, Line 6a	
0205	0205	Yrs of employment 6	1	N	304-2, Line 6b enter “1” “2” or “3”	
0210	0210	Wages Paid Current 6	10	N	304-2, Line 6c	
0215	0215	Max Wages 6	10	N	304-2, Line 6d 1 the max wages = 2000 2 the max wages = 3000 3 the max wages = 3000	
0220	0220	Limitation 6	1	A	304-2, Line 6e X or blank	
0225	0225	Employee Name 7	40	A/N	304-2, Line 7a	
0230	0230	Employee Street Address 7	40	A/N	304-2, Line 7a	
0235	0235	Employee City, State, Zip 7	40	A/N	304-2, Line 7a	
0240	0240	Yrs of employment 7	1	N	304-2, Line 7b enter “1” “2” or “3”	
0245	0245	Wages Paid Current 7	10	N	304-2, Line 7c	
0250	0250	Max Wages 7	10	N	304-2, Line 7d 1 the max wages = 2000 2 the max wages = 3000 3 the max wages = 3000	
0255	0255	Limitation 7	1	A	304-2, Line 7e X or blank	
0260	0260	Yrs of employment 8	1	N	304-2, Line 8b enter total number of “1” present in lines 1b through 7b	
0265	0265	Yrs of employment 8	1	N	304-2, Line 8b enter total number of “2” present in lines 1b through 7b	
0270	0270	Yrs of employment 8	1	N	304-2, Line 8b enter total number of “3” present in lines 1b through 7b	
0275	0275	Wages Paid Current 8	10	N	304-2, Line 8c enter total of lines 1c through 7c	
0280	0280	Max Wages 8	10	N	304-2, Line 8d enter total of lines 1d through 7d	
0285	0285	Limitation 8	1	A	304-2, Line 8e enter total number of “X” present in lines 1e through 7e	

Unformatted Record – Arizona Form 305 Environmental Technology Facility Credit						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb305bbb01PG01b(9n)* Note: (9n=Primary SSN)	**9/27/2006**
0015	0015	Date of Facility Initial Construction	8	N	305, Line 1 CCYYMMDD	
0020	0020	Cost	10	N	305, Line 2	
0025	0025	Current Yr CR	10	N	305, Line 3 Multiply Line 2 by 10%	
	0030	**Date facility was placed in Service**	**8**	**N**	**305, Line 4 CCYYMMDD**	**NEW**
	0035	**Date facility ceased to operate**	**8**	**N**	**305, Line 5 CCYYMMDD**	**NEW**
	0040	**Total credit actually claimed**	**10**	**N**	**305, Line 6**	**NEW**
	0045	**Percent based on year facility ceased to operate as environmental**	**4**	**N**	**305, Line 7 100% = 1000 50% = 0500**	**NEW**
	0050	**Credit Recapture**	**10**	**N**	**305, Line 8**	**NEW**
0030	0055	S Corp Irrevocable Election for TYE	8	N	305, Line 9 CCYYMMDD or blank	
0035	0060	Claim or Pass	1	A	305, Line 9 "C" = Claim, "P" = Pass, or blank	
0040	0065	Name of shareholder	40	A/N	305, Line 10	
0045	0070	Shareholder's TIN	9	N	305, Line 11	
0050	0075	Shareholder's share	10	N	305, Line 12	
	0080	**Shareholder recapture amount**	**10**	**N**	**305, Line 13**	**NEW**
0055	0085	Name of partner	40	A	305, Line 14	
0060	0090	Partner's TIN	9	N	305, Line 15	
0065	0095	Partner's share	10	N	305, Line 16	
	0100	**Partner's recapture amount**	**10**	**N**	**305, Line 17**	**NEW**
	0105	**Taxable year in which you took a credit or credit carryover for a facility that has ceased to operate**	**8**	**N**	**305, Line 18 CCYYMMDD**	**NEW**
	0110	**Amount of credit originally allowable for the facility**	**10**	**N**	**305, Line 19**	**NEW**
	0115	**Amount of the credit to be recaptured**	**10**	**N**	**305, Line 20**	**NEW**
	0120	**Amount of credit allowable for the facility that has ceased to operate**	**10**	**N**	**305, Line 21**	**NEW**
	0125	**Amount of credit on line 19 that you have claimed on prior years' returns**	**10**	**N**	**305, Line 22**	**NEW**
	0130	**Subtract line 22 from line 21**	**10**	**N**	**305, Line 23**	**NEW**
0070	0135	Taxable Yr 1	4	N	305, Line 24a CCYY	
0075	0140	Original Credit Amount 1	10	N	305, Line 24b	
0080	0145	Amount Previously Used 1	10	N	305, Line 24c	
0085		~~**Unallowable Due to Recapture**~~	~~**10**~~	~~**N**~~	~~**305, Line 24d**~~	
0090	0150	**Available Carryover 1**	**10**	**N**	**305, Line 24d**	**renumbered**
0095	0155	Taxable Yr 2	4	N	305, Line 25a CCYY	
0100	0160	Original Credit Amount 2	10	N	305, Line 25b	
0105	0165	Amount Previously Used 2	10	N	305, Line 25c	
0110		~~**Unallowable Due to Recapture**~~	~~**10**~~	~~**N**~~	~~**305, Line 25d**~~	
0115	0170	**Available Carryover 2**	**10**	**N**	**305, Line 25d**	**renumbered**
0120	0175	Taxable Yr 3	4	N	305, Line 26a CCYY	
0125	0180	Original Credit Amount 3	10	N	305, Line 26b	
0130	0185	Amount Previously Used 3	10	N	305, Line 26c	
0135		~~**Unallowable Due to Recapture**~~	~~**10**~~	~~**N**~~	~~**305, Line 26d**~~	
0140	0190	**Available Carryover 3**	**10**	**N**	**305, Line 26e**	**renumbered**
0145	0195	Taxable Yr 4	4	N	305, Line 27a CCYY	
0150	0200	Original Credit Amount 4	10	N	305, Line 27b	
0155	0205	Amount Previously Used 4	10	N	305, Line 27c	
0160		~~**Unallowable Due to Recapture**~~	~~**10**~~	~~**N**~~	~~**305, Line 27d**~~	
0165	0210	**Available Carryover 4**	**10**	**N**	**305, Line 27d**	**renumbered**

0170	0215	Taxable Yr 5	4	N	305, Line 28a CCYY	
0175	0220	Original Credit Amount 5	10	N	305, Line 28b	
0180	0225	Amount Previously Used 5	10	N	305, Line 28c	
0185		**~~Unallowable Due to Recapture~~**	**~~10~~**	**~~N~~**	**~~305, Line 28d~~**	
0190	0230	**Available Carryover 5**	**10**	**N**	**305, Line 28d**	**renumbered**
0195	0235	Taxable Yr 6	4	N	305, Line 29a CCYY	
0200	0240	Original Credit Amount 6	10	N	305, Line 29b	
0205	0245	Amount Previously Used 6	10	N	305, Line 29c	
0210		**~~Unallowable Due to Recapture~~**	**~~10~~**	**~~N~~**	**~~305, Line 29d~~**	
0215	0250	**Available Carryover 6**	**10**	**N**	**305, Line 29d**	**renumbered**
0220	0255	Taxable Yr 7	4	N	305, Line 30a CCYY	
0225	0260	Original Credit Amount 7	10	N	305, Line 30b	
0230	0265	Amount Previously Used 7	10	N	305, Line 30c	
0235		**~~Unallowable Due to Recapture~~**	**~~10~~**	**~~N~~**	**~~305, Line 30d~~**	
0240	0270	**Available Carryover 7**	**10**	**N**	**305, Line 30d**	**renumbered**
0245	0275	Taxable Yr 8	4	N	305, Line 31a CCYY	
0250	0280	Original Credit Amount 8	10	N	305, Line 31b	
0255	0285	Amount Previously Used 8	10	N	305, Line 31c	
0260		**~~Unallowable Due to Recapture~~**	**~~10~~**	**~~N~~**	**~~305, Line 31d~~**	
0265	0290	**Available Carryover 8**	**10**	**N**	**305, Line 31d**	**renumbered**
0270	0295	Taxable Yr 9	4	N	305, Line 32a CCYY	
0275	0300	Original Credit Amount 9	10	N	305, Line 32b	
0280	0305	Amount Previously Used 9	10	N	305, Line 32c	
0285		**~~Unallowable Due to Recapture~~**	**~~10~~**	**~~N~~**	**~~305, Line 32d~~**	
0290	0310	**Available Carryover 9**	**10**	**N**	**305, Line 32d**	**renumbered**
0295	0315	Taxable Yr 10	4	N	305, Line 33a CCYY	
0300	0320	Original Credit Amount 10	10	N	305, Line 33b	
0305	0325	Amount Previously Used 10	10	N	305, Line 33c	
0310		**~~Unallowable Due to Recapture~~**	**~~10~~**	**~~N~~**	**~~305, Line 33d~~**	
0315	0330	**Available Carryover 10**	**10**	**N**	**305, Line 33d**	**renumbered**
0320	0335	Taxable Yr 11	4	N	305, Line 34a CCYY	
0325	0340	Original Credit Amount 11	10	N	305, Line 34b	
0330	0345	Amount Previously Used 11	10	N	305, Line 34c	
0335		**~~Unallowable Due to Recapture~~**	**~~10~~**	**~~N~~**	**~~305, Line 34d~~**	
0340	0350	**Available Carryover 11**	**10**	**N**	**305, Line 34d**	**renumbered**
0345	0355	Taxable Yr 12	4	N	305, Line 35a CCYY	
0350	0360	Original Credit Amount 12	10	N	305, Line 35b	
0355	0365	Amount Previously Used 12	10	N	305, Line 35c	
0360		**~~Unallowable Due to Recapture~~**	**~~10~~**	**~~N~~**	**~~305, Line 35d~~**	
0365	0370	**Available Carryover 12**	**10**	**N**	**305, Line 35d**	**renumbered**

0370	0375	Taxable Yr 13	4	N	305, Line 36a CCYY	
0375	0380	Original Credit Amount 13	10	N	305, Line 36b	
0380	0385	Amount Previously Used 13	10	N	305, Line 36c	
0385		~~**Unallowable Due to Recapture**~~	~~**10**~~	~~**N**~~	~~**305, Line 36d**~~	
0390	0390	**Available Carryover 13**	**10**	**N**	**305, Line 36d**	**renumbered**
0395	0395	Taxable Yr 14	4	N	305, Line 37a CCYY	
0400	0400	Original Credit Amount 14	10	N	305, Line 37b	
0405	0405	Amount Previously Used 14	10	N	305, Line 37c	
0410		~~**Unallowable Due to Recapture**~~	~~**10**~~	~~**N**~~	~~**305, Line 37d**~~	
0415	0410	**Available Carryover 14**	**10**	**N**	**305, Line 37d**	**renumbered**
0420	0415	Taxable Yr 15	4	N	305, Line 38a CCYY	
0425	0420	Original Credit Amount 15	10	N	305, Line 38b	
0430	0425	Amount Previously Used 15	10	N	305, Line 38c	
0435		~~**Unallowable Due to Recapture**~~	~~**10**~~	~~**N**~~	~~**305, Line 38d**~~	
0440	0430	**Available Carryover 15**	**10**	**N**	**305, Line 38d**	**renumbered**
0445	0435	Total Available Carryover	10	N	305, Line 39	
0450	0440	Current Year CR	10	N	305, Line 40	
0455	0445	CR Carryover	10	N	305, Line 41	
0460	0450	Total Available CR	10	N	305, Line 42	
0465		~~**Date Placed In Service**~~	~~**8**~~	~~**N**~~	~~**305, Line 30 CCYYMMDD or blank**~~	
0470		~~**Date Operation Ceased**~~	~~**8**~~	~~**N**~~	~~**305, Line 31 CCYYMMDD or blank**~~	
0475		~~**CR Actually Claimed**~~	~~**10**~~	~~**N**~~	~~**305, Line 32**~~	
0480		~~**Percent based on Yr**~~	~~**4**~~	~~**N**~~	~~**305, Line 33 100% = 1000 50% = 0500**~~	
0485		~~**CR Recapture**~~	~~**10**~~	~~**N**~~	~~**305, Line 34**~~	

Unformatted Record – Arizona Form 306 Military Reuse Zone Credit						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb306bbb01PG01b(9n)* Note: (9n=Primary SSN)	**7/31/2006**
0015	0015	Business name	40	A/N	306, Line 1	
0020	0020	Business location	40	A/N	306, Line 2 (City, State, Zip)	
0025	0025	FEIN	9	N	306, Line 3	
0030	0030	Military Reuse Zone Name	40	A/N	306, Line 4	
0035	0035	Current Avg Employment	10	N	306, Line 5	
0040	0040	Baseline	10	N	306, Line 6	
0045	0045	Net Increase	10	N	306, Line 7	
0050	0050	Dislocated Military Base Employees	10	N	306, Line 8	
0055	0055	Non-dislocated Military Base Employees	10	N	306, Line 9	
0060	0060	Total New Employees	10	N	306, Line 10	
0065	0065	Net Increase	10	N	306, Line 11	
0070	0070	Max # of New Employees	10	N	306, Line 12	
0075	0075	Dislocated Military Base 1st Yr Employees	10	N	306, Line 13a	
0080	0080	Allowable CR for Dislocated 1st Yr Employees	10	N	306, Line 13c multiply Line 13a by 1000	
0085	0085	Dislocated Military Base 2nd Yr Employees	10	N	306, Line 14a	
0090	0090	Allowable CR for Dislocated 2nd Yr Employees	10	N	306, Line 14c multiply Line 14a by 1500	
0095	0095	Dislocated Military Base 3rd Yr Employees	10	N	306, Line 15a	
0100	0100	Allowable CR for Dislocated 3rd Yr Employees	10	N	306, Line 15c multiply Line 15a by 2000	
0105	0105	Dislocated Military Base 4th Yr Employees	10	N	306, Line 16a	
0110	0110	Allowable CR for Dislocated 4th Yr Employees	10	N	306, Line 16c multiply Line 16a by 2500	
0115	0115	Dislocated Military Base 5th Yr Employees	10	N	306, Line 17a	
0120	0120	Allowable CR for Dislocated 5th Yr Employees	10	N	306, Line 17c multiply Line 17a by 3000	
0125	0125	Total # Dislocated Military Base Employees	10	N	306, Line 18a add Lines 13a through 17a	
0130	0130	Total Allowable CR for Dislocated Employees	10	N	306, Line 18c add Lines 13c through 17c	
0135	0135	Non-dislocated 1st Yr Employees	10	N	306, Line 19a	
0140	0140	Allowable CR for Non-dislocated 1st Yr Employees	10	N	306, Line 19c multiply Line 19a by 500	
0145	0145	Non-dislocated 2nd Yr Employees	10	N	306, Line 20a	
0150	0150	Allowable CR for Non-dislocated 2nd Yr Employees	10	N	306, Line 20c multiply Line 20a by 1000	
0155	0155	Non-dislocated 3rd Yr Employees	10	N	306, Line 21a	
0160	0160	Allowable CR for Non-dislocated 3rd Yr Employees	10	N	306, Line 21c multiply Line 21a by 1500	
0165	0165	Non-dislocated 4th Yr Employees	10	N	306, Line 22a	
0170	0170	Allowable CR for Non-dislocated 4th Yr Employees	10	N	306, Line 22c multiply Line 22a by 2000	
0175	0175	Non-dislocated 5th Yr Employees	10	N	306, Line 23a	
0180	0180	Allowable CR for Non-dislocated 5th Yr Employees	10	N	306, Line 23c multiply Line 23a by 2500	
0185	0185	Total # Non-dislocated Employees	10	N	306, Line 24a add Lines 19a through 23a	
0190	0190	Allowable CR for Non-dislocated Employees	10	N	306, Line 24c add Lines 19c through 23c	

0195	0195	S Corp Irrevocable Election for TYE	8	N	306, Line 25 CCYYMMDD or blank	
0200	0200	Claim or Pass	1	A	306, Line 25 "C" = Claim "P" = Pass or blank	
0205	0205	Name of shareholder	40	A/N	306, Line 26	
0210	0210	Shareholder's TIN	9	N	306, Line 27	
0215	0215	Shareholder's share	10	N	306, Line 28 of the amt on Line 18c	
0220	0220	Shareholder's share	10	N	306, Line 29 of the amt on Line 24c	
0225	0225	Name of partner	40	A/N	306, Line 30	
0230	0230	Partner's TIN	9	N	306, Line 31	
0235	0235	Partner's share	10	N	306, Line 32 of the amt on Line 18c	
0240	0240	Partner's share	10	N	306, Line 33 of the amt on Line 24c	
0245	0245	Taxable Yr 1	4	N	306, Line 34a CCYY	
0250	0250	Original Credit Amount 1	10	N	306, Line 35a	
0255	0255	Amount Previously Used 1	10	N	306, Line 36a	
0260	0260	Tentative Carryover 1	10	N	306, Line 37a	
0265	0265	Unallowable Amt 1	10	N	306, Line 38a	
0270	0270	Available Carryover 1	10	N	306, Line 39a	
0275	0275	Taxable Yr 2	4	N	306, Line 34b CCYY	
0280	0280	Original Credit Amount 2	10	N	306, Line 35b	
0285	0285	Amount Previously Used 2	10	N	306, Line 36b	
0290	0290	Tentative Carryover 2	10	N	306, Line 37b	
0295	0295	Unallowable Amt 2	10	N	306, Line 38b	
0300	0300	Available Carryover 2	10	N	306, Line 39b	
0305	0305	Taxable Yr 3	4	N	306, Line 34c CCYY	
0310	0310	Original Credit Amount 3	10	N	306, Line 35c	
0315	0315	Amount Previously Used 3	10	N	306, Line 36c	
0320	0320	Tentative Carryover 3	10	N	306, Line 37c	
0325	0325	Unallowable Amt 3	10	N	306, Line 38c	
0330	0330	Available Carryover 3	10	N	306, Line 39c	
0335	0335	Taxable Yr 4	4	N	306, Line 34d CCYY	
0340	0340	Original Credit Amount 4	10	N	306, Line 35d	
0345	0345	Amount Previously Used 4	10	N	306, Line 36d	
0350	0350	Tentative Carryover 4	10	N	306, Line 37d	
0355	0355	Unallowable Amt 4	10	N	306, Line 38d	
0360	0360	Available Carryover 4	10	N	306, Line 39d	
0365	0365	Taxable Yr 5	4	N	306, Line 34e CCYY	
0370	0370	Original Credit Amount 5	10	N	306, Line 35e	
0375	0375	Amount Previously Used 5	10	N	306, Line 36e	
0380	0380	Tentative Carryover 5	10	N	306, Line 37e	
0385	0385	Unallowable Amt 5	10	N	306, Line 38e	
0390	0390	Available Carryover 5	10	N	306, Line 39e	
0395	0395	Total Available Carryover	10	N	306, Line 40	
0400	0400	Current Yr CR for Dislocated Employees	10	N	306, Line 41 from Line 18, 28, or 32	
0405	0405	Current Yr CR for Non-dislocated Employees	10	N	306, Line 42 from Line 24, 29, or 33	
0410	0410	CR Carryover	10	N	306, Line 43 from Line 40	
0415	0415	TOTAL Available CR	10	N	306, Line 44 sum of Lines 42 and 43	

Unformatted Record – Arizona Form 306-1 Military Reuse Zone Credit						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb306-1bbb01PG01b(9n)* Note: (9n=Primary SSN)	**7/31/2006**
0015	0015	Employee Name 1	28	A/N	306-1, Line 1a	
0020	0020	Employee SSN 1	9	N	306-1, Line 1b	
0025	0025	Date of Hire or Transfer 1	8	N	306-1, Line 1c CCYYMMDD or blank	
0030	0030	Employee Name 2	28	A/N	306-1, Line 2a	
0035	0035	Employee SSN 2	9	N	306-1, Line 2b	
0040	0040	Date of Hire or Transfer 2	8	N	306-1, Line 2c CCYYMMDD or blank	
0045	0045	Employee Name 3	28	A/N	306-1, Line 3a	
0050	0050	Employee SSN 3	9	N	306-1, Line 3b	
0055	0055	Date of Hire or Transfer 3	8	N	306-1, Line 3c CCYYMMDD or blank	
0060	0060	Employee Name 4	28	A/N	306-1, Line 4a	
0065	0065	Employee SSN 4	9	N	306-1, Line 4b	
0070	0070	Date of Hire or Transfer 4	8	N	306-1, Line 4c CCYYMMDD or blank	
0075	0075	Employee Name 5	28	A/N	306-1, Line 5a	
0080	0080	Employee SSN 5	9	N	306-1, Line 5b	
0085	0085	Date of Hire or Transfer 5	8	N	306-1, Line 5c CCYYMMDD or blank	
0090	0090	Employee Name 6	28	A/N	306-1, Line 6a	
0095	0095	Employee SSN 6	9	N	306-1, Line 6b	
0100	0100	Date of Hire or Transfer 6	8	N	306-1, Line 6c CCYYMMDD or blank	
0105	0105	Employee Name 7	28	A/N	306-1, Line 7a	
0110	0110	Employee SSN 7	9	N	306-1, Line 7b	
0115	0115	Date of Hire or Transfer 7	8	N	306-1, Line 7c CCYYMMDD or blank	
0120	0120	Employee Name 8	28	A/N	306-1, Line 8a	
0125	0125	Employee SSN 8	9	N	306-1, Line 8b	
0130	0130	Date of Hire or Transfer 8	8	N	306-1, Line 8c CCYYMMDD or blank	
0135	0135	Employee Name 9	28	A/N	306-1, Line 9a	
0140	0140	Employee SSN 9	9	N	306-1, Line 9b	
0145	0145	Date of Hire or Transfer 9	8	N	306-1, Line 9c CCYYMMDD or blank	
0150	0150	Employee Name 10	28	A/N	306-1, Line 10a	
0155	0155	Employee SSN 10	9	N	306-1, Line 10b	
0160	0160	Date of Hire or Transfer 10	8	N	306-1, Line 10c CCYYMMDD or blank	
0165	0165	Employee Name 11	28	A/N	306-1, Line 11a	
0170	0170	Employee SSN 11	9	N	306-1, Line 11b	
0175	0175	Date of Hire or Transfer 11	8	N	306-1, Line 11c CCYYMMDD or blank	
0180	0180	Employee Name 12	28	A/N	306-1, Line 12a	
0185	0185	Employee SSN 12	9	N	306-1, Line 12b	
0190	0190	Date of Hire or Transfer 12	8	N	306-1, Line 12c CCYYMMDD or blank	
0195	0195	Employee Name 13	28	A/N	306-1, Line 13a	
0200	0200	Employee SSN 13	9	N	306-1, Line 13b	
0205	0205	Date of Hire or Transfer 13	8	N	306-1, Line 13c CCYYMMDD or blank	

0210	0210	Employee Name 14	28	A/N	306-1, Line 14a	
0215	0215	Employee SSN 14	9	N	306-1, Line 14b	
0220	0220	Date of Hire or Transfer 14	8	N	306-1, Line 14c CCYYMMDD or blank	
0225	0225	Employee Name 15	28	A/N	306-1, Line 15a	
0230	0230	Employee SSN 15	9	N	306-1, Line 15b	
0235	0235	Date of Hire or Transfer 15	8	N	306-1, Line 15c CCYYMMDD or blank	
0240	0240	Employee Name 16	28	A/N	306-1, Line 16a	
0245	0245	Employee SSN 16	9	N	306-1, Line 16b	
0250	0250	Date of Hire or Transfer 16	8	N	306-1, Line 16c CCYYMMDD or blank	
0255	0255	Employee Name 17	28	A/N	306-1, Line 17a	
0260	0260	Employee SSN 17	9	N	306-1, Line 17b	
0265	0265	Date of Hire or Transfer 17	8	N	306-1, Line 17c CCYYMMDD or blank	
0270	0270	Employee Name 18	28	A/N	306-1, Line 18a	
0275	0275	Employee SSN 18	9	N	306-1, Line 18b	
0280	0280	Date of Hire or Transfer 18	8	N	306-1, Line 18c CCYYMMDD or blank	
0285	0285	Employee Name 19	28	A/N	306-1, Line 19a	
0290	0290	Employee SSN 19	9	N	306-1, Line 19b	
0295	0295	Date of Hire or Transfer 19	8	N	306-1, Line 19c CCYYMMDD or blank	
0300	0300	Employee Name 20	28	A/N	306-1, Line 20a	
0305	0305	Employee SSN 20	9	N	306-1, Line 20b	
0310	0310	Date of Hire or Transfer 20	8	N	306-1, Line 20c CCYYMMDD or blank	
0315	0315	Employee Name 21	28	A/N	306-1, Line 21a	
0320	0320	Employee SSN 21	9	N	306-1, Line 21b	
0325	0325	Date of Hire or Transfer 21	8	N	306-1, Line 21c CCYYMMDD or blank	
0330	0330	Employee Name 22	28	A/N	306-1, Line 22a	
0335	0335	Employee SSN 22	9	N	306-1, Line 22b	
0340	0340	Date of Hire or Transfer 22	8	N	306-1, Line 22c CCYYMMDD or blank	
0345	0345	Employee Name 23	28	A/N	306-1, Line 23a	
0350	0350	Employee SSN 23	9	N	306-1, Line 23b	
0355	0355	Date of Hire or Transfer 23	8	N	306-1, Line 23c CCYYMMDD or blank	
0360	0360	Employee Name 24	28	A/N	306-1, Line 24a	
0365	0365	Employee SSN 24	9	N	306-1, Line 24b	
0370	0370	Date of Hire or Transfer 24	8	N	306-1, Line 24c CCYYMMDD or blank	
0375	0375	Employee Name 25	28	A/N	306-1, Line 25a	
0380	0380	Employee SSN 25	9	N	306-1, Line 25b	
0385	0385	Date of Hire or Transfer 25	8	N	306-1, Line 25c CCYYMMDD or blank	

Unformatted Record – Arizona Form 306-2 Military Reuse Zone Credit						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb306-2bbb01PG01b(9n)* Note: (9n=Primary SSN)	**7/31/2006**
0015	0015	Employee Name 1	28	A/N	306-2, Line 1a	
0020	0020	Employee SSN 1	9	N	306-2, Line 1b	
0025	0025	Yrs Employed 1	1	N	306-2, Line 1c Enter 1, 2, 3, 4, or 5	
0030	0030	Employee Name 2	28	A/N	306-2, Line 2a	
0035	0035	Employee SSN 2	9	N	306-2, Line 2b	
0040	0040	Yrs Employed 2	1	N	306-2, Line 2c Enter 1, 2, 3, 4, or 5	
0045	0045	Employee Name 3	28	A/N	306-2, Line 3a	
0050	0050	Employee SSN 3	9	N	306-2, Line 3b	
0055	0055	Yrs Employed 3	1	N	306-2, Line 3c Enter 1, 2, 3, 4, or 5	
0060	0060	Employee Name 4	28	A/N	306-2, Line 4a	
0065	0065	Employee SSN 4	9	N	306-2, Line 4b	
0070	0070	Yrs Employed 4	1	N	306-2, Line 4c Enter 1, 2, 3, 4, or 5	
0075	0075	Employee Name 5	28	A/N	306-2, Line 5a	
0080	0080	Employee SSN 5	9	N	306-2, Line 5b	
0085	0085	Yrs Employed 5	1	N	306-2, Line 5c Enter 1, 2, 3, 4, or 5	
0090	0090	Employee Name 6	28	A/N	306-2, Line 6a	
0095	0095	Employee SSN 6	9	N	306-2, Line 6b	
0100	0100	Yrs Employed 6	1	N	306-2, Line 6c Enter 1, 2, 3, 4, or 5	
0105	0105	Employee Name 7	28	A/N	306-2, Line 7a	
0110	0110	Employee SSN 7	9	N	306-2, Line 7b	
0115	0115	Yrs Employed 7	1	N	306-2, Line 7c Enter 1, 2, 3, 4, or 5	
0120	0120	Employee Name 8	28	A/N	306-2, Line 8a	
0125	0125	Employee SSN 8	9	N	306-2, Line 8b	
0130	0130	Yrs Employed 8	1	N	306-2, Line 8c Enter 1, 2, 3, 4, or 5	
0135	0135	Employee Name 9	28	A/N	306-2, Line 9a	
0140	0140	Employee SSN 9	9	N	306-2, Line 9b	
0145	0145	Yrs Employed 9	1	N	306-2, Line 9c Enter 1, 2, 3, 4, or 5	
0150	0150	Employee Name 10	28	A/N	306-2, Line 10a	
0155	0155	Employee SSN 10	9	N	306-2, Line 10b	
0160	0160	Yrs Employed 10	1	N	306-2, Line 10c Enter 1, 2, 3, 4, or 5	
0165	0165	Employee Name 11	28	A/N	306-2, Line 11a	
0170	0170	Employee SSN 11	9	N	306-2, Line 11b	
0175	0175	Yrs Employed 11	1	N	306-2, Line 11c Enter 1, 2, 3, 4, or 5	
0180	0180	Employee Name 12	28	A/N	306-2, Line 12a	
0185	0185	Employee SSN 12	9	N	306-2, Line 12b	
0190	0190	Yrs Employed 12	1	N	306-2, Line 12c Enter 1, 2, 3, 4, or 5	
0195	0195	Employee Name 13	28	A/N	306-2, Line 13a	
0200	0200	Employee SSN 1338	9	N	306-2, Line 13b	
0205	0205	Yrs Employed 13	1	N	306-2, Line 13c Enter 1, 2, 3, 4, or 5	

0210	0210	Employee Name 14	28	A/N	306-2, Line 14a	
0215	0215	Employee SSN 14	9	N	306-2, Line 14b	
0220	0220	Yrs Employed 14	1	N	306-2, Line 14c Enter 1, 2, 3, 4, or 5	
0225	0225	Employee Name 15	28	A/N	306-2, Line 15a	
0230	0230	Employee SSN 15	9	N	306-2, Line 15b	
0235	0235	Yrs Employed 15	1	N	306-2, Line 15c Enter 1, 2, 3, 4, or 5	
0240	0240	Employee Name 16	28	A/N	306-2, Line 16a	
0245	0245	Employee SSN 16	9	N	306-2, Line 16b	
0250	0250	Yrs Employed 16	1	N	306-2, Line 16c Enter 1, 2, 3, 4, or 5	
0255	0255	Employee Name 17	28	A/N	306-2, Line 17a	
0260	0260	Employee SSN 17	9	N	306-2, Line 17b	
0265	0265	Yrs Employed 17	1	N	306-2, Line 17c Enter 1, 2, 3, 4, or 5	
0270	0270	Employee Name 18	28	A/N	306-2, Line 18a	
0275	0275	Employee SSN 18	9	N	306-2, Line 18b	
0280	0280	Yrs Employed 18	1	N	306-2, Line 18c Enter 1, 2, 3, 4, or 5	
0285	0285	Employee Name 19	28	A/N	306-2, Line 19a	
0290	0290	Employee SSN 19	9	N	306-2, Line 19b	
0295	0295	Yrs Employed 19	1	N	306-2, Line 19c Enter 1, 2, 3, 4, or 5	
0300	0300	Employee Name 20	28	A/N	306-2, Line 20a	
0305	0305	Employee SSN 20	9	N	306-2, Line 20b	
0310	0310	Yrs Employed 20	1	N	306-2, Line 20c Enter 1, 2, 3, 4, or 5	
0315	0315	Employee Name 21	28	A/N	306-2, Line 21a	
0320	0320	Employee SSN 21	9	N	306-2, Line 21b	
0325	0325	Yrs Employed 21	1	N	306-2, Line 21c Enter 1, 2, 3, 4, or 5	
0330	0330	Employee Name 22	28	A/N	306-2, Line 22a	
0335	0335	Employee SSN 22	9	N	306-2, Line 22b	
0340	0340	Yrs Employed 22	1	N	306-2, Line 22c Enter 1, 2, 3, 4, or 5	
0345	0345	Employee Name 23	28	A/N	306-2, Line 23a	
0350	0350	Employee SSN 23	9	N	306-2, Line 23b	
0355	0355	Yrs Employed 23	1	N	306-2, Line 23c Enter 1, 2, 3, 4, or 5	
0360	0360	Employee Name 24	28	A/N	306-2, Line 24a	
0365	0365	Employee SSN 24	9	N	306-2, Line 24b	
0370	0370	Yrs Employed 24	1	N	306-2, Line 24c Enter 1, 2, 3, 4, or 5	
0375	0375	Employee Name 25	28	A/N	306-2, Line 25a	
0380	0380	Employee SSN 25	9	N	306-2, Line 25b	
0385	0385	Yrs Employed 25	1	N	306-2, Line 25c Enter 1, 2, 3, 4, or 5	
0390	0390	# of 1st Yr Dislocated Military Base Employees Claimed	2	N	306-2, Line 26c1	
0395	0395	# of 2nd Yr Dislocated Military Base Employees Claimed	2	N	306-2, Line 26c2	
0400	0400	# of 3rd Yr Dislocated Military Base Employees Claimed	2	N	306-2, Line 26c3	
0405	0405	# of 4th Yr Dislocated Military Base Employees Claimed	2	N	306-2, Line 26c4	
0410	0410	# of 5th Yr Dislocated Military Base Employees Claimed	2	N	306-2, Line 26c5	

Unformatted Record – Arizona Form 306-3 Military Reuse Zone Credit						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb306-3bbb01PG01b(9n)* Note: (9n=Primary SSN)	**8/3/2006**
0015	0015	Employee Name 1	28	A/N	306-3, Line 1a	
0020	0020	Employee SSN 1	9	N	306-3, Line 1b	
0025	0025	Date of Hire or Transfer 1	8	N	306-3, Line 1c CCYYMMDD or blank	
0030	0030	Employee Name 2	28	A/N	306-3, Line 2a	
0035	0035	Employee SSN 2	9	N	306-3, Line 2b	
0040	0040	Date of Hire or Transfer 2	8	N	306-3, Line 2c CCYYMMDD or blank	
0045	0045	Employee Name 3	28	A/N	306-3, Line 3a	
0050	0050	Employee SSN 3	9	N	306-3, Line 3b	
0055	0055	Date of Hire or Transfer 3	8	N	306-3, Line 3c CCYYMMDD or blank	
0060	0060	Employee Name 4	28	A/N	306-3, Line 4a	
0065	0065	Employee SSN 4	9	N	306-3, Line 4b	
0070	0070	Date of Hire or Transfer 4	8	N	306-3, Line 4c CCYYMMDD or blank	
0075	0075	Employee Name 5	28	A/N	306-3, Line 5a	
0080	0080	Employee SSN 5	9	N	306-3, Line 5b	
0085	0085	Date of Hire or Transfer 5	8	N	306-3, Line 5c CCYYMMDD or blank	
0090	0090	Employee Name 6	28	A/N	306-3, Line 6a	
0095	0095	Employee SSN 6	9	N	306-3, Line 6b	
0100	0100	Date of Hire or Transfer 6	8	N	306-3, Line 6c CCYYMMDD or blank	
0105	0105	Employee Name 7	28	A/N	306-3, Line 7a	
0110	0110	Employee SSN 7	9	N	306-3, Line 7b	
0115	0115	Date of Hire or Transfer 7	8	N	306-3, Line 7c CCYYMMDD or blank	
0120	0120	Employee Name 8	28	A/N	306-3, Line 8a	
0125	0125	Employee SSN 8	9	N	306-3, Line 8b	
0130	0130	Date of Hire or Transfer 8	8	N	306-3, Line 8c CCYYMMDD or blank	
0135	0135	Employee Name 9	28	A/N	306-3, Line 9a	
0140	0140	Employee SSN 9	9	N	306-3, Line 9b	
0145	0145	Date of Hire or Transfer 9	8	N	306-3, Line 9c CCYYMMDD or blank	
0150	0150	Employee Name 10	28	A/N	306-3, Line 10a	
0155	0155	Employee SSN 10	9	N	306-3, Line 10b	
0160	0160	Date of Hire or Transfer 10	8	N	306-3, Line 10c CCYYMMDD or blank	
0165	0165	Employee Name 11	28	A/N	306-3, Line 11a	
0170	0170	Employee SSN 11	9	N	306-3, Line 11b	
0175	0175	Date of Hire or Transfer 11	8	N	306-3, Line 11c CCYYMMDD or blank	
0180	0180	Employee Name 12	28	A/N	306-3, Line 12a	
0185	0185	Employee SSN 12	9	N	306-3, Line 12b	
0190	0190	Date of Hire or Transfer 12	8	N	306-3, Line 12c CCYYMMDD or blank	
0195	0195	Employee Name 13	28	A/N	306-3, Line 13a	
0200	0200	Employee SSN 13	9	N	306-3, Line 13b	
0205	0205	Date of Hire or Transfer 13	8	N	306-3, Line 13c CCYYMMDD or blank	

0210	0210	Employee Name 14	28	A/N	306-3, Line 14a	
0215	0215	Employee SSN 14	9	N	306-3, Line 14b	
0220	0220	Date of Hire or Transfer 14	8	N	306-3, Line 14c CCYYMMDD or blank	
0225	0225	Employee Name 15	28	A/N	306-3, Line 15a	
0230	0230	Employee SSN 15	9	N	306-3, Line 15b	
0235	0235	Date of Hire or Transfer 15	8	N	306-3, Line 15c CCYYMMDD or blank	
0240	0240	Employee Name 16	28	A/N	306-3, Line 16a	
0245	0245	Employee SSN 16	9	N	306-3, Line 16b	
0250	0250	Date of Hire or Transfer 16	8	N	306-3, Line 16c CCYYMMDD or blank	
0255	0255	Employee Name 17	28	A/N	306-3, Line 17a	
0260	0260	Employee SSN 17	9	N	306-3, Line 17b	
0265	0265	Date of Hire or Transfer 17	8	N	306-3, Line 17c CCYYMMDD or blank	
0270	0270	Employee Name 18	28	A/N	306-3, Line 18a	
0275	0275	Employee SSN 18	9	N	306-3, Line 18b	
0280	0280	Date of Hire or Transfer 18	8	N	306-3, Line 18c CCYYMMDD or blank	
0285	0285	Employee Name 19	28	A/N	306-3, Line 19a	
0290	0290	Employee SSN 19	9	N	306-3, Line 19b	
0295	0295	Date of Hire or Transfer 19	8	N	306-3, Line 19c CCYYMMDD or blank	
0300	0300	Employee Name 20	28	A/N	306-3, Line 20a	
0305	0305	Employee SSN 20	9	N	306-3, Line 20b	
0310	0310	Date of Hire or Transfer 20	8	N	306-3, Line 20c CCYYMMDD or blank	
0315	0315	Employee Name 21	28	A/N	306-3, Line 21a	
0320	0320	Employee SSN 21	9	N	306-3, Line 21b	
0325	0325	Date of Hire or Transfer 21	8	N	306-3, Line 21c CCYYMMDD or blank	
0330	0330	Employee Name 22	28	A/N	306-3, Line 22a	
0335	0335	Employee SSN 22	9	N	306-3, Line 22b	
0340	0340	Date of Hire or Transfer 22	8	N	306-3, Line 22c CCYYMMDD or blank	
0345	0345	Employee Name 23	28	A/N	306-3, Line 23a	
0350	0350	Employee SSN 23	9	N	306-3, Line 23b	
0355	0355	Date of Hire or Transfer 23	8	N	306-3, Line 23c CCYYMMDD or blank	
0360	0360	Employee Name 24	28	A/N	306-3, Line 24a	
0365	0365	Employee SSN 24	9	N	306-3, Line 24b	
0370	0370	Date of Hire or Transfer 24	8	N	306-3, Line 24c CCYYMMDD or blank	
0375	0375	Employee Name 25	28	A/N	306-3, Line 25a	
0380	0380	Employee SSN 25	9	N	306-3, Line 25b	
0385	0385	Date of Hire or Transfer 25	8	N	306-3, Line 25c CCYYMMDD or blank	

Unformatted Record – Arizona Form 306-4 Military Reuse Zone Credit Non-dislocated Military Base Employees Claimed						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb306-4bbb01PG01b(9n)* Note: (9n=Primary SSN)	**8/3/2006**
0015	0015	Employee Name 1	28	A/N	306-4, Line 1a	
0020	0020	Employee SSN 1	9	N	306-4, Line 1b	
0025	0025	Yrs Employed 1	1	N	306-4, Line 1c Enter 1, 2, 3, 4, or 5	
0030	0030	Employee Name 2	28	A/N	306-4, Line 2a	
0035	0035	Employee SSN 2	9	N	306-4, Line 2b	
0040	0040	Yrs Employed 2	1	N	306-4, Line 2c Enter 1, 2, 3, 4, or 5	
0045	0045	Employee Name 3	28	A/N	306-4, Line 3a	
0050	0050	Employee SSN 3	9	N	306-4, Line 3b	
0055	0055	Yrs Employed 3	1	N	306-4, Line 3c Enter 1, 2, 3, 4, or 5	
0060	0060	Employee Name 4	28	A/N	306-4, Line 4a	
0065	0065	Employee SSN 4	9	N	306-4, Line 4b	
0070	0070	Yrs Employed 4	1	N	306-4, Line 4c Enter 1, 2, 3, 4, or 5	
0075	0075	Employee Name 5	28	A/N	306-4, Line 5a	
0080	0080	Employee SSN 5	9	N	306-4, Line 5b	
0085	0085	Yrs Employed 5	1	N	306-4, Line 5c Enter 1, 2, 3, 4, or 5	
0090	0090	Employee Name 6	28	A/N	306-4, Line 6a	
0095	0095	Employee SSN 6	9	N	306-4, Line 6b	
0100	0100	Yrs Employed 6	1	N	306-4, Line 6c Enter 1, 2, 3, 4, or 5	
0105	0105	Employee Name 7	28	A/N	306-4, Line 7a	
0110	0110	Employee SSN 7	9	N	306-4, Line 7b	
0115	0115	Yrs Employed 7	1	N	306-4, Line 7c Enter 1, 2, 3, 4, or 5	
0120	0120	Employee Name 8	28	A/N	306-4, Line 8a	
0125	0125	Employee SSN 8	9	N	306-4, Line 8b	
0130	0130	Yrs Employed 8	1	N	306-4, Line 8c Enter 1, 2, 3, 4, or 5	
0135	0135	Employee Name 9	28	A/N	306-4, Line 9a	
0140	0140	Employee SSN 9	9	N	306-4, Line 9b	
0145	0145	Yrs Employed 9	1	N	306-4, Line 9c Enter 1, 2, 3, 4, or 5	
0150	0150	Employee Name 10	28	A/N	306-4, Line 10a	
0155	0155	Employee SSN 10	9	N	306-4, Line 10b	
0160	0160	Yrs Employed 10	1	N	306-4, Line 10c Enter 1, 2, 3, 4, or 5	
0165	0165	Employee Name 11	28	A/N	306-4, Line 11a	
0170	0170	Employee SSN 11	9	N	306-4, Line 11b	
0175	0175	Yrs Employed 11	1	N	306-4, Line 11c Enter 1, 2, 3, 4, or 5	
0180	0180	Employee Name 12	28	A/N	306-4, Line 12a	
0185	0185	Employee SSN 12	9	N	306-4, Line 12b	
0190	0190	Yrs Employed 12	1	N	306-4, Line 12c Enter 1, 2, 3, 4, or 5	
0195	0195	Employee Name 13	28	A/N	306-4, Line 13a	
0200	0200	Employee SSN 13	9	N	306-4, Line 13b	
0205	0205	Yrs Employed 13	1	N	306-4, Line 13c Enter 1, 2, 3, 4, or 5	
0210	0210	Employee Name 14	28	A/N	306-4, Line 14a	
0215	0215	Employee SSN 14	9	N	306-4, Line 14b	
0220	0220	Yrs Employed 14	1	N	306-4, Line 14c Enter 1, 2, 3, 4, or 5	

0225	0225	Employee Name 15	28	A/N	306-4, Line 15a	
0230	0230	Employee SSN 15	9	N	306-4, Line 15b	
0235	0235	Yrs Employed 15	1	N	306-4, Line 15c Enter 1, 2, 3, 4, or 5	
0240	0240	Employee Name 16	28	A/N	306-4, Line 16a	
0245	0245	Employee SSN 16	9	N	306-4, Line 16b	
0250	0250	Yrs Employed 16	1	N	306-4, Line 16c Enter 1, 2, 3, 4, or 5	
0255	0255	Employee Name 17	28	A/N	306-4, Line 17a	
0260	0260	Employee SSN 17	9	N	306-4, Line 17b	
0265	0265	Yrs Employed 17	1	N	306-4, Line 17c Enter 1, 2, 3, 4, or 5	
0270	0270	Employee Name 18	28	A/N	306-4, Line 18a	
0275	0275	Employee SSN 18	9	N	306-4, Line 18b	
0280	0280	Yrs Employed 18	1	N	306-4, Line 18c Enter 1, 2, 3, 4, or 5	
0285	0285	Employee Name 19	28	A/N	306-4, Line 19a	
0290	0290	Employee SSN 19	9	N	306-4, Line 19b	
0295	0295	Yrs Employed 19	1	N	306-4, Line 19c Enter 1, 2, 3, 4, or 5	
0300	0300	Employee Name 20	28	A/N	306-4, Line 20a	
0305	0305	Employee SSN 20	9	N	306-4, Line 20b	
0310	0310	Yrs Employed 20	1	N	306-4, Line 20c Enter 1, 2, 3, 4, or 5	
0315	0315	Employee Name 21	28	A/N	306-4, Line 21a	
0320	0320	Employee SSN 21	9	N	306-4, Line 21b	
0325	0325	Yrs Employed 21	1	N	306-4, Line 21c Enter 1, 2, 3, 4, or 5	
0330	0330	Employee Name 22	28	N	306-4, Line 22a	
0335	0335	Employee SSN 22	9	N	306-4, Line 22b	
0340	0340	Yrs Employed 22	1	N	306-4, Line 22c Enter 1, 2, 3, 4, or 5	
0345	0345	Employee Name 23	28	A/N	306-4, Line 23a	
0350	0350	Employee SSN 23	9	N	306-4, Line 23b	
0355	0355	Yrs Employed 23	1	N	306-4, Line 23c Enter 1, 2, 3, 4, or 5	
0360	0360	Employee Name 24	28	A/N	306-4, Line 24a	
0365	0365	Employee SSN 24	9	N	306-4, Line 24b	
0370	0370	Yrs Employed 24	1	N	306-4, Line 24c Enter 1, 2, 3, 4, or 5	
0375	0375	Employee Name 25	28	A/N	306-4, Line 25a	
0380	0380	Employee SSN 25	9	N	306-4, Line 25b	
0385	0385	Yrs Employed 25	1	N	306-4, Line 25c Enter 1, 2, 3, 4, or 5	
0390	0390	# of 1st Yr Non-dislocated Military Base Employees Claimed	2	N	306-4, Line 26c1	
0395	0395	# of 2nd Yr Non-dislocated Military Base Employees Claimed	2	N	306-4, Line 26c2	
0400	0400	# of 3rd Yr Non-dislocated Military Base Employees Claimed	2	N	306-4, Line 26c3	
0405	0405	# of 4th Yr Non-dislocated Military Base Employees Claimed	2	N	306-4, Line 26c4	
0410	0410	# of 5th Yr Non-dislocated Military Base Employees Claimed	2	N	306-4, Line 26c5	

Unformatted Record – Arizona Form 307 Recycling Equipment Credit						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb307bbb01PG01b(9n)* Note: (9n=Primary SSN)	**8/3/2006**
0015	0015	Taxable Yr 1	4	N	307, Line 1a CCYY	
0020	0020	Original Credit Amount 1	10	N	307, Line 1b	
0025	0025	Amount Previously Used 1	10	N	307, Line 1c	
0030	0030	Available Carryover 1	10	N	307, Line 1d	
0035	0035	Taxable Yr 2	4	N	307, Line 2a CCYY	
0040	0040	Original Credit Amount 2	10	N	307, Line 2b	
0045	0045	Amount Previously Used 2	10	N	307, Line 2c	
0050	0050	Available Carryover 2	10	N	307, Line 2d	
0055	0055	Taxable Yr 3	4	N	307, Line 3a CCYY	
0060	0060	Original Credit Amount 3	10	N	307, Line 3b	
0065	0065	Amount Previously Used 3	10	N	307, Line 3c	
0070	0070	Available Carryover 3	10	N	307, Line 3d	
0075	0075	Taxable Yr 4	4	N	307, Line 4a CCYY	
0080	0080	Original Credit Amount 4	10	N	307, Line 4b	
0085	0085	Amount Previously Used 4	10	N	307, Line 4c	
0090	0090	Available Carryover 4	10	N	307, Line 4d	
0095	0095	Taxable Yr 5	4	N	307, Line 5a CCYY	
0100	0100	Original Credit Amount 5	10	N	307, Line 5b	
0105	0105	Amount Previously Used 5	10	N	307, Line 5c	
0110	0110	Available Carryover 5	10	N	307, Line 5d	
0115	0115	Taxable Yr 6	4	N	307, Line 6a CCYY	
0120	0120	Original Credit Amount 6	10	N	307, Line 6b	
0125	0125	Amount Previously Used 6	10	N	307, Line 6c	
0130	0130	Available Carryover 6	10	N	307, Line 6d	
0135	0135	Taxable Yr 7	4	N	307, Line 7a CCYY	
0140	0140	Original Credit Amount 7	10	N	307, Line 7b	
0145	0145	Amount Previously Used 7	10	N	307, Line 7c	
0150	0150	Available Carryover 7	10	N	307, Line 7d	
0155	0155	Taxable Yr 8	4	N	307, Line 8a CCYY	
0160	0160	Original Credit Amount 8	10	N	307, Line 8b	
0165	0165	Amount Previously Used 8	10	N	307, Line 8c	
0170	0170	Available Carryover 8	10	N	307, Line 8d	

0175	0175	Taxable Yr 9	4	N	307, Line 9a CCYY	
0180	0180	Original Credit Amount 9	10	N	307, Line 9b	
0185	0185	Amount Previously Used 9	10	N	307, Line 9c	
0190	0190	Available Carryover 9	10	N	307, Line 9d	
0195	0195	Taxable Yr 10	4	N	307, Line 10a CCYY	
0200	0200	Original Credit Amount 10	10	N	307, Line 10b	
0205	0205	Amount Previously Used 10	10	N	307, Line 10c	
0210	0210	Available Carryover 10	10	N	307, Line 10d	
0215	0215	Taxable Yr 11	4	N	307, Line 11a CCYY	
0220	0220	Original Credit Amount 11	10	N	307, Line 11b	
0225	0225	Amount Previously Used 11	10	N	307, Line 11c	
0230	0230	Available Carryover 11	10	N	307, Line 11d	
0235	0235	Taxable Yr 12	4	N	307, Line 12a CCYY	
0240	0240	Original Credit Amount 12	10	N	307, Line 12b	
0245	0245	Amount Previously Used 12	10	N	307, Line 12c	
0250	0250	Available Carryover 12	10	N	307, Line 12d	
0255	0255	Taxable Yr 13	4	N	307, Line 13a CCYY	
0260	0260	Original Credit Amount 13	10	N	307, Line 13b	
0265	0265	Amount Previously Used 13	10	N	307, Line 13c	
0270	0270	Available Carryover 13	10	N	307, Line 13d	
0275	0275	Taxable Yr 14	4	N	307, Line 14a CCYY	
0280	0280	Original Credit Amount 14	10	N	307, Line 14b	
0285	0285	Amount Previously Used 14	10	N	307, Line 14c	
0290	0290	Available Carryover 14	10	N	307, Line 14d	
0295	0295	Taxable Yr 15	4	N	307, Line 15a CCYY	
0300	0300	Original Credit Amount 15	10	N	307, Line 15b	
0305	0305	Amount Previously Used 15	10	N	307, Line 15c	
0310	0310	Available Carryover 15	10	N	307, Line 15d	
0315	0315	Total Available Carryover	10	N	307, Line 16d Sum of Lines 1d through 15d	

Unformatted Record – Arizona Form 308-I Credit for Increased Research Activities - Individuals						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb308-Ibbb01PG01b(9n)* Note: (9n=Primary SSN)	**8/29/2006**
0015	0015	Wages for Qualified Services	10	N	308-I, Line 1	
0020	0020	Cost of Supplies	10	N	308-I, Line 2	
0025	0025	Rental or Lease Cost of Computers	10	N	308-I, Line 3	
0030	0030	Contract Research	10	N	308-I, Line 4	
0035	0035	Total Qualified Research Expense	10	N	308-I, Line 5 Sum of Lines 1 through 4	
0040	0040	Avg Annual Gross Receipts	10	N	308-I, Line 6	
0045	0045	Fixed Base Percentage	4	N	308-I, Line 7 Not more than 16%	
0050	0050	Base Amt	10	N	308-I, Line 8 Multiply Line 6 by Line 7	
0055	0055	Subtract	10	N	308-I, Line 9 Subtract Line 8 from Line 5, if less than zero, enter zero (0)	
0060	0060	Multiply	10	N	308-I, Line 10 Multiply Line 5 by 50%	
0065	0065	Lesser	10	N	308-I, Line 11 Enter the lesser of Line 9 or Line 10	
0070	0070	Current Yr CR	10	N	308-I, Line 12	
0075	0075	Pass Through CR From Partnerships and S-Corps	10	N	308-I, Line 13	
0080	0080	Original CR from 2001	10	N	308-I, Line 14b	
0085	0085	Amt of 2001 CR Previously Used	10	N	308-I, Line 14c	
0090	0090	2001 Carryover	10	N	308-I, Line 14d	
0095	0095	Original CR from 2002	10	N	308-I, Line 15b	
0100	0100	Amt of 2002 CR Previously Used	10	N	308-I, Line 15c	
0105	0105	2002 Carryover	10	N	308-I, Line 15d	
0110	0110	Pre-2003 credit carryover	10	N	308-I, Line 16 Sum of Lines 14d and 15d	
0115	0115	Original CR from 2003	10	N	308-I, Line 17b	
0120	0120	Amt of 2003 CR Previously Used	10	N	308-I, Line 17c	
0125	0125	2003 Carryover	10	N	308-I, Line 17d	
0130	0130	Original CR from 2004	10	N	308-I, Line 18b	
0135	0135	Amt of 2004 CR Previously Used	10	N	308-I, Line 18c	
0140	0140	2004 Carryover	10	N	308-I, Line 18d	
	0145	**Original CR from 2005**			**308-I, Line 19b**	**NEW**
	0150	**Amt of 2005 CR Previously Used**			**308-I, Line 19c**	**NEW**
	0155	**2005 Carryover**			**308-I, Line 19d**	**NEW**
0145	0160	Post-2002 credit caryover	10	N	308-I, Line 20 Sum of Lines 17d and 18d	
0150	0165	Tax Liability	10	N	308-I, Line 21a	
0155	0170	Current Year CR	10	N	308-I, Line 21b	
0160	0175	Subtract Line 20b from Line 20a	10	N	308-I, Line 21c	
0165	0180	Available pre-2003 CR	10	N	308-I, Line 22a	
0170	0185	Lesser of Line 20a or $500,000	10	N	308-I, Line 22b	
0175	0190	Subtract Line 20b from Line 21b	10	N	308-I, Line 22c	
0180	0195	Lesser of Line 21a or Line 21c	10	N	308-I, Line 22d	
0185	0200	Subtract Line 21d from Line 20c	10	N	308-I, Line 23	
0190	0205	Lesser of Line 19 or Line 22	10	N	308-I, Line 24	
0195	0210	Total Current Yr CR	10	N	308-I, Line 25	
0200	0215	CR Carryover	10	N	308-I, Line 26	
0205	0220	Total Available CR	10	N	308-I, Line 27	

Unformatted Record – Arizona Form 309 Credit for Taxes Paid to Another State or Country						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb309bbb01PG01b(9n)* Note: (9n=Primary SSN)	**8/3/2006**
0015	0015	Name of Other State	2	A	309, Part 1	**NEW**
	0020	Name of Other Country	30	A	309, Part 1	
0020	0025	Income Item	30	A/N	309, Line 1a	
0025	0030	Income Item	30	A/N	309, Line 1b	
0030	0035	Income Item	30	A/N	309, Line 1c	
0035	0040	Amount of Income Item	10	N	309, Line 2a	
0040	0045	Amount of Income Item	10	N	309, Line 2b	
0045	0050	Amount of Income Item	10	N	309, Line 2c	
0050	0055	Portion of Inc Subject to Tax	10	N	309, Line 3a	
0055	0060	Portion of Inc Subject to Tax	10	N	309, Line 3b	
0060	0065	Portion of Inc Subject to Tax	10	N	309, Line 3c	
0065	0070	Inc Subject to Tax-Other State	10	N	309, Line 4a	
0070	0075	Inc Subject to Tax-Other State	10	N	309, Line 4b	
0075	0080	Inc Subject to Tax-Other State	10	N	309, Line 4c	
0080	0085	Inc Subject by State/Arizona	10	N	309, Line 5a	
0085	0090	Inc Subject by State/Arizona	10	N	309, Line 5b	
0090	0095	Inc Subject by State/Arizona	10	N	309, Line 5c	
0095	0100	Total Income Subject to Tax	10	N	309, Line 6	
0100	0105	AZ Tax Liability Less Credits	10	N	309, Line 7	
0105	0110	Amount from Part 1, line 6	10	N	309, Line 8	
0110	0115	Entire Inc	10	N	309, Line 9	
0115	0120	Divide Amt Line 8 by Line 9	4	N	309, Line 10	
0120	0125	Multiply Amt Line 7 by %	10	N	309, Line 11	
0125	0130	Income Tax Paid Other States	10	N	309, Line 12	
0130	0135	Amount from Part 1, line 6	10	N	309, Line 13	
0135	0140	Entire Inc/Other State Imposed	10	N	309, Line 14	
0140	0145	Divide Amt Line 13 by Line 14	4	N	309, Line 15	
0145	0150	Multiply Amt Line 12 by %	10	N	309, Line 16	
0150	0155	Allowable Credit for Taxes Period	10	N	309, Line 17	

Unformatted Record – Arizona Form 310 Credit for Solar Energy Devices						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb310bbb01PG01b(9n)* Note: (9n=Primary SSN)	**8/3/2006**
0015	0015	Addr of Residence	50	A/N	310, Line 1	
0020	0020	Cost of Solar Energy Device	10	N	310, Line 2	
0025	0025	Multiply Amt on Line 2 by 25%	10	N	310, Line 3	
0030	0030	Enter Lesser of Line 3 or $1000	10	N	310, Line 4	
0035	0035	Amt of Credit from Prior Yr	10	N	310, Line 5	
0040	0040	Add Line 4 and Line 5	10	N	310, Line 6	
0045	0045	Enter Lesser of Line 6 or $1000	10	N	310, Line 7	
0050	0050	Subtract Line 5 from Line 7	10	N	310, Line 8	
0055	0055	Current Yr's Credit	10	N	310, Line 9	
0060	**0060**	**Taxable Year**	**4**	**N**	**Value "2001"**	**Year changed**
0065	0065	Original Credit Amount	10	N	310, Line 10b	
0070	0070	Amount Previously Used	10	N	310, Line 10c	
0075	0075	Available Carryover	10	N	310, Line 10d	
0080	**0080**	**Taxable Year**	**4**	**N**	**Value "2002"**	**Year changed**
0085	0085	Original Credit Amount	10	N	310, Line 11b	
0090	0090	Amount Previously Used	10	N	310, Line 11c	
0095	0095	Available Carryover	10	N	310, Line 11d	
0100	**0100**	**Taxable Year**	**4**	**N**	**Value "2003"**	**Year changed**
0105	0105	Original Credit Amount	10	N	310, Line 12b	
0110	0110	Amount Previously Used	10	N	310, Line 12c	
0115	0115	Available Carryover	10	N	310, Line 12d	
0120	**0120**	**Taxable Year**	**4**	**N**	**Value "2004"**	**Year changed**
0125	0125	Original Credit Amount	10	N	310, Line 13b	
0130	0130	Amount Previously Used	10	N	310, Line 13c	
0135	0135	Available Carryover	10	N	310, Line 13d	
0140	**0140**	**Taxable Year**	**4**	**N**	**Value "2005"**	**Year changed**
0145	0145	Original Credit Amount	10	N	310, Line 14b	
0150	0150	Amount Previously Used	10	N	310, Line 14c	
0155	0155	Available Carryover	10	N	310, Line 14d	
0160	0160	Total Available Carryover	10	N	310, Line 15d	
0165	0165	Current Yr's Credit	10	N	310, Line 16	
0170	0170	Amt of Available Credit	10	N	310, Line 17	
0175	0175	Total Available Credit	10	N	310, Line 18	

Unformatted Record – Arizona Form 312 Agriculture Water Conservation System Credit						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb312bbb01PG01b(9n)* Note: (9n=Primary SSN)	**8/3/2006**
0015	0015	Conservation Plan Filed "Yes"	1	A	312, Line 1 "X or Blank	
0020	0020	Conservation Plan Filed "No"	1	A	312, Line 1 "X or Blank	
0025	0025	Date Filed	8	N	312, Line 2a CCYYMMDD	
0030	0030	Soil Conservation Service Address	40	A/N	312, Line 2b	
0035	0035	City, State, Zip	40	A/N	312, Line 2b	
0040	0040	Unlined field ditch to concrete lined ditch	1	A	312, Line 3 X or Blank	
0045	0045	Unlined field ditch to underground pipeline	1	A	312, Line 3 X or Blank	
0050	0050	Unlined field ditch to gated pipes	1	A	312, Line 3 X or Blank	
0055	0055	Sloping unleveled surface field to slope on precise grade	1	A	312, Line 3 X or Blank	
0060	0060	Sloping surface irrigated field to level basin	1	A	312, Line 3 X or Blank	
0065	0065	Sloping field with surface irrigation to sprinkler	1	A	312, Line 3 X or Blank	
0070	0070	Surface or sprinkler to trickle (above ground)	1	A	312, Line 3 X or Blank	
0075	0075	Surface or sprinkler to subsurface trickle (below ground)	1	A	312, Line 3 X or Blank	
0080	0080	Increasing the size of field ditch to provide larger head	1	A	312, Line 3 X or Blank	
0085	0085	Unused runoff water to tailwater recovery system	1	A	312, Line 3 X or Blank	
0090	0090	Other - Describe	60	A/N	312, Line 3	
0095	0095	Current Yr Expense	10	N	312, Line 4	
0100	0100	Reimbursement	10	N	312, Line 5	
0105	0105	Net Expense	10	N	312, Line 6	
0110	0110	Current Yr CR	10	N	312, Line 7 multiply Line 6 by 75%	

0115	0115	Name of Partner	40	A/N	312, Line 8	
0120	0120	Partner's TIN	9	N	312, Line 9	
0125	0125	Partner's Share	10	N	312, Line 10	
0130	0130	Taxable Yr 1	4	N	312, Line 11a CCYY	
0135	0135	Original Credit Amount 1	10	N	312, Line 11b	
0140	0140	Amount Previously Used 1	10	N	312, Line 11c	
0145	0145	Available Carryover 1	10	N	312, Line 11d	
0150	0150	Taxable Yr 2	4	N	312, Line 12a CCYY	
0155	0155	Original Credit Amount 2	10	N	312, Line 12b	
0160	0160	Amount Previously Used 2	10	N	312, Line 12c	
0165	0165	Available Carryover 2	10	N	312, Line 12d	
0170	0170	Taxable Yr 3	4	N	312, Line 13a CCYY	
0175	0175	Original Credit Amount 3	10	N	312, Line 13b	
0180	0180	Amount Previously Used 3	10	N	312, Line 13c	
0185	0185	Available Carryover 3	10	N	312, Line 13d	
0190	0190	Taxable Yr 4	4	N	312, Line 14a CCYY	
0195	0195	Original Credit Amount 4	10	N	312, Line 14b	
0200	0200	Amount Previously Used 4	10	N	312, Line 14c	
0205	0205	Available Carryover 4	10	N	312, Line 14d	
0210	0210	Taxable Yr 5	4	N	312, Line 15a CCYY	
0215	0215	Original Credit Amount 5	10	N	312, Line 15b	
0220	0220	Amount Previously Used 5	10	N	312, Line 15c	
0225	0225	Available Carryover 5	10	N	312, Line 15d	
0230	0230	Total Available Carryover	10	N	312, Line 16d	
0235	0235	Total Current Yr CR	10	N	312, Line 17	
0240	0240	Available CR Carryover	10	N	312, Line 18	
0245	0245	Total Available CR	10	N	312, Line 19	

Unformatted Record – Arizona Form 315 Pollution Control Credit						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb315bbb01PG01b(9n)* Note: (9n=Primary SSN)	**8/3/2006**
0015	0015	Date Placed In Service 1	8	N	315, Line 1a CCYYMMDD	
0020	0020	Property Description 1	50	A/N	315, Line 1b	
0025	0025	Property Cost 1	10	N	315, Line 1c	
0030	0030	Date Placed In Service 2	8	N	315, Line 2a CCYYMMDD	
0035	0035	Property Description 2	50	A/N	315, Line 2b	
0040	0040	Property Cost 2	10	N	315, Line 2c	
0045	0045	Date Placed In Service 3	8	N	315, Line 3a CCYYMMDD	
0050	0050	Property Description 3	50	A/N	315, Line 3b	
0055	0055	Property Cost 3	10	N	315, Line 3c	
0060	0060	Date Placed In Service 4	8	N	315, Line 4a CCYYMMDD	
0065	0065	Property Description 4	50	A/N	315, Line 4b	
0070	0070	Property Cost 4	10	N	315, Line 4c	
0075	0075	Date Placed In Service 5	8	N	315, Line 5a CCYYMMDD	
0080	0080	Property Description 5	50	A/N	315, Line 5b	
0085	0085	Property Cost 5	10	N	315, Line 5c	
0090	0090	Date Placed In Service 6	8	N	315, Line 6a CCYYMMDD	
0095	0095	Property Description 6	50	A/N	315, Line 6b	
0100	0100	Property Cost 6	10	N	315, Line 6c	
0105	0105	Date Placed In Service 7	8	N	315, Line 7a CCYYMMDD	
0110	0110	Property Description 7	50	A/N	315, Line 7b	
0115	0115	Property Cost 7	10	N	315, Line 7c	
0120	0120	Date Placed In Service 8	8	N	315, Line 8a CCYYMMDD	
0125	0125	Property Description 8	50	A/N	315, Line 8b	
0130	0130	Property Cost 8	10	N	315, Line 8c	
0135	0135	Date Placed In Service 9	8	N	315, Line 9a CCYYMMDD	
0140	0140	Property Description 9	50	A/N	315, Line 9b	
0145	0145	Property Cost 9	10	N	315, Line 9c	
0150	0150	Date Placed In Service 10	8	N	315, Line 10a CCYYMMDD	
0155	0155	Property Description 10	50	A/N	315, Line 10b	
0160	0160	Property Cost 10	10	N	315, Line 10c	
0165	0165	Total Cost	10	N	315, Line 11	
0170	0170	Total from Continuation Sheet	10	N	315, Line 12	
0175	0175	Pollution Equipment Cost	10	N	315, Line 13	
0180	0180	Tentative CR	10	N	315, Line 14	
0185	0185	Current Yr CR	10	N	315, Line 16	

0190	0190	S Corp Irrevocable Election for TYE	8	N	315, Line 17 CCYYMMDD or blank	
0195	0195	Claim or Pass	1	A	315, Line 17 "C" = Claim "P" = Pass or blank	
0200	0200	Name of shareholder	40	A/N	315, Line 18	
0205	0205	Shareholder's TIN	9	N	315, Line 19	
0210	0210	Shareholder's share	10	N	315, Line 20	
0215	0215	Name of partner	40	A/N	315, Line 21	
0220	0220	Partner's TIN	9	N	315, Line 22	
0225	0225	Partner's share	10	N	315, Line 23	
0230	0230	Taxable Yr	4	N	315, Line 24a CCYY	
0235	0235	Original Credit Amount	10	N	315, Line 24b	
0240	0240	Amount Previously Used	10	N	315, Line 24c	
0245	0245	Available Carryover	10	N	315, Line 24d	
0250	0250	Taxable Yr	4	N	315, Line 25a CCYY	
0255	0255	Original Credit Amount	10	N	315, Line 25b	
0260	0260	Amount Previously Used	10	N	315, Line 25c	
0265	0265	Available Carryover	10	N	315, Line 25d	
0270	0270	Taxable Yr	4	N	315, Line 26a CCYY	
0275	0275	Original Credit Amount	10	N	315, Line 26b	
0280	0280	Amount Previously Used	10	N	315, Line 26c	
0285	0285	Available Carryover	10	N	315, Line 26d	
0290	0290	Taxable Yr	4	N	315, Line 27a CCYY	
0295	0295	Original Credit Amount	10	N	315, Line 27b	
0300	0300	Amount Previously Used	10	N	315, Line 27c	
0305	0305	Available Carryover	10	N	315, Line 27d	
0310	0310	Taxable Yr	4	N	315, Line 28a CCYY	
0315	0315	Original Credit Amount	10	N	315, Line 28b	
0320	0320	Amount Previously Used	10	N	315, Line 28c	
0325	0325	Available Carryover	10	N	315, Line 28d	
0330	0330	Total Available Carryover	10	N	315, Line 29d	
0335	0335	Current Yr CR	10	N	315, Line 30	
0340	0340	Amt of Available CR	10	N	315, Line 31	
0345	0345	Total Available CR	10	N	315, Line 32	

Unformatted Record – AZ Form 319 Credit for Solar Hot Water Heater Stub Outs & Electric Vehicle Recharge Outlets						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb319bbb01PG01b(9n)* Note: (9n=Primary SSN)	**8/3/2006**
0015	0015	Total Allowable CR	10	N	319, Line 1	
0020	0020	Amt of CR Transferred	10	N	319, Line 2	
0025	0025	Current Yr CR	10	N	319, Line 3	
0030	0030	Purchaser Total Allowable CR	10	N	319, Line 4	
0035	0035	S Corp Irrevocable Election for TYE	8	N	319, Line 5 CCYYMMDD	
0040	0040	Claim or Pass	1	N	319, Line 5	
0045	0045	S Corp Irrevocable Election for TYE	8	N	319, Line 6 CCYYMMDD	
0050	0050	Claim or Pass	1	N	319, Line 6 "C" = Claim "P" = Pass or blank	
0055	0055	Name of shareholder	40	A/N	319, Line 7	
0060	0060	Shareholder's TIN	9	N	319, Line 8	
0065	0065	Shareholder's share	10	N	319, Line 9 of the amt on line 3	
0070	0070	Shareholder's share	10	N	319, Line 10 of the amt on line 4	
0075	0075	Name of partner	40	A/N	319, Line 11	
0080	0080	Partner's TIN	9	N	319, Line 12	
0085	0085	Partner's share	10	N	319, Line 13 of the amt on line 3	
0090	0090	Partner's share	10	N	319, Line 14 of the amt on line 4	
0095	0095	Taxable Yr	4	N	319, Line 15a CCYY	
0100	0100	Original Credit Amount	10	N	319, Line 16a	
0105	0105	Amount Previously Used	10	N	319, Line 17a	
0110	0110	Tentative Carryover	10	N	319, Line 18a	
0115	0115	Amt Transferred	10	N	319, Line 19a	
0120	0120	Available Carryover	10	N	319, Line 20a	
0125	0125	Taxable Yr	4	N	319, Line 15b CCYY	
0130	0130	Original Credit Amount	10	N	319, Line 16b	
0135	0135	Amount Previously Used	10	N	319, Line 17b	
0140	0140	Tentative Carryover	10	N	319, Line 18b	
0145	0145	Amt Transferred	10	N	319, Line 19b	
0150	0150	Available Carryover	10	N	319, Line 20b	
0155	0155	Taxable Yr	4	N	319, Line 15c CCYY	
0160	0160	Original Credit Amount	10	N	319, Line 16c	
0165	0165	Amount Previously Used	10	N	319, Line 17c	
0170	0170	Tentative Carryover	10	N	319, Line 18c	
0175	0175	Amt Transferred	10	N	319, Line 19c	
0180	0180	Available Carryover	10	N	319, Line 20c	

0185	0185	Taxable Yr	4	N	319, Line 15d CCYY	
0190	0190	Original Credit Amount	10	N	319, Line 16d	
0195	0195	Amount Previously Used	10	N	319, Line 17d	
0200	0200	Tentative Carryover	10	N	319, Line 18d	
0205	0205	Amt Transferred	10	N	319, Line 19d	
0210	0210	Available Carryover	10	N	319, Line 20d	
0215	0215	Taxable Yr	4	N	319, Line 15e CCYY	
0220	0220	Original Credit Amount	10	N	319, Line 16e	
0225	0225	Amount Previously Used	10	N	319, Line 17e	
0230	0230	Tentative Carryover	10	N	319, Line 18e	
0235	0235	Amt Transferred	10	N	319, Line 19e	
0240	0240	Available Carryover	10	N	319, Line 20e	
0245	0245	Total Available Carryover	10	N	319, Line 21f	
0250	0250	Transferee Carryover Yr	4	N	319, Line 22a	
0255	0255	Orig CR	10	N	319, Line 22b	
0260	0260	CR Previously Used	10	N	319, Line 22c	
0265	0265	Remaining CR	10	N	319, Line 22d	
0270	0270	Transferee Carryover Yr	4	N	319, Line 23a	
0275	0275	Orig CR	10	N	319, Line 23b	
0280	0280	CR Previously Used	10	N	319, Line 23c	
0285	0285	Remaining CR	10	N	319, Line 23d	
0290	0290	Transferee Carryover Yr	4	N	319, Line 24a	
0295	0295	Orig CR	10	N	319, Line 24b	
0300	0300	CR Previously Used	10	N	319, Line 24c	
0305	0305	Remaining CR	10	N	319, Line 24d	
0310	0310	Transferee Carryover Yr	4	N	319, Line 25a	
0315	0315	Orig CR	10	N	319, Line 25b	
0320	0320	CR Previously Used	10	N	319, Line 25c	
0325	0325	Remaining CR	10	N	319, Line 25d	
0330	0330	Transferee Carryover Yr	4	N	319, Line 26a	
0335	0335	Orig CR	10	N	319, Line 26b	
0340	0340	CR Previously Used	10	N	319, Line 26c	
0345	0345	Remaining CR	10	N	319, Line 26d	
0350	0350	Total Available Transferee Carryover	10	N	319, Line 27d	
0355	0355	Builder CR	10	N	319, Line 28	
0360	0360	Transferee CR	10	N	319, Line 29	
0365	0365	Builder Carryover	10	N	319, Line 30	
0370	0370	Transferee Carryover	10	N	319, Line 31	
0375	0375	Total Available CR	10	N	319, Line 32	

Unformatted Record – AZ Form 319-1 Solar Hot Water Heater Stub Out & Electric Vehicle Recharge Outlet Installations						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb319-1bbb01PG01b(9n)* Note: (9n=Primary SSN)	**8/29/2006**
0015	0015	Dwelling Address 1	40	A/N	319-1, Line 1a	
0020	0020	Dwelling City, State, Zip 1	40	A/N	319-1, Line 1a	
0025	0025	# Stub Out Installed	2	N	319-1, Line 1b	
0030	0030	Allowable Stub Out Cost	10	N	319-1, Line 1c	
0035	0035	Total Allowable Stub Out Cost	10	N	319-1, Line 1d	
0040	0040	# of Recharge Outlets Installed	2	N	319-1, Line 1e	
0045	0045	Allowable Recharge Outlet Cost	10	N	319-1, Line 1f	
0050	0050	Total Allowable Outlet Cost	10	N	319-1, Line 1g	
0055	0055	Total Allowable CR for Dwelling	10	N	319-1, Line 1h	
0060	0060	Dwelling Address 2	40	A/N	319-1, Line 2a	
0065	0065	Dwelling City, State, Zip 2	40	A/N	319-1, Line 2a	
0070	0070	# Stub Out Installed	2	N	319-1, Line 2b	
0075	0075	Allowable Stub Out Cost	10	N	319-1, Line 2c	
0080	0080	Total Allowable Stub Out Cost	10	N	319-1, Line 2d	
0085	0085	# of Recharge Outlets Installed	2	N	319-1, Line 2e	
0090	0090	Allowable Recharge Outlet Cost	10	N	319-1, Line 2f	
0095	0095	Total Allowable Outlet Cost	10	N	319-1, Line 2g	
0100	0100	Total Allowable CR for Dwelling	10	N	319-1, Line 2h	
0105	0105	Dwelling Address 3	40	A/N	319-1, Line 3a	
0110	0110	Dwelling City, State, Zip 3	40	A/N	319-1, Line 3a	
0115	0115	# Stub Out Installed	2	N	319-1, Line 3b	
0120	0120	Allowable Stub Out Cost	10	N	319-1, Line 3c	
0125	0125	Total Allowable Stub Out Cost	10	N	319-1, Line 3d	
0130	0130	# of Recharge Outlets Installed	2	N	319-1, Line 3e	
0135	0135	Allowable Recharge Outlet Cost	10	N	319-1, Line 3f	
0140	0140	Total Allowable Outlet Cost	10	N	319-1, Line 3g	
0145	0145	Total Allowable CR for Dwelling	10	N	319-1, Line 3h	
0150	0150	Dwelling Address 4	40	A/N	319-1, Line 4a	
0155	0155	Dwelling City, State, Zip 4	40	A/N	319-1, Line 4a	
0160	0160	# Stub Out Installed	2	N	319-1, Line 4b	
0165	0165	Allowable Stub Out Cost	10	N	319-1, Line 4c	
0170	0170	Total Allowable Stub Out Cost	10	N	319-1, Line 4d	
0175	0175	# of Recharge Outlets Installed	2	N	319-1, Line 4e	
0180	0180	Allowable Recharge Outlet Cost	10	N	319-1, Line 4f	
0185	0185	Total Allowable Outlet Cost	10	N	319-1, Line 4g	
0190	0190	Total Allowable CR for Dwelling	10	N	319-1, Line 4h	
0195	0195	Dwelling Address 5	40	A/N	319-1, Line 5a	
0200	0200	Dwelling City, State, Zip 5	40	A/N	319-1, Line 5a	
0205	0205	# Stub Out Installed	2	N	319-1, Line 5b	
0210	0210	Allowable Stub Out Cost	10	N	319-1, Line 5c	
0215	0215	Total Allowable Stub Out Cost	10	N	319-1, Line 5d	
0220	0220	# of Recharge Outlets Installed	2	N	319-1, Line 5e	
0225	0225	Allowable Recharge Outlet Cost	10	N	319-1, Line 5f	
0230	0230	Total Allowable Outlet Cost	10	N	319-1, Line 5g	
0235	0235	Total Allowable CR for Dwelling	10	N	319-1, Line 5h	

0240	0240	Dwelling Address 6	40	A/N	319-1, Line 6a	
0245	0245	Dwelling City, State, Zip 6	40	A/N	319-1, Line 6a	
0250	0250	# Stub Out Installed	2	N	319-1, Line 6b	
0255	0255	Allowable Stub Out Cost	10	N	319-1, Line 6c	
0260	0260	Total Allowable Stub Out Cost	10	N	319-1, Line 6d	
0265	0265	# of Recharge Outlets Installed	2	N	319-1, Line 6e	
0270	0270	Allowable Recharge Outlet Cost	10	N	319-1, Line 6f	
0275	0275	Total Allowable Outlet Cost	10	N	319-1, Line 6g	
0280	0280	Total Allowable CR for Dwelling	10	N	319-1, Line 6h	
0285	0285	Dwelling Address 7	40	A/N	319-1, Line 7a	
0290	0290	Dwelling City, State, Zip 7	40	A/N	319-1, Line 7a	
0295	0295	# Stub Out Installed	2	N	319-1, Line 7b	
0300	0300	Allowable Stub Out Cost	10	N	319-1, Line 7c	
0305	0305	Total Allowable Stub Out Cost	10	N	319-1, Line 7d	
0310	0310	# of Recharge Outlets Installed	2	N	319-1, Line 7e	
0315	0315	Allowable Recharge Outlet Cost	10	N	319-1, Line 7f	
0320	0320	Total Allowable Outlet Cost	10	N	319-1, Line 7g	
0325	0325	Total Allowable CR for Dwelling	10	N	319-1, Line 7h	
0330	0330	Dwelling Address 8	40	A/N	319-1, Line 8a	
0335	0335	Dwelling City, State, Zip 8	40	A/N	319-1, Line 8a	
0340	0340	# Stub Out Installed	2	N	319-1, Line 8b	
0345	0345	Allowable Stub Out Cost	10	N	319-1, Line 8c	
0350	0350	Total Allowable Stub Out Cost	10	N	319-1, Line 8d	
0355	0355	# of Recharge Outlets Installed	2	N	319-1, Line 8e	
0360	0360	Allowable Recharge Outlet Cost	10	N	319-1, Line 8f	
0365	0365	Total Allowable Outlet Cost	10	N	319-1, Line 8g	
0370	0370	Total Allowable CR for Dwelling	10	N	319-1, Line 8h	
0375	0375	Dwelling Address 9	40	A/N	319-1, Line 9a	
0380	0380	Dwelling City, State, Zip 9	40	A/N	319-1, Line 9a	
0385	0385	# Stub Out Installed	2	N	319-1, Line 9b	
0390	0390	Allowable Stub Out Cost	10	N	319-1, Line 9c	
0395	0395	Total Allowable Stub Out Cost	10	N	319-1, Line 9d	
0400	0400	# of Recharge Outlets Installed	2	N	319-1, Line 9e	
0405	0405	Allowable Recharge Outlet Cost	10	N	319-1, Line 9f	
0410	0410	Total Allowable Outlet Cost	10	N	319-1, Line 9g	
0415	0415	Total Allowable CR for Dwelling	10	N	319-1, Line 9h	
0420	0420	Dwelling Address 10	40	A/N	319-1, Line 10a	
0425	0425	Dwelling City, State, Zip 10	40	A/N	319-1, Line 10a	
0430	0430	# Stub Out Installed	2	N	319-1, Line 10b	
0435	0435	Allowable Stub Out Cost	10	N	319-1, Line 10c	
0440	0440	Total Allowable Stub Out Cost	10	N	319-1, Line 10d	
0445	0445	# of Recharge Outlets Installed	2	N	319-1, Line 10e	
0450	0450	Allowable Recharge Outlet Cost	10	N	319-1, Line 10f	
0455	0455	Total Allowable Outlet Cost	10	N	319-1, Line 10g	
0460	0460	Total Allowable CR for Dwelling	10	N	319-1, Line 10h	

0465	0465	Dwelling Address 11	40	A/N	319-1, Line 11a	
0470	0470	Dwelling City, State, Zip 11	40	A/N	319-1, Line 11a	
0475	0475	# Stub Out Installed	2	N	319-1, Line 11b	
0480	0480	Allowable Stub Out Cost	10	N	319-1, Line 11c	
0485	0485	Total Allowable Stub Out Cost	10	N	319-1, Line 11d	
0490	0490	# of Recharge Outlets Installed	2	N	319-1, Line 11e	
0495	0495	Allowable Recharge Outlet Cost	10	N	319-1, Line 11f	
0500	0500	Total Allowable Outlet Cost	10	N	319-1, Line 11g	
0505	0505	Total Allowable CR for Dwelling	10	N	319-1, Line 11h	
0510	0510	Dwelling Address 12	40	A/N	319-1, Line 12a	
0515	0515	Dwelling City, State, Zip 12	40	A/N	319-1, Line 12a	
0520	0520	# Stub Out Installed	2	N	319-1, Line 12b	
0525	0525	Allowable Stub Out Cost	10	N	319-1, Line 12c	
0530	0530	Total Allowable Stub Out Cost	10	N	319-1, Line 12d	
0535	0535	# of Recharge Outlets Installed	2	N	319-1, Line 12e	
0540	0540	Allowable Recharge Outlet Cost	10	N	319-1, Line 12f	
0545	0545	Total Allowable Outlet Cost	10	N	319-1, Line 12g	
0550	0550	Total Allowable CR for Dwelling	10	N	319-1, Line 12h	
0555	0555	# Stub Out Installed	2	N	319-1, Line 13b	
0560	0560	Allowable Stub Out Cost	10	N	319-1, Line 13c	
0565	0565	Total Allowable Stub Out Cost	10	N	319-1, Line 13d	
0570	0570	# of Recharge Outlets Installed	2	N	319-1, Line 13e	
0575	0575	Allowable Recharge Outlet Cost	10	N	319-1, Line 13f	
0580	0580	Total Allowable Outlet Cost	10	N	319-1, Line 13g	
0585	0585	Total Allowable CR for Dwelling	10	N	319-1, Line 13h	

Unformatted Record – AZ Form 319-2 Solar Hot Water Heater Stub Out & Electric Vehicle Recharge Outlet						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb319-2bbb01PG01b(9n)* Note: (9n=Primary SSN)	**8/29/2006**
0015	0015	Dwelling Address 1	40	A/N	319-2, Line 1a	
0020	0020	Dwelling City, State, Zip 1	40	A/N	319-2, Line 1a	
0025	0025	Transferee Name 1	15	A/N	319-2, Line 1b	
0030	0030	Current CR Transferred 1	10	N	319-2, Line 1c	
0035	0035	Year of Prior CR Transfer 1	4	N	319-2, Line 1d CCYY	
0040	0040	Prior Yr CR Previously Transferred 1	10	N	319-2, Line 1e	
0045	0045	Total CR Transferred 1	10	N	319-2, Line 1f	
0050	0050	Dwelling Address 2	40	A/N	319-2, Line 2a	
0055	0055	Dwelling City, State, Zip 2	40	A/N	319-2, Line 2a	
0060	0060	Transferee Name 2	15	A/N	319-2, Line 2b	
0065	0065	Current CR Transferred 2	10	N	319-2, Line 2c	
0070	0070	Year of Prior CR Transfer 2	4	N	319-2, Line 2d CCYY	
0075	0075	Prior Yr CR Previously Transferred 2	10	N	319-2, Line 2e	
0080	0080	Total CR Transferred 2	10	N	319-2, Line 2f	
0085	0085	Dwelling Address 3	40	A/N	319-2, Line 3a	
0090	0090	Dwelling City, State, Zip 3	40	A/N	319-2, Line 3a	
0095	0095	Transferee Name 3	15	A/N	319-2, Line 3b	
0100	0100	Current CR Transferred 3	10	N	319-2, Line 3c	
0105	0105	Year of Prior CR Transfer 3	4	N	319-2, Line 3d CCYY	
0110	0110	Prior Yr CR Previously Transferred 3	10	N	319-2, Line 3e	
0115	0115	Total CR Transferred 3	10	N	319-2, Line 3f	
0120	0120	Dwelling Address 4	40	A/N	319-2, Line 4a	
0125	0125	Dwelling City, State, Zip 4	40	A/N	319-2, Line 4a	
0130	0130	Transferee Name 4	15	A/N	319-2, Line 4b	
0135	0135	Current CR Transferred 4	10	N	319-2, Line 4c	
0140	0140	Year of Prior CR Transfer 4	4	N	319-2, Line 4d CCYY	
0145	0145	Prior Yr CR Previously Transferred 4	10	N	319-2, Line 4e	
0150	0150	Total CR Transferred 4	10	N	319-2, Line 4f	
0155	0155	Dwelling Address 5	40	A/N	319-2, Line 5a	
0160	0160	Dwelling City, State, Zip 5	40	A/N	319-2, Line 5a	
0165	0165	Transferee Name 5	15	A/N	319-2, Line 5b	
0170	0170	Current CR Transferred 5	10	N	319-2, Line 5c	
0175	0175	Year of Prior CR Transfer 5	4	N	319-2, Line 5d CCYY	
0180	0180	Prior Yr CR Previously Transferred 5	10	N	319-2, Line 5e	
0185	0185	Total CR Transferred 5	10	N	319-2, Line 5f	
0190	0190	Dwelling Address 6	40	A/N	319-2, Line 6a	
0195	0195	Dwelling City, State, Zip 6	40	A/N	319-2, Line 6a	
0200	0200	Transferee Name 6	15	A/N	319-2, Line 6b	
0205	0205	Current CR Transferred 6	10	N	319-2, Line 6c	
0210	0210	Year of Prior CR Transfer 6	4	N	319-2, Line 6d CCYY	
0215	0215	Prior Yr CR Previously Transferred 6	10	N	319-2, Line 6e	
0220	0220	Total CR Transferred 6	10	N	319-2, Line 6f	

0225	0225	Dwelling Address 7	40	A/N	319-2, Line 7a	
0230	0230	Dwelling City, State, Zip 7	40	A/N	319-2, Line 7a	
0235	0235	Transferee Name 7	15	A/N	319-2, Line 7b	
0240	0240	Current CR Transferred 7	10	N	319-2, Line 7c	
0245	0245	Year of Prior CR Transfer 7	4	N	319-2, Line 7d CCYY	
0250	0250	Prior Yr CR Previously Transferred 7	10	N	319-2, Line 7e	
0255	0255	Total CR Transferred 7	10	N	319-2, Line 7f	
0260	0260	Dwelling Address 8	40	A/N	319-2, Line 8a	
0265	0265	Dwelling City, State, Zip 8	40	A/N	319-2, Line 8a	
0270	0270	Transferee Name 8	15	A/N	319-2, Line 8b	
0275	0275	Current CR Transferred 8	10	N	319-2, Line 8c	
0280	0280	Year of Prior CR Transfer 8	4	N	319-2, Line 8d CCYY	
0285	0285	Prior Yr CR Previously Transferred 8	10	N	319-2, Line 8e	
0290	0290	Total CR Transferred 8	10	N	319-2, Line 8f	
0295	0295	Dwelling Address 9	40	A/N	319-2, Line 9a	
0300	0300	Dwelling City, State, Zip 9	40	A/N	319-2, Line 9a	
0305	0305	Transferee Name 9	15	A/N	319-2, Line 9b	
0310	0310	Current CR Transferred 9	10	N	319-2, Line 9c	
0315	0315	Year of Prior CR Transfer 9	4	N	319-2, Line 9d CCYY	
0320	0320	Prior Yr CR Previously Transferred 9	10	N	319-2, Line 9e	
0325	0325	Total CR Transferred 9	10	N	319-2, Line 9f	
0330	0330	Dwelling Address 10	40	A/N	319-2, Line 10a	
0335	0335	Dwelling City, State, Zip 10	40	A/N	319-2, Line 10a	
0340	0340	Transferee Name 10	15	A/N	319-2, Line 10b	
0345	0345	Current CR Transferred 10	10	N	319-2, Line 10c	
0350	0350	Year of Prior CR Transfer 10	4	N	319-2, Line 10d CCYY	
0355	0355	Prior Yr CR Previously Transferred 10	10	N	319-2, Line 10e	
0360	0360	Total CR Transferred 10	10	N	319-2, Line 10f	
0365	0365	Dwelling Address 11	40	A/N	319-2, Line 11a	
0370	0370	Dwelling City, State, Zip 11	40	A/N	319-2, Line 11a	
0375	0375	Transferee Name 11	15	A/N	319-2, Line 11b	
0380	0380	Current CR Transferred 11	10	N	319-2, Line 11c	
0385	0385	Year of Prior CR Transfer 11	4	N	319-2, Line 11d CCYY	
0390	0390	Prior Yr CR Previously Transferred 11	10	N	319-2, Line 11e	
0395	0395	Total CR Transferred 11	10	N	319-2, Line 11f	
0400	0400	Dwelling Address 12	40	A/N	319-2, Line 12a	
0405	0405	Dwelling City, State, Zip 12	40	A/N	319-2, Line 12a	
0410	0410	Transferee Name 12	15	A/N	319-2, Line 12b	
0415	0415	Current CR Transferred 12	10	N	319-2, Line 12c	
0420	0420	Year of Prior CR Transfer 12	4	N	319-2, Line 12d CCYY	
0425	0425	Prior Yr CR Previously Transferred 12	10	N	319-2, Line 12e	
0430	0430	Total CR Transferred 12	10	N	319-2, Line 12f	
0435	0435	Current CR Transferred	10	N	319-2, Line 13c	
0440	0440	Prior Yr CR Previously Transferred	10	N	319-2, Line 13e	
0445	0445	Total CR Transferred	10	N	319-2, Line 13f	

Unformatted Record – Arizona Form 320 Credit for Employment of TANF Recipients						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb320bbb01PG01b(9n)* Note: (9n=Primary SSN)	**8/3/2006**
0015	0015	Business name	40	A/N	320, Line 1	
0020	0020	Business location	40	A/N	320, Line 2	
0025	0025	Business City, State, Zip	40	A/N	320, Line 2	
0030		~~**Filler**~~	~~**9**~~	~~**N**~~		
0035	0030	FEIN	9	N	320, Line 3	
0040	0035	Avg # of Qualified Current Pos	10	N	320, Line 4	
0045	0040	Avg # Qualified Past Pos	10	N	320, Line 5	
0050	0045	Net Increase	10	N	320, Line 6 Subtract line 5 from line 4	
0055	0050	# Eligible for Arizona	10	N	320, Line 7	
0060	0055	Max Positions	10	N	320, Line 8 Subtract line 7 from line 6	
0065	0060	# New Hires	10	N	320, Line 9	
0070	0065	# Qualified New Hires	10	N	320, Line 10	
0075	0070	Net New Employees	10	N	320, Line 11 Enter the smaller of line 8 or line 10	
0080	0075	No. of Qualifying Employees	10	N	320, Line 12a	
0085	0080	Current Qualifying Wages	10	N	320, Line 12b	
0090	0085	Allowed CR Current	10	N	320, Line 12d Line 12b X 25% (Max 2000 for each Net New Employee)	
0095	0090	Qualified Employees in 2nd Yr	10	N	320, Line 13a	
0100	0095	2nd Yr Qualifying Wages	10	N	320, Line 13b	
0105	0100	Allowed CR 2nd Yr	10	N	320, Line 13d Line 13b X 33⅓% (Max 3000 each Net 2nd Yr Employee)	
0110	0105	Qualified Employees in 3rd Yr	10	N	320, Line 14a	
0115	0110	3rd Yr Qualifying Wages	10	N	320, Line 14b	
0120	0115	Allowed CR 3rd Yr	10	N	320, Line 14d Line 14b X 50% (Max 3000 each Net 3rd Yr Employee)	
0125	0120	Total Qualified Employees	10	N	320, Line 15a Line 12a + Line 13a + Line 14a	
0130	0125	Current Allowable CR	10	N	320, Line 15d Line 12d + Line 13d + Line 14d	
0135	0130	S Corp Irrevocable Election for TYE	8	N	320, Line 16 CCYYMMDD or blank	
0140	0135	Claim or Pass	10	N	320, Line 16 "C" = Claim "P" = Pass or blank	
0145	0140	Name of shareholder	40	A/N	320, Line 17	
0150	0145	Shareholder's TIN	9	N	320, Line 18	
0155	0150	Shareholder's share	10	N	320, Line 19 of the amt on Line 15 (Field 0120)	

0160	0155	Name of partner	40	A/N	320, Line 20	
0165	0160	Partner's TIN	9	N	320, Line 21	
0170	0165	Partner's share	10	N	320, Line 22 of the amt on Line 15 (Field 0120)	
0175	0170	Carryover Yr 1	4	N	320, Line 23a CCYY	
0180	0175	Original CR Amt Yr 1	10	N	320, Line 23b	
0185	0180	Amount Prev Used Yr 1	10	N	320, Line 23c	
0190	0185	Available CR Yr 1	10	N	320, Line 23d Subtract line 23c from line 23b	
0195	0190	Carryover Yr 2	4	N	320, Line 24a CCYY	
0200	0195	Original CR Amt Yr 2	10	N	320, Line 24b	
0205	0200	Amount Prev Used Yr 2	10	N	320, Line 24c	
0210	0205	Available CR Yr 2	10	N	320, Line 24d Subtract line 24c from line 24b	
0215	0210	Carryover Yr 3	4	N	320, Line 25a CCYY	
0220	0215	Original CR Amt Yr 3	10	N	320, Line 25b	
0225	0220	Amount Prev Used Yr 3	10	N	320, Line 25c	
0230	0225	Available CR Yr 3	10	N	320, Line 25d Subtract line 25c from line 25b	
0235	0230	Carryover Yr 4	4	N	320, Line 26a CCYY	
0240	0235	Original CR Amt Yr 4	10	N	320, Line 26b	
0245	0240	Amount Prev Used Yr 4	10	N	320, Line 26c	
0250	0245	Available CR Yr 4	10	N	320, Line 26d Subtract line 26c from line 26b	
0255	0250	Carryover Yr 5	4	N	320, Line 27a CCYY	
0260	0255	Original CR Amt Yr 5	10	N	320, Line 27b	
0265	0260	Amount Prev Used Yr 5	10	N	320, Line 27c	
0270	0265	Available CR Yr 5	10	N	320, Line 27d Subtract line 27c from line 27b	
0275	0270	Total Carryover	10	N	320, Line 28	
0280	0275	Current Yr CR	10	N	320, Line 29	
0285	0280	Amt of Available CR	10	N	320, Line 30	
0290	0285	Total Available CR	10	N	320, Line 31	

Unformatted Record – Arizona Form 320-1 Credit for Employment of TANF Recipients						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb320-1bbb01PG01b(9n)* Note: (9n=Primary SSN)	**8/3/2006**
0015	0015	Employee Name 1	25	A/N	320-1, Line 1a Name of first qualifying employee. Blank if no qualified employee.	
0020	0020	Employee SSN 1	9	N	320-1, Line 1b Blank if no qualified employee.	
0025	0025	Date of hire 1	8	N	320-1, Line 1c CCYYMMDD	
0030	0030	AZ resident 1	1	A	320-1, Line 1d "Y" or "N" Blank if no qualified employee.	
0035	0035	Receiving TANF 1	1	A	320-1, Line 1e "Y" or "N" Blank if no qualified employee.	
0040	0040	Employee Name 2	25	A/N	320-1, Line 2a Name of second qualifying employee. Blank if no qualified employee.	
0045	0045	Employee SSN 2	9	N	320-1, Line 2b Blank if no qualified employee.	
0050	0050	Date of hire 2	8	N	320-1, Line 2c CCYYMMDD	
0055	0055	AZ resident 2	1	A	320-1, Line 2d "Y" or "N" Blank if no qualified employee.	
0060	0060	Receiving TANF 2	1	A	320-1, Line 2e "Y" or "N" Blank if no qualified employee.	
0065	0065	Employee Name 3	25	A/N	320-1, Line 3a Name of third qualifying employee. Blank if no qualified employee.	
0070	0070	Employee SSN 3	9	N	320-1, Line 3b Blank if no qualified employee.	
0075	0075	Date of hire 3	8	N	320-1, Line 3c CCYYMMDD	
0080	0080	AZ resident 3	1	A	320-1, Line 3d "Y" or "N" Blank if no qualified employee.	
0085	0085	Receiving TANF 3	1	A	320-1, Line 3e "Y" or "N" Blank if no qualified employee.	
0090	0090	Employee Name 4	25	A/N	320-1, Line 4a Name of fourth qualifying employee. Blank if no qualified employee.	
0095	0095	Employee SSN 4	9	N	320-1, Line 4b Blank if no qualified employee.	
0100	0100	Date of hire 4	8	N	320-1, Line 4c CCYYMMDD	
0105	0105	AZ resident 4	1	A	320-1, Line 4d "Y" or "N" Blank if no qualified employee.	
0110	0110	Receiving TANF 4	1	A	320-1, Line 4e "Y" or "N" Blank if no qualified employee.	
0115	0115	Employee Name 5	25	A/N	320-1, Line 5a Name of fifth qualifying employee. Blank if no qualified employee.	
0120	0120	Employee SSN 5	9	N	320-1, Line 5b Blank if no qualified employee.	
0125	0125	Date of hire 5	8	N	320-1, Line 5c CCYYMMDD	
0130	0130	AZ resident 5	1	A	320-1, Line 5d "Y" or "N" Blank if no qualified employee.	
0135	0135	Receiving TANF 5	1	A	320-1, Line 5e "Y" or "N"	
0140	0140	Employee Name 6	25	A/N	320-1, Line 6a Name of sixth qualifying employee. Blank if no qualified employee.	
0145	0145	Employee SSN 6	9	N	320-1, Line 6b Blank if no qualified employee.	
0150	0150	Date of hire 6	8	N	320-1, Line 6c CCYYMMDD	
0155	0155	AZ resident 6	1	A	320-1, Line 6d "Y" or "N" Blank if no qualified employee.	
0160	0160	Receiving TANF 6	1	A	320-1, Line 6e "Y" or "N" Blank if no qualified employee.	

0165	0165	Employee Name 7	25	A/N	320-1, Line 7a Name of seventh qualifying employee. Blank if no qualified employee.	
0170	0170	Employee SSN 7	9	N	320-1, Line 7b Blank if no qualified employee.	
0175	0175	Date of hire 7	8	N	320-1, Line 7c CCYYMMDD	
0180	0180	AZ resident 7	1	A	320-1, Line 7d "Y" or "N" Blank if no qualified employee.	
0185	0185	Receiving TANF 7	1	A	320-1, Line 7e "Y" or "N" Blank if no qualified employee.	
0190	0190	Employee Name 8	25		320-1, Line 8a Name of eighth qualifying employee. Blank if no qualified employee.	
0195	0195	Employee SSN 8	9	N	320-1, Line 8b Blank if no qualified employee.	
0200	0200	Date of hire 8	8	N	320-1, Line 8c CCYYMMDD	
0205	0205	AZ resident 8	1	A	320-1, Line 8d "Y" or "N" Blank if no qualified employee.	
0210	0210	Receiving TANF 8	1	A	320-1, Line 8e "Y" or "N" Blank if no qualified employee.	
0215	0215	Employee Name 9	25	A/N	320-1, Line 9a Name of ninth qualifying employee. Blank if no qualified employee.	
0220	0220	Employee SSN 9	9	N	320-1, Line 9b Blank if no qualified employee.	
0225	0225	Date of hire 9	8	N	320-1, Line 9c CCYYMMDD	
0230	0230	AZ resident 9	1	A	320-1, Line 9d "Y" or "N" Blank if no qualified employee.	
0235	0235	Receiving TANF 9	1	A	320-1, Line 9e "Y" or "N" Blank if no qualified employee.	
0240	0240	Employee Name 10	25	A/N	320-1, Line 10a Name of tenth qualifying employee. Blank if no qualified employee.	
0245	0245	Employee SSN 10	9	N	320-1, Line 10b Blank if no qualified employee.	
0250	0250	Date of hire 10	8	N	320-1, Line 10c CCYYMMDD	
0255	0255	AZ resident 10	1	A	320-1, Line 10d "Y" or "N" Blank if no qualified employee.	
0260	0260	Receiving TANF 10	1	A	320-1, Line 10e "Y" or "N" Blank if no qualified employee.	
0265	0265	Employee Name 11	25	A/N	320-1, Line 11a Name of eleventh qualifying employee. Blank if no qualified employee.	
0270	0270	Employee SSN 11	9	N	320-1, Line 11b Blank if no qualified employee.	
0275	0275	Date of hire 11	8	N	320-1, Line 11c CCYYMMDD	
0280	0280	AZ resident 11	1	A	320-1, Line 11d "Y"/"N" or Blank.	
0285	0285	Receiving TANF 11	1	A	320-1, Line 11e "Y" or "N" Blank if no qualified employee.	
0290	0290	Employee Name 12	25	A/N	320-1, Line 12a Name of twelfth qualifying employee. Blank if no qualified employee.	
0295	0295	Employee SSN 12	9	N	320-1, Line 12b Blank if no qualified employee.	
0300	0300	Date of hire 12	8	N	320-1, Line 12c CCYYMMDD	
0305	0305	AZ resident 12	1	A	320-1, Line 12d "Y" or "N" Blank if no qualified employee.	
0310	0310	Receiving TANF 12	1	A	320-1, Line 12e "Y" or "N" Blank if no qualified employee.	
0315	0315	Employee Name 13	25	A/N	320-1, Line 13a Name of thirteenth qualifying employee. Blank if no qualified employee.	
0320	0320	Employee SSN 13	9	N	320-1, Line 13b Blank if no qualified employee.	
0325	0325	Date of hire 13	8	N	320-1, Line 13c CCYYMMDD	
0330	0330	AZ resident 13	1	A	320-1, Line 13d "Y" or "N" Blank if no qualified employee.	
0335	0335	Receiving TANF 13	1	A	320-1, Line 13e "Y" or "N" Blank if no qualified employee.	

0340	0340	Employee Name 14	25	A/N	320-1, Line 14a Name of fourteenth qualifying employee. Blank if no qualified employee.	
0345	0345	Employee SSN 14	9	N	320-1, Line 14b Blank if no qualified employee.	
0350	0350	Date of hire 14	8	N	320-1, Line 14c CCYYMMDD	
0355	0355	AZ resident 14	1	A	320-1, Line 14d "Y" or "N" Blank if no qualified employee.	
0360	0360	Receiving TANF 14	1	A	320-1, Line 14e "Y" or "N" Blank if no qualified employee.	
0365	0365	Employee Name 15	25	A/N	320-1, Line 15a Name of fifteenth qualifying employee. Blank if no qualified employee.	
0370	0370	Employee SSN 15	9	N	320-1, Line 15b Blank if no qualified employee.	
0375	0375	Date of hire 15	8	N	320-1, Line 15c CCYYMMDD	
0380	0380	AZ resident 15	1	A	320-1, Line 15d "Y" or "N" Blank if no qualified employee.	
0385	0385	Receiving TANF 15	1	A	320-1, Line 15e "Y" or "N" Blank if no qualified employee.	
0390	0390	Employee Name 16	25	A/N	320-1, Line 16a Name of sixteenth qualifying employee. Blank if no qualified employee.	
0395	0395	Employee SSN 16	9	N	320-1, Line 16b Blank if no qualified employee.	
0400	0400	Date of hire 16	8	N	320-1, Line 16c CCYYMMDD	
0405	0405	AZ resident 16	1	A	320-1, Line 16d "Y" or "N" Blank if no qualified employee.	
0410	0410	Receiving TANF 16	1	A	320-1, Line 16e "Y" or "N" Blank if no qualified employee.	
0415	0415	Employee Name 17	25	A/N	320-1, Line 17a Name of seventeenth qualifying employee. Blank if no qualified employee.	
0420	0420	Employee SSN 17	9	N	320-1, Line 17b Blank if no qualified employee.	
0425	0425	Date of hire 17	8	N	320-1, Line 17c CCYYMMDD	
0430	0430	AZ resident 17	1	A	320-1, Line 17d "Y" or "N" Blank if no qualified employee.	
0435	0435	Receiving TANF 17	1	A	320-1, Line 17e "Y"/"N" Blank if no qualified employee.	
0440	0440	Employee Name 18	25	A/N	320-1, Line 18a Name of eighteenth qualifying employee. Blank if no qualified employee.	
0445	0445	Employee SSN 18	9	N	320-1, Line 18b Blank if no qualified employee.	
0450	0450	Date of hire 18	8	N	320-1, Line 18c CCYYMMDD	
0455	0455	AZ resident 18	1	A	320-1, Line 18d "Y" or "N" Blank if no qualified employee.	
0460	0460	Receiving TANF 18	1	A	320-1, Line 18e "Y" or "N" Blank if no qualified employee.	
0465	0465	Employee Name 19	25	A/N	320-1, Line 19a Name of nineteenth qualifying employee. Blank if no qualified employee.	
0470	0470	Employee SSN 19	9	N	320-1, Line 19b Blank if no qualified employee.	
0775	0775	Date of hire 19	8	N	320-1, Line 19c CCYYMMDD	
0480	0480	AZ resident 19	1	A	320-1, Line 19d "Y" or "N" Blank if no qualified employee.	
0485	0485	Receiving TANF 19	1	A	320-1, Line 19e "Y" or "N" Blank if no qualified employee.	
0490	0490	Employee Name 20	25	A/N	320-1, Line 20a Name of twentieth qualifying employee. Blank if no qualified employee.	
0495	0495	Employee SSN 20	9	N	320-1, Line 20b Blank if no qualified employee.	

0500	0500	Date of hire 20	8	N	320-1, Line 20c CCYYMMDD	
0505	0505	AZ resident 20	1	A	320-1, Line 20d "Y" or "N" Blank if no qualified employee.	
0510	0510	Receiving TANF 20	1	A	320-1, Line 20e "Y" or "N" Blank if no qualified employee.	
0515	0515	Employee Name 21	25	A/N	320-1, Line 21a Name of twenty-first qualifying employee. Blank if no qualified employee.	
0520	0520	Employee SSN 21	9	N	320-1, Line 21b Blank if no qualified employee.	
0525	0525	Date of hire 21	8	N	320-1, Line 21c CCYYMMDD	
0530	0530	AZ resident 21	1	A	320-1, Line 21d "Y" or "N" Blank if no qualified employee.	
0535	0535	Receiving TANF 21	1	A	320-1, Line 21e "Y" or "N" Blank if no qualified employee.	
0540	0540	Employee Name 22	25	A/N	320-1, Line 22a Name of twenty-second qualifying employee. Blank if no qualified employee.	
0545	0545	Employee SSN 22	9	N	320-1, Line 22b Blank if no qualified employee.	
0550	0550	Date of hire 22	8	N	320-1, Line 22c CCYYMMDD	
0555	0555	AZ resident 22	1	A	320-1, Line 22d "Y" or "N" Blank if no qualified employee.	
0560	0560	Receiving TANF 22	1	A	320-1, Line 22e "Y" or "N" Blank if no qualified employee.	
0565	0565	Employee Name 23	25	A/N	320-1, Line 23a Name of twenty-third qualifying employee. Blank if no qualified employee.	
0570	0570	Employee SSN 23	9	N	320-1, Line 23b Blank if no qualified employee.	
0575	0575	Date of hire 23	8	N	320-1, Line 23c CCYYMMDD	
0580	0580	AZ resident 23	1	A	320-1, Line 23d "Y" or "N" Blank if no qualified employee.	
0585	0585	Receiving TANF 23	1	A	320-1, Line 23e Y"/"N" or Blank.	
0590	0590	Employee Name 24	25	A/N	320-1, Line 24a Name of twenty-fourth qualifying employee. Blank if no qualified employee.	
0595	0595	Employee SSN 24	9	N	320-1, Line 24b Blank if no qualified employee.	
0600	0600	Date of hire 24	8	N	320-1, Line 24c CCYYMMDD	
0605	0605	AZ resident 24	1	A	320-1, Line 24d "Y" or "N" Blank if no qualified employee.	
0610	0610	Receiving TANF 24	1	A	320-1, Line 24e "Y" or "N" Blank if no qualified employee.	
0615	0615	Employee Name 25	25	A/N	320-1, Line 25a Name of twenty-fifth qualifying employee. Blank if no qualified employee.	
0620	0620	Employee SSN 25	9	N	320-1, Line 25b Blank if no qualified employee.	
0625	0625	Date of hire 25	8	N	320-1, Line 25c CCYYMMDD	
0630	0630	AZ resident 25	1	A	320-1, Line 25d "Y" or "N" Blank if no qualified employee.	
0635	0635	Receiving TANF 25	1	A	320-1, Line 25e "Y" or "N" Blank if no qualified employee.	

Unformatted Record – Arizona Form 320-2 Credit for Employment of TANF Recipients						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb320-2bbb01PG01b(9n)* Note: (9n=Primary SSN)	**8/28/2006**
0015	0015	Employee Name 1	25	A/N	320-2, Line 1a Name of first qualifying employee for which you are taking a credit. Blank if no credit claimed.	
0020	0020	Employee SSN 1	9	N	320-2, Line 1b Blank if no credit claimed.	
0025	0025	Yrs employed 1	1		320-2, Line 1c "1" "2" or "3" Blank if no credit claimed.	
0030	0030	Wages Less Subsidized 1	10	N	320-2, Line 1d Blank if no credit claimed.	
0035	0035	Max Wages 1	10	N	320-2, Line 1e If column c = 1, then the lesser of previous line or 2000. If column c = 2, then the lesser of previous line or 3000. If column c = 3, then the lesser of previous line or 4000. Blank if no credit claimed.	
0040	0040	Employee Name 2	25	A/N	320-2, Line 2a Name of second qualifying employee for which you are taking a credit. Blank if no credit claimed.	
0045	0045	Employee SSN 2	9	N	320-2, Line 2b Blank if no credit claimed.	
0050	0050	Yrs employed 2	1	N	320-2, Line 2c "1" "2" or "3" Blank if no credit claimed.	
0055	0055	Wages Less Subsidized 2	10	N	320-2, Line 2d Blank if no credit claimed.	
0060	0060	Max Wages 2	10	N	320-2, Line 2e If column c = 1, then the lesser of previous line or 2000. If column c = 2, then the lesser of previous line or 3000. If column c = 3, then the lesser of previous line or 4000. Blank if no credit claimed.	
0065	0065	Employee Name 3	25	A/N	320-2, Line 3a Name of third qualifying employee for which you are taking a credit. Blank if no credit claimed.	
0070	0070	Employee SSN 3	9	N	320-2, Line 3b Blank if no credit claimed.	
0075	0075	Yrs employed 3	1	N	320-2, Line 3c "1" "2" or "3" Blank if no credit claimed.	
0080	0080	Wages Less Subsidized 3	10	N	320-2, Line 3d Blank if no credit claimed.	
0085	0085	Max Wages 3	10	N	320-2, Line 3e If column c = 1, then the lesser of previous line or 2000. If column c = 2, then the lesser of previous line or 3000. If column c = 3, then the lesser of previous line or 4000. Blank if no credit claimed.	
0090	0090	Employee Name 4	25	A/N	320-2, Line 4a Name of fourth qualifying employee for which you are taking a credit. Blank if no credit claimed.	
0095	0095	Employee SSN 4	9	N	320-2, Line 4b Blank if no credit claimed.	
0100	0100	Yrs employed 4	1	N	320-2, Line 4c "1" "2" or "3" Blank if no credit claimed.	
0105	0105	Wages Less Subsidized 4	10	N	320-2, Line 4d Blank if no credit claimed.	
0110	0110	Max Wages 4	10	N	320-2, Line 4e If column c = 1, then the lesser of previous line or 2000. If column c = 2, then the lesser of previous line or 3000. If column c = 3, then the lesser of previous line or 4000. Blank if no credit claimed.	
0115	0115	Employee Name 5	25	A/N	320-2, Line 5a Name of fifth qualifying employee for which you are taking a credit. Blank if no credit claimed.	
0120	0120	Employee SSN 5	9	N	320-2, Line 5b Blank if no credit claimed.	
0125	0125	Yrs employed 5	1	N	320-2, Line 5c "1" "2" or "3" Blank if no credit claimed.	
0130	0130	Wages Less Subsidized 5	10	N	320-2, Line 5d Blank if no credit claimed.	

0135	0135	Max Wages 5	10	N	320-2, Line 5e If column c = 1, then the lesser of previous line or 2000. If column c = 2, then the lesser of previous line or 3000. If column c = 3, then the lesser of previous line or 4000. Blank if no credit claimed.	
0140	0140	Employee Name 6	25	A/N	320-2, Line 6a Name of sixth qualifying employee for which you are taking a credit. Blank if no credit claimed.	
0145	0145	Employee SSN 6	9	N	320-2, Line 6b Blank if no credit claimed.	
0150	0150	Yrs employed 6	1	N	320-2, Line 6c "1" "2" or "3" Blank if no credit claimed.	
0155	0155	Wages Less Subsidized 6	10	N	320-2, Line 6d Blank if no credit claimed.	
0160	0160	Max Wages 6	10	N	320-2, Line 6e If column c = 1, then the lesser of previous line or 2000. If column c = 2, then the lesser of previous line or 3000. If column c = 3, then the lesser of previous line or 4000. Blank if no credit claimed.	
0165	0165	Employee Name 7	25	A/N	320-2, Line 7a Name of seventh qualifying employee for which you are taking a credit. Blank if no credit claimed.	
0170	0170	Employee SSN 7	9	N	320-2, Line 7b Blank if no credit claimed.	
0175	0175	Yrs employed 7	1	N	320-2, Line 7c "1" "2" or "3" Blank if no credit claimed.	
0180	0180	Wages Less Subsidized 7	10	N	320-2, Line 7d Blank if no credit claimed.	
0185	0185	Max Wages 7	10	N	320-2, Line 7e If column c = 1, then the lesser of previous line or 2000. If column c = 2, then the lesser of previous line or 3000. If column c = 3, then the lesser of previous line or 4000. Blank if no credit claimed.	
0190	0190	Employee Name 8	25	A/N	320-2, Line 8a Name of eighth qualifying employee for which you are taking a credit. Blank if no credit claimed.	
0195	0195	Employee SSN 8	9	N	320-2, Line 8b Blank if no credit claimed.	
0200	0200	Yrs employed 8	1	N	320-2, Line 8c "1" "2" or "3" Blank if no credit claimed.	
0205	0205	Wages Less Subsidized 8	10	N	320-2, Line 8d Blank if no credit claimed.	
0210	0210	Max Wages 8	10	N	320-2, Line 8e If column c = 1, then the lesser of previous line or 2000. If column c = 2, then the lesser of previous line or 3000. If column c = 3, then the lesser of previous line or 4000. Blank if no credit claimed.	
0215	0215	Employee Name 9	25	A/N	320-2, Line 9a Name of ninth qualifying employee for which you are taking a credit. Blank if no credit claimed.	
0220	0220	Employee SSN 9	9	N	320-2, Line 9b Blank if no credit claimed.	
0225	0225	Yrs employed 9	1	N	320-2, Line 9c "1" "2" or "3" Blank if no credit claimed.	
0230	0230	Wages Less Subsidized 9	10	N	320-2, Line 9d Blank if no credit claimed.	
0235	0235	Max Wages 9	10	N	320-2, Line 9e If column c = 1, then the lesser of previous line or 2000. If column c = 2, then the lesser of previous line or 3000. If column c = 3, then the lesser of previous line or 4000. Blank if no credit claimed.	
0240	0240	Employee Name 10	25	A/N	320-2, Line 10a Name of tenth qualifying employee for which you are taking a credit. Blank if no credit claimed.	
0245	0245	Employee SSN 10	9	N	320-2, Line 10b Blank if no credit claimed.	
0250	0250	Yrs employed 10	1	N	320-2, Line 10c "1" "2" or "3" Blank if no credit claimed.	
0255	0255	Wages Less Subsidized 10	10	N	320-2, Line 10d Blank if no credit claimed.	

0260	0260	Max Wages 10	10	N	320-2, Line 10e If column c = 1, then the lesser of previous line or 2000. If column c = 2, then the lesser of previous line or 3000. If column c = 3, then the lesser of previous line or 4000. Blank if no credit claimed.	
0265	0265	Employee Name 11	25	A/N	320-2, Line 11a Name of eleventh qualifying employee for which you are taking a credit. Blank if no credit claimed.	
0270	0270	Employee SSN 11	9	N	320-2, Line 11b Blank if no credit claimed.	
0275	0275	Yrs employed 11	1	N	320-2, Line 11c "1" "2" or "3" Blank if no credit claimed.	
0280	0280	Wages Less Subsidized 11	10	N	320-2, Line 11d Blank if no credit claimed.	
0285	0285	Max Wages 11	10	N	320-2, Line 11e If column c = 1, then the lesser of previous line or 2000. If column c = 2, then the lesser of previous line or 3000. If column c = 3, then the lesser of previous line or 4000. Blank if no credit claimed.	
0290	0290	Total Wages Less Subsidized	10	N	320-2, Line 12d Sum of field	
	0295	Maximum Allowed Year 1	10	N	320-2, Line 12e1 Sum of field	**New**
	0300	Maximum Allowed Year 2	10	N	320-2, Line 12e2 Sum of field	**New**
	0305	Maximum Allowed Year 3	10	N	320-2, Line 12e3 Sum of field	**New**

Unformatted Record – Arizona Form 321 Credit for Contributions to Charities						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH TYPE		FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb321bbb01PG01b(9n)* Note: (9n=Primary SSN)	**8/28/2006**
0015	0015	Name of Qualifying Charity 1	30	A	321, Line 1a	
0020	0020	Amount Contributed 1	10	N	321, Line 1a	
0025	0025	Name of Qualifying Charity 2	30	A	321, Line 1b	
0030	0030	Amount Contributed 2	10	N	321, Line 1b	
0035	0035	Total of lines 1a and 1b	10	N	321, Line 1c	
0040	0040	Potential Credit	10	N	321, Line 2 Single or H of H = Lesser of Line 1c or 200 Married = Lesser of Line 1c or 400	
0045	0045	Total Contributions	10	N	321, Line 3	
0050	0050	Baseline Year	4	N	321, Line 4 CCYY	
0055	0055	Total Contributions	10	N	321, Line 5	
0060	0060	Subtract Line 5 from 3	10	N	321, Line 6	
0065	0065	Current Yr's Credit	10	N	321, Line 7	
0070	0070	**Taxable Year**	4	N	**Value "2001"**	**Year changed**
0075	0075	Original Credit Amount	10	N	321, Line 8b	
0080	0080	Amount Previously Used	10	N	321, Line 8c	
0085	0085	Available Carryover	10	N	321, Line 8d	
0090	0090	**Taxable Year**	4	N	**Value "2002"**	**Year changed**
0095	0095	Original Credit Amount	10	N	321, Line 9b	
0100	0100	Amount Previously Used	10	N	321, Line 9c	
0105	0105	Available Carryover	10	N	321, Line 9d	
0110	0110	**Taxable Year**	4	N	**Value "2003"**	**Year changed**
0115	0115	Original Credit Amount	10	N	321, Line 10b	
0120	0120	Amount Previously Used	10	N	321, Line 10c	
0125	0125	Available Carryover	10	N	321, Line 10d	
0130	0130	**Taxable Year**	4	N	**Value "2004"**	**Year changed**
0135	0135	Original Credit Amount	10	N	321, Line 11b	
0140	0140	Amount Previously Used	10	N	321, Line 11c	
0145	0145	Available Carryover	10	N	321, Line 11d	
0150	0150	**Taxable Year**	4	N	**Value "2005"**	**Year changed**
0155	0155	Original Credit Amount	10	N	321, Line 12b	
0160	0160	Amount Previously Used	10	N	321, Line 12c	
0165	0165	Available Carryover	10	N	321, Line 12d	
0170	0170	Total Available Carryover	10	N	321, Line 13	
0175	0175	Current Yr's Credit	10	N	321, Line 14	
0180	0180	Available Carryover	10	N	321, Line 15	
0185	0185	Total Available Carryover	10	N	321, Line 16	

Unformatted Record – Arizona Form 322 Credit for Contributions Made or Fees Paid to Public Schools						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb322bbb01PG01b(9n)* Note: (9n=Primary SSN)	**8/3/2006**
0015	0015	Name of Public School	30	A	322, Line 1a	
0020	0020	Address of School	50	A/N	322, Line 1a	
0025	0025	School District	30	A	322, Line 1a	
0030	0030	Amt of Fees Paid	10	N	322, Line 1a	
0035	0035	Name of Public School	30	A	322, Line 1b	
0040	0040	Address of School	50	A/N	322, Line 1b	
0045	0045	School District	30	A	322, Line 1b	
0050	0050	Amt of Fees Paid	10	N	322, Line 1b	
0055	0055	Total Fees Paid to School	10	N	322, Line 1c	
0060	0060	Enter $200 or $**400**	3	N	322, Line 2 Single or H of H = Lesser of Line 1c or 200 Married = Lesser of Line 1c or 400	**Limit has changed for MFJ**
0065	0065	Current Yr's Credit	10	N	322, Line 3	
0070	0070	**Taxable Yr**	**4**	**N**	**Value "2001"**	**Year changed**
0075	0075	Original Credit Amount	10	N	322, Line 4b	
0080	0080	Amt Previously Used	10	N	322, Line 4c	
0085	0085	Available Carryover	10	N	322, Line 4d	
0090	0090	**Taxable Yr**	**4**	**N**	**Value "2002"**	**Year changed**
0095	0095	Original Credit Amount	10	N	322, Line 5b	
0100	0100	Amt Previously Used	10	N	322, Line 5c	
0105	0105	Available Carryover	10	N	322, Line 5d	
0110	0110	**Taxable Yr**	**4**	**N**	**Value "2003"**	**Year changed**
0115	0115	Original Credit Amount	10	N	322, Line 6b	
0120	0120	Amt Previously Used	10	N	322, Line 6c	
0125	0125	Available Carryover	10	N	322, Line 6d	
0130	0130	**Taxable Yr**	**4**	**N**	**Value "2004"**	**Year changed**
0135	0135	Original Credit Amount	10	N	322, Line 7b	
0140	0140	Amt Previously Used	10	N	322, Line 7c	
0145	0145	Available Carryover	10	N	322, Line 7d	
0150	0150	**Taxable Yr**	**4**	**N**	**Value "2005"**	**Year changed**
0155	0155	Original Credit Amount	10	N	322, Line 8b	
0160	0160	Amt Previously Used	10	N	322, Line 8c	
0165	0165	Available Carryover	10	N	322, Line 8d	
0170	0170	Total Available Carryover	10	N	322, Line 9	
0175	0175	Current Yr's Credit	10	N	322, Line 10	
0180	0180	Available Carryover	10	N	322, Line 11	
0185	0185	Total Available Carryover	10	N	322, Line 12	

Unformatted Record – Arizona Form 323 Credit for Contributions to Private School Tuition Organizations						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb323bbb01PG01b(9n)* Note: (9n=Primary SSN)	**8/3/2006**
0015	0015	Name of School	30	A	323, Line 1a	
0020	0020	Address of School	50	A/N	323, Line 1a	
0025	0025	Amt of Contribution	10	N	323, Line 1a	
0030	0030	Name of School	30	A	323, Line 1b	
0035	0035	Address of School	50	A/N	323, Line 1b	
0040	0040	Amt of Contribution	10	N	323, Line 1b	
0045	0045	Total Contribution	10	N	323, Line 1c	
0050	0050	Enter $500 or $**1000**	3	N	323, Line 2 Single or H of H = Lesser of Line 1c or 500 Married = Lesser of Line 1c or 1000	**Limit has changed for MFJ**
0055	0055	Current Yr's Credit	10	N	323, Line 3	
0060	0060	**Taxable Yr**	**4**	**N**	**Value "2001"**	**Year changed**
0065	0065	Original Credit Amount	10	N	323, Line 4b	
0070	0070	Amount Previously Used	10	N	323, Line 4c	
0075	0075	Available Carryover	10	N	323, Line 4d	
0080	0080	**Taxable Yr**	**4**	**N**	**Value "2002"**	**Year changed**
0085	0085	Original Credit Amount	10	N	323, Line 5b	
0090	0090	Amount Previously Used	10	N	323, Line 5c	
0095	0095	Available Carryover	10	N	323, Line 5d	
0100	0100	**Taxable Yr**	**4**	**N**	**Value "2003"**	**Year changed**
0105	0105	Original Credit Amount	10	N	323, Line 6b	
0110	0110	Amount Previously Used	10	N	323, Line 6c	
0115	0115	Available Carryover	10	N	323, Line 6d	
0120	0120	**Taxable Yr**	**4**	**N**	**Value "2004"**	**Year changed**
0125	0125	Original Credit Amount	10	N	323, Line 7b	
0130	0130	Amount Previously Used	10	N	323, Line 7c	
0135	0135	Available Carryover	10	N	323, Line 7d	
0140	0140	**Taxable Yr**	**4**	**N**	**Value "2005"**	**Year changed**
0145	0145	Original Credit Amount	10	N	323, Line 8b	
0150	0150	Amount Previously Used	10	N	323, Line 8c	
0155	0155	Available Carryover	10	N	323, Line 8d	
0160	0160	Total Available carryover	10	N	323, Line 9	
0165	0165	Current Yr's Credit	10	N	323, Line 10	
0170	0170	Available Carryover	10	N	323, Line 11	
0175	0175	Total Available Credit	10	N	323, Line 12	

Unformatted Record – Arizona Form 325 Agriculture Pollution Control Credit						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb325bbb01PG01b(9n)* Note: (9n=Primary SSN)	**8/28/2006**
0015	0015	Date Placed In Service 1	8	N	325, Line 1a CCYYMMDD	
0020	0020	Property Description 1	50	A/N	325, Line 1b	
0025	0025	Property Cost 1	10	N	325, Line 1c	
0030	0030	Date Placed In Service 2	8	N	325, Line 2a CCYYMMDD	
0035	0035	Property Description 2	50	A/N	325, Line 2b	
0040	0040	Property Cost 2	10	N	325, Line 2c	
0045	0045	Date Placed In Service 3	8	N	325, Line 3a CCYYMMDD	
0050	0050	Property Description 3	50	A/N	325, Line 3b	
0055	0055	Property Cost 3	10	N	325, Line 3c	
0060	0060	Date Placed In Service 4	8	N	325, Line 4a CCYYMMDD	
0065	0065	Property Description 4	50	A/N	325, Line 4b	
0070	0070	Property Cost 4	10	N	325, Line 4c	
0075	0075	Date Placed In Service 5	8	N	325, Line 5a CCYYMMDD	
0080	0080	Property Description 5	50	A/N	325, Line 5b	
0085	0085	Property Cost 5	10	N	325, Line 5c	
0090	0090	Date Placed In Service 6	8	N	325, Line 6a CCYYMMDD	
0095	0095	Property Description 6	50	A/N	325, Line 6b	
0100	0100	Property Cost 6	10	N	325, Line 6c	
0105	0105	Date Placed In Service 7	8	N	325, Line 7a CCYYMMDD	
0110	0110	Property Description 7	50	A/N	325, Line 7b	
0115	0115	Property Cost 7	10	N	325, Line 7c	
0120	0120	Date Placed In Service 8	8	N	325, Line 8a CCYYMMDD	
0125	0125	Property Description 8	50	A/N	325, Line 8b	
0130	0130	Property Cost 8	10	N	325, Line 8c	
0135	0135	Date Placed In Service 9	8	N	325, Line 9a CCYYMMDD	
0140	0140	Property Description 9	50	A/N	325, Line 9b	
0145	0145	Property Cost 9	10	N	325, Line 9c	
0150	0150	Date Placed In Service 10	8	N	325, Line 10a CCYYMMDD	
0155	0155	Property Description 10	50	A/N	325, Line 10b	
0160	0160	Property Cost 10	10	N	325, Line 10c	
0165	0165	Total Cost	10	N	325, Line 11 Add Lines 1c through 10c	
0170	0170	Total from Continuation Sheet	10	N	325, Line 12	
0175	0175	Pollution Equipment Cost	10	N	325, Line 13 Add lines 11 and 12	
0180	0180	Tentative CR	10	N	325, Line 14 Multiply Line 13 by 25% (0.25)	
	0185	**Maximum CR Allowed**	**10**	**N**	**325, Line 15** **Value = 25000**	**NEW**
0185	0190	Current Yr CR	10	N	325, Line 16 Smaller of Line 14 or Line 15	

0190	0195	S Corp Irrevocable Election for TYE	8	N	325, Line 17 CCYYMMDD or blank	
0195	0200	Claim or Pass	1	A	325, Line 17 "C" = Claim "P" = Pass or blank	
0200	0205	Name of shareholder	40	A/N	325, Line 18	
0205	0210	Shareholder's TIN	9	N	325, Line 19	
0210	0215	Shareholder's share	10	N	325, Line 20	
0215	0220	Name of partner	40	A/N	325, Line 21	
0220	0225	Partner's TIN	9	N	325, Line 22	
0225	0230	Partner's share	10	N	325, Line 23	
0230	0235	Taxable Yr	4	N	325, Line 24a CCYY	
0235	0240	Original Credit Amount	10	N	325, Line 24b	
0240	0245	Amount Previously Used	10	N	325, Line 24c	
0245	0250	Available Carryover	10	N	325, Line 24d	
0250	0255	Taxable Yr	4	N	325, Line 25a CCYY	
0255	0260	Original Credit Amount	10	N	325, Line 25b	
0260	0265	Amount Previously Used	10	N	325, Line 25c	
0265	0270	Available Carryover	10	N	325, Line 25d	
0270	0275	Taxable Yr	4	N	325, Line 26a CCYY	
0275	0280	Original Credit Amount	10	N	325, Line 26b	
0280	0285	Amount Previously Used	10	N	325, Line 26c	
0285	0290	Available Carryover	10	N	325, Line 26d	
0290	0295	Taxable Yr	4	N	325, Line 27a CCYY	
0295	0300	Original Credit Amount	10	N	325, Line 27b	
0300	0305	Amount Previously Used	10	N	325, Line 27c	
0305	0310	Available Carryover	10	N	325, Line 27d	
0310	0315	Taxable Yr	4	N	325, Line 28a CCYY	
0315	0320	Original Credit Amount	10	N	325, Line 28b	
0320	0325	Amount Previously Used	10	N	325, Line 28c	
0325	0330	Available Carryover	10	N	325, Line 28d	
0330	0335	Total Available Carryover	10	N	325, Line 29d	
0335	0340	Current Yr CR	10	N	325, Line 30	
0340	0345	Amt of Available CR	10	N	325, Line 31	
0345	0350	Total Available CR	10	N	325, Line 32	

Unformatted Record – Arizona Form 328 Neighborhood Electric Vehicle (NEV) Credit						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb328bbb01PG01b(9n)* Note: (9n=Primary SSN)	**8/28/2006**
0015	0015	Taxable Year	4	N	Value "2001"	
0020	0020	Original Credit Amount from Taxable Year 2000	10	N	328, Line 1b	
0025	0025	Amount Previously Used	10	N	328, Line 1c	
0030	0030	Subtract line 1c from line 1b	10	N	328, Line 1d	
0035	0035	Enter the number of NEVs purchased or leased on or after July 1, 2000, for which a credit was claimed, that were used on a golf course for purposes other than maintenance.	10	N	328, Line 2	
0040	0040	Enter the Vehicle Identification Number (VIN) for the first NEV purchased on or after July 1, 2000, for which a credit was claimed, that was used on a golf course for other than maintenance purposes	25	A/N	328, Line 3-Vehicle 1	
0045	0045	Enter the Vehicle Identification Number (VIN) for the second NEV purchased on or after July 1, 2000, for which a credit was claimed, that was used on a golf course for other than maintenance purposes	25	A/N	328, Line 3-Vehicle 2	
0050	0050	Enter the Vehicle Identification Number (VIN) for the third NEV purchased on or after July 1, 2000, for which a credit was claimed, that was used on a golf course for other than maintenance purposes	25	A/N	328, Line 3-Vehicle 3	
0055	0055	Enter the taxable year in which the first NEV was purchased or leased	4	N	328, Line 4-Vehicle 1 CCYY	
0060	0060	Enter the taxable year in which the second NEV was purchased or leased	4	N	328, Line 4-Vehicle 2 CCYY	
0065	0065	Enter the taxable year in which the third NEV was purchased or leased	4	N	328, Line 4-Vehicle 3 CCYY	
0070	0070	Enter the amount of credit for which the first NEV was eligible	10	N	328, Line 5-Vehicle 1	
0075	0075	Enter the amount of credit for which the second NEV was eligible	10	N	328, Line 5-Vehicle 2	
0080	0080	Enter the amount of credit for which the third NEV was eligible	10	N	328, Line 5-Vehicle 3	
0085	0085	Amount of credit subject to recapture for the first NEV	10	N	328, Line 6	
0090	0090	Amount of credit to be recaptured	10	N	328, Line 17	
0095	0095	Amount of credit from line 17 previously claimed	10	N	328, Line 18	
0100	0100	The lesser of Line 17 and Line 18	10	N	328, Line 19	

Unformatted Record – Arizona Form 331 Credit for Donation of School Site						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb331bbb01PG01b(9n)* Note: (9n=Primary SSN)	**8/28/2006**
0015	0015	Arizona county in which the property is located (1)	15	A	331, Line 1-1	
0020	0020	Arizona county in which the property is located (2)	15	A	331, Line 1-2	
0025	0025	Arizona county in which the property is located (3)	15	A	331, Line 1-3	
0030	0030	Parcel number of property (1)	15	A/N	331, Line 2-1	
0035	0035	Parcel number of property (2)	15	A/N	331, Line 2-2	
0040	0040	Parcel number of property (3)	15	A/N	331, Line 2-3	
0045	0045	Date of property conveyance (1)	8	N	331, Line 3-1 CCYYMMDD or blank	
0050	0050	Date of property conveyance (2)	8	N	331, Line 3-2 CCYYMMDD or blank	
0055	0055	Date of property conveyance (3)	8	N	331, Line 3-3 CCYYMMDD or blank	
0060	0060	Recording number of property conveyance (1)	15	A/N	331, Line 4-1	
0065	0065	Recording number of property conveyance (2)	15	A/N	331, Line 4-2	
0070	0070	Recording number of property conveyance (3)	15	A/N	331, Line 4-3	
0075	0075	Value of property based on qualified certified appraisal (1)	10	N	331, Line 5-1	
0080	0080	Value of property based on qualified certified appraisal (2)	10	N	331, Line 5-2	
0085	0085	Value of property based on qualified certified appraisal (3)	10	N	331, Line 5-3	
0090	0090	Multiply the amounts on line 5-1 by 30%	10	N	331, Line 6-1	
0095	0095	Multiply the amounts on line 5-2 by 30%	10	N	331, Line 6-2	
0100	0100	Multiply the amounts on line 5-3 by 30%	10	N	331, Line 6-3	
0105	0105	Add the amounts from lines 6-1, 6-2, and 6-3	10	N	331, Line 7	
0110	0110	Total from continuation sheets, if applicable	10	N	331, Line 8	
0115	0115	Current taxable year's credit - Add lines 7 and 8	10	N	331, Line 9	

0120	0120	S Corp Irrevocable Election for TYE	8	DT	331, Line 10 CCYYMMDD or blank	
0125	0125	Claim or Pass	1	A	331, Line 10 "C" = Claim "P" = Pass or blank	
0130	0130	Name of shareholder	40	A/N	331, Line 11	
0135	0135	Shareholder's TIN	9	N	331, Line 12	
0140	0140	Shareholder's share	10	N	331, Line 13	
0145	0145	Name of partner	40	A/N	331, Line 14	
0150	0150	Partner's TIN	9	N	331, Line 15	
0155	0155	Partner's share	10	N	331, Line 16	
0160	0160	Taxable Yr	4	N	331, Line 17a CCYY	
0165	0165	Original Credit Amount	10	N	331, Line 17b	
0170	0170	Amount Previously Used	10	N	331, Line 17c	
0175	0175	Available Carryover	10	N	331, Line 17d	
0180	0180	Taxable Yr	4	N	331, Line 18a CCYY	
0185	0185	Original Credit Amount	10	N	331, Line 18b	
0190	0190	Amount Previously Used	10	N	331, Line 18c	
0195	0195	Available Carryover	10	N	331, Line 18d	
0200	0200	Taxable Yr	4	N	331, Line 19a CCYY	
0205	0205	Original Credit Amount	10	N	331, Line 19b	
0210	0210	Amount Previously Used	10	N	331, Line 19c	
0215	0215	Available Carryover	10	N	331, Line 19d	
0220	0220	Taxable Yr	4	N	331, Line 20a CCYY	
0225	0225	Original Credit Amount	10	N	331, Line 20b	
0230	0230	Amount Previously Used	10	N	331, Line 20c	
0235	0235	Available Carryover	10	N	331, Line 20d	
0240	0240	Taxable Yr	4	N	331, Line 21a CCYY	
0245	0245	Original Credit Amount	10	N	331, Line 21b	
0250	0250	Amount Previously Used	10	N	331, Line 21c	
0255	0255	Available Carryover	10	N	331, Line 21d	
0260	0260	Total Available Carryover	10	N	331, Line 22d	
0265	0265	Current Yr CR	10	N	331, Line 23	
0270	0270	Amt of Available CR	10	N	331, Line 24	
0275	0275	Total Available CR	10	N	331, Line 25	

Unformatted Record – Arizona Form 332 Credit for Healthly Forest Enterprises						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb332bbb01PG01b(9n)* Note: (9n=Primary SSN)	**8/28/2006**
0015	0015	Name of Forest Enterprise	35	A/N	332, Part I, Line 1	
0020	0020	FEIN	9	N	332, Part I, Line 2	
0025	0025	Avg Number of full time emp current year	**10**	N	332, Part II, Line 3	**Field size**
0030	0030	Avg Number of full time emp preceding year	**10**	N	332, Part II, Line 4	**Field size**
0035	0035	Net increase full time emp	**10**	N	332, Part II, Line 5	**Field size**
0040	0040	Total Number qualified position current year	**10**	N	332, Part III, Line 6	**Field size**
0045	0045	Net increase average	**10**	N	332, Part III, Line 7	**Field size**
0050	0050	Net increase Forest Enterprise	**10**	N	332, Part III, Line 8	**Field size**
0055	0055	Max number qualifyed positions - calculated	**10**	N	332, Part IV, Line 9 Value = "200"	**Field size**
0060	0060	Max number qualifyed positions - allowable claimed credit	**10**	N	332, Part IV, Line 10	**Field size**
0065	0065	Number of Qualifying Employees (New)	**10**	N	332, Part V, Line 11, Col a	**Field size**
0070	0070	Qualifying Wages (New)	**10**	N	332, Part V, Line 11, Col b	**Field size**
0075	0075	Allowable Credit (New)	**10**	N	332, Part V, Line 11, Col d	**Field size**
0080	0080	Number of Qualifying Employees (Previous 2nd Year)	**10**	N	332, Part V, Line 12, Col a	**Field size**
0085	0085	Qualifying Wages (Previous 2nd Year)	**10**	N	332, Part V, Line 12, Col b	**Field size**
0090	0090	Allowable Credit (Previous 2nd Year)	**10**	N	332, Part V, Line 12, Col d	**Field size**
0095	0095	Number of Qualifying Employees (Previous 3rd Year)	**10**	N	332, Part V, Line 13, Col a	**Field size**
0100	0100	Qualifying Wages (Previous 3rd Year)	**10**	N	332, Part V, Line 13, Col b	**Field size**
0105	0105	Allowable Credit (Previous 3rd Year)	**10**	N	332, Part V, Line 13, Col d	**Field size**
0110	0110	Number of Qualifying Employees Total	**10**	N	332, Part V, Line 14, Col a	**Field size**
0115	0115	Allowable Credit Total	**10**	N	332, Part V, Line 14, Col d	**Field size**
	0120	**Taxable year certification was revoked**	**4**	**N**	**332, Part VI, Line 15 CCYY**	**NEW**
	0125	**Last taxable year the CR was allowed**	**4**	**N**	**332, Part VI, Line 16 CCYY**	**NEW**
	0130	**Number of years after the CR was allowed that the certification was revoked**	**10**	**N**	**332, Part VI, Line 17**	**NEW**
	0135	**Enter percent based on the number of years entered on line 17**	**4**	**N**	**332, Part VI, Line 18**	**NEW**
	0140	**Full amount of CR previously allowed**	**10**	**N**	**332, Part VI, Line 19**	**NEW**
	0145	**Total recapture of CR for Healthy Forest Enterprises**	**10**	**N**	**332, Part VI, Line 20** *Multiply line 19 by the percentage on line 18. Enter this amount on Form 301, Part II, line 28.*	**NEW**

	0150	S Corp Irrevocable Election for TYE	8	DT	332, Part VII, Line 21 CCYYMMDD or blank	NEW
	0155	Claim or Pass	1	A	332, Part VII, Line 21 "C" = Claim "P" = Pass or blank	NEW
	0160	Name of shareholder	40	A/N	332, Part VII, Line 22	NEW
	0165	Shareholder's TIN	9	N	332, Part VII, Line 23	NEW
	0170	Shareholder's share of CR	10	N	332, Part VII, Line 24	NEW
	0175	Shareholder's share of CR Recapture	10	N	332, Part VII, Line 25	NEW
	0180	Name of partner	40	A/N	332, Part VIII, Line 26	NEW
	0185	Partner's TIN	9	N	332, Part VIII, Line 27	NEW
	0190	Partner's share	10	N	332, Part VIII, Line 28	NEW
	0195	Partner's share of CR Recapture	10	N	332, Part VIII, Line 29	NEW
	0200	Taxable Yr	4	N	332, Part IX, Line 30a CCYY	NEW
	0205	Original Credit Amount	10	N	332, Part IX, Line 30b	NEW
	0210	Amount Previously Used	10	N	332, Part IX, Line 30c	NEW
	0215	Available Carryover	10	N	332, Part IX, Line 30d	NEW
	0220	Taxable Yr	4	N	332, Part IX, Line 31a CCYY	NEW
	0225	Original Credit Amount	10	N	332, Part IX, Line 31b	NEW
	0230	Amount Previously Used	10	N	332, Part IX, Line 31c	NEW
	0235	Available Carryover	10	N	332, Part IX, Line 31d	NEW
	0240	Taxable Yr	4	N	332, Part IX, Line 32a CCYY	NEW
	0245	Original Credit Amount	10	N	332, Part IX, Line 32b	NEW
	0250	Amount Previously Used	10	N	332, Part IX, Line 32c	NEW
	0255	Available Carryover	10	N	332, Part IX, Line 32d	NEW
	0260	Taxable Yr	4	N	332, Part IX, Line 33a CCYY	NEW
	0265	Original Credit Amount	10	N	332, Part IX, Line 33b	NEW
	0270	Amount Previously Used	10	N	332, Part IX, Line 33c	NEW
	0275	Available Carryover	10	N	332, Part IX, Line 33d	NEW
	0280	Taxable Yr	4	N	332, Part IX, Line 34a CCYY	NEW
	0285	Original Credit Amount	10	N	332, Part IX, Line 34b	NEW
	0290	Amount Previously Used	10	N	332, Part IX, Line 34c	NEW
	0295	Available Carryover	10	N	332, Part IX, Line 34d	NEW
	0300	Total Available Carryover	10	N	332, Part IX, Line 35d	NEW
	0310	Current Yr CR	10	N	332, Part X, Line 36	NEW
	0315	Available CR Carryover	10	N	332, Part X, Line 37	NEW
0120	0320	Total Available CR	10	N	332, Part X, Line 38	

Unformatted Record – Arizona Form 332-1 Credit for Healthly Forest Enterprises						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
0010	0010	Record ID	26	A/N	Value "FRMb332-1b01PG01b(9n)* Note: (9n=Primary SSN)	**8/28/2006**
0015	0015	Employee Name 1	25	A/N	332-1, Line 1a Name of first qualifying employee.	
0020	0020	Employee SSN 1	9	N	332-1, Line 1b	
0025	0025	Employee Hire Date 1	8	N	332-1, Line 1c CCYYMMDD	
0030	0030	Employee Resided in AZ on Hire Date 1	1	A	332-1, Line 1d "X" if yes or blank.	
0035	0035	Brief description of job duties 1	40	A/N	332-1, Line 1e	
0040	0040	Total hours worked this year 1	15	N	332-1, Line 1f	
0045	0045	Employee Name 2	25	A/N	332-1, Line 1a Name of first qualifying employee.	
0050	0050	Employee SSN 2	9	N	332-1, Line 2b	
0055	0055	Employee Hire Date 2	8	N	332-1, Line 2c CCYYMMDD	
0060	0060	Employee Resided in AZ on Hire Date 2	1	A	332-1, Line 2d "X" if yes or blank.	
0065	0065	Brief description of job duties 2	40	A/N	332-1, Line 2e	
0070	0070	Total hours worked this year 2	15	N	332-1, Line 2f	
0075	0075	Employee Name 3	25	A/N	332-1, Line 3a Name of first qualifying employee.	
0080	0080	Employee SSN 3	9	N	332-1, Line 3b	
0085	0085	Employee Hire Date 3	8	N	332-1, Line 3c CCYYMMDD	
0090	0090	Employee Resided in AZ on Hire Date 3	1	A	332-1, Line 3d "X" if yes or blank.	
0095	0095	Brief description of job duties 3	40	A/N	332-1, Line 3e	
0100	0100	Total hours worked this year 3	15	N	332-1, Line 3f	
0105	0105	Employee Name 4	25	A/N	332-1, Line 4a Name of first qualifying employee.	
0110	0110	Employee SSN 4	9	N	332-1, Line 4b	
0115	0115	Employee Hire Date 4	8	N	332-1, Line 4c CCYYMMDD	
0120	0120	Employee Resided in AZ on Hire Date 4	1	A	332-1, Line 4d "X" if yes or blank.	
0125	0125	Brief description of job duties 4	40	A/N	332-1, Line 4e	
0130	0130	Total hours worked this year 4	15	N	332-1, Line 4f	
0135	0135	Employee Name 5	25	A/N	332-1, Line 5a Name of first qualifying employee.	
0140	0140	Employee SSN 5	9	N	332-1, Line 5b	
0145	0145	Employee Hire Date 5	8	N	332-1, Line 5c CCYYMMDD	
0150	0150	Employee Resided in AZ on Hire Date 5	1	A	332-1, Line 5d "X" if yes or blank.	
0155	0155	Brief description of job duties 5	40	A/N	332-1, Line 5e	
0160	0160	Total hours worked this year 5	15	N	332-1, Line 5f	
0165	0165	Employee Name 6	25	A/N	332-1, Line 6a Name of first qualifying employee.	
0170	0170	Employee SSN 6	9	N	332-1, Line 6b	
0175	0175	Employee Hire Date 6	8	N	332-1, Line 6c CCYYMMDD	
0180	0180	Employee Resided in AZ on Hire Date 6	1	A	332-1, Line 6d "X" if yes or blank.	
0185	0185	Brief description of job duties 6	40	A/N	332-1, Line 6e	
0190	0190	Total hours worked this year 6	15	N	332-1, Line 6f	

0195	0195	Employee Name 7	25	A/N	332-1, Line 7a Name of first qualifying employee.	
0200	0200	Employee SSN 7	9	N	332-1, Line 7b	
0205	0205	Employee Hire Date 7	8	N	332-1, Line 7c CCYYMMDD	
0210	0210	Employee Resided in AZ on Hire Date 7	1	A	332-1, Line 7d "X" if yes or blank.	
0215	0215	Brief description of job duties 7	40	A/N	332-1, Line 7e	
0220	0220	Total hours worked this year 7	15	N	332-1, Line 7f	
0225	0225	Employee Name 8	25	A/N	332-1, Line 7a Name of first qualifying employee.	
0230	0230	Employee SSN 8	9	N	332-1, Line 8b	
0235	0235	Employee Hire Date 8	8	N	332-1, Line 8c CCYYMMDD	
0240	0240	Employee Resided in AZ on Hire Date 8	1	A	332-1, Line 8d "X" if yes or blank.	
0245	0245	Brief description of job duties 8	40	A/N	332-1, Line 8e	
0250	0250	Total hours worked this year 8	15	N	332-1, Line 8f	
0255	0255	Employee Name 9	25	A/N	332-1, Line 9a Name of first qualifying employee.	
0260	0260	Employee SSN 9	9	N	332-1, Line 9b	
0265	0265	Employee Hire Date 9	8	N	332-1, Line 9c CCYYMMDD	
0270	0270	Employee Resided in AZ on Hire Date 9	1	A	332-1, Line 9d "X" if yes or blank.	
0275	0275	Brief description of job duties 9	40	A/N	332-1, Line 9e	
0280	0280	Total hours worked this year 9	15	N	332-1, Line 9f	
0285	0285	Employee Name 10	25	A/N	332-1, Line 10a Name of first qualifying employee.	
0290	0290	Employee SSN 10	9	N	332-1, Line 10b	
0295	0295	Employee Hire Date 10	8	N	332-1, Line 10c CCYYMMDD	
0300	0300	Employee Resided in AZ on Hire Date 10	1	A	332-1, Line 10d "X" if yes or blank.	
0305	0305	Brief description of job duties 10	40	A/N	332-1, Line 10e	
0310	0310	Total hours worked this year 10	15	N	332-1, Line 10f	

Unformatted Record – Arizona Form 332-2 Credit for Healthly Forest Enterprises						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
	0010	Record ID	26	A/N	Value "FRMb332-2b01PG01b(9n)* Note: (9n=Primary SSN)	**8/28/2006**
	0015	Employee Name 1	25	A/N	332-2, Line 1a Name of first qualifying employee.	
	0020	Employee SSN 1	9	N	332-2, Line 1b	
	0025	Year of employee 1	1	A	332-2, Line 1c1 "X" if yes or blank.	
	0030	Year of employee 1	1	A	332-2, Line 1c2 "X" if yes or blank.	
	0035	Year of employee 1	1	A	332-2, Line 1c3 "X" if yes or blank	
	0040	Current year wages paid to employee 1	15	N	332-2, Line 1d	
	0045	Lesser of line 1d or $2000	15	N	332-2, Line 1e1	
	0050	Lesser of line 1d or $3000	15	N	332-2, Line 1e2	
	0055	Lesser of line 1d or $3000	15	N	332-2, Line 1e3	
	0060	Employee Name 2	25	A/N	332-2, Line 2a Name of first qualifying employee.	
	0065	Employee SSN 2	9	N	332-2, Line 2b	
	0070	Year of employee 2	1	A	332-2, Line 2c1 "X" if yes or blank.	
	0075	Year of employee 2	1	A	332-2, Line 2c2 "X" if yes or blank.	
	0080	Year of employee 2	1	A	332-2, Line 2c3 "X" if yes or blank	
	0085	Current year wages paid to employee 2	15	N	332-2, Line 2d	
	0090	Lesser of line 2d or $2000	15	N	332-2, Line 2e1	
	0095	Lesser of line 2d or $3000	15	N	332-2, Line 2e2	
	0100	Lesser of line 2d or $3000	15	N	332-2, Line 2e3	
	0105	Employee Name 3	25	A/N	332-2, Line 3a Name of first qualifying employee.	
	0110	Employee SSN 3	9	N	332-2, Line 3b	
	0115	Year of employee 3	1	A	332-2, Line 3c1 "X" if yes or blank.	
	0120	Year of employee 3	1	A	332-2, Line 3c2 "X" if yes or blank.	
	0125	Year of employee 3	1	A	332-2, Line 3c3 "X" if yes or blank	
	0130	Current year wages paid to employee 3	15	N	332-2, Line 3d	
	0135	Lesser of line 3d or $2000	15	N	332-2, Line 3e1	
	0140	Lesser of line 3d or $3000	15	N	332-2, Line 3e2	
	0145	Lesser of line 3d or $3000	15	N	332-2, Line 3e3	
	0150	Employee Name 4	25	A/N	332-2, Line 4a Name of first qualifying employee.	
	0155	Employee SSN 4	9	N	332-2, Line 4b	
	0160	Year of employee 4	1	A	332-2, Line 4c1 "X" if yes or blank.	
	0165	Year of employee 4	1	A	332-2, Line 4c2 "X" if yes or blank.	
	0170	Year of employee 4	1	A	332-2, Line 4c3 "X" if yes or blank	
	0175	Current year wages paid to employee 4	15	N	332-2, Line 4d	
	0180	Lesser of line 4d or $2000	15	N	332-2, Line 4e1	
	0185	Lesser of line 4d or $3000	15	N	332-2, Line 4e2	
	0190	Lesser of line 4d or $3000	15	N	332-2, Line 4e3	

	0195	Employee Name 5	25	A/N	332-2, Line 5a Name of first qualifying employee.	
	0200	Employee SSN 5	9	N	332-2, Line 5b	
	0205	Year of employee 5	1	A	332-2, Line 5c1 "X" if yes or blank.	
	0210	Year of employee 5	1	A	332-2, Line 5c2 "X" if yes or blank.	
	0215	Year of employee 5	1	A	332-2, Line 5c3 "X" if yes or blank	
	0220	Current year wages paid to employee 5	15	N	332-2, Line 5d	
	0225	Lesser of line 5d or $2000	15	N	332-2, Line 5e1	
	0230	Lesser of line 5d or $3000	15	N	332-2, Line 5e2	
	0235	Lesser of line 5d or $3000	15	N	332-2, Line 5e3	
	0240	Employee Name 6	25	A/N	332-2, Line 6a Name of first qualifying employee.	
	0245	Employee SSN 6	9	N	332-2, Line 6b	
	0250	Year of employee 6	1	A	332-2, Line 6c1 "X" if yes or blank.	
	0255	Year of employee 6	1	A	332-2, Line 6c2 "X" if yes or blank.	
	0260	Year of employee 6	1	A	332-2, Line 6c3 "X" if yes or blank	
	0265	Current year wages paid to employee 6	15	N	332-2, Line 6d	
	0270	Lesser of line 6d or $2000	15	N	332-2, Line 6e1	
	0275	Lesser of line 6d or $3000	15	N	332-2, Line 6e2	
	0280	Lesser of line 6d or $3000	15	N	332-2, Line 6e3	
	0285	Employee Name 7	25	A/N	332-2, Line 7a Name of first qualifying employee.	
	0290	Employee SSN 7	9	N	332-2, Line 7b	
	0295	Year of employee 7	1	A	332-2, Line 7c1 "X" if yes or blank.	
	0300	Year of employee 7	1	A	332-2, Line 7c2 "X" if yes or blank.	
	0305	Year of employee 7	1	A	332-2, Line 7c3 "X" if yes or blank	
	0310	Current year wages paid to employee 7	15	N	332-2, Line 7d	
	0315	Lesser of line 7d or $2000	15	N	332-2, Line 7e1	
	0320	Lesser of line 7d or $3000	15	N	332-2, Line 7e2	
	0325	Lesser of line 7d or $3000	15	N	332-2, Line 7e3	
	0330	Employee Name 8	25	A/N	332-2, Line 8a Name of first qualifying employee.	
	0335	Employee SSN 8	9	N	332-2, Line 8b	
	0340	Year of employee 8	1	A	332-2, Line 8c1 "X" if yes or blank.	
	0345	Year of employee 8	1	A	332-2, Line 8c2 "X" if yes or blank.	
	0350	Year of employee 8	1	A	332-2, Line 8c3 "X" if yes or blank	
	0355	Current year wages paid to employee 8	15	N	332-2, Line 8d	
	0360	Lesser of line 8d or $2000	15	N	332-2, Line 8e1	
	0365	Lesser of line 8d or $3000	15	N	332-2, Line 8e2	
	0370	Lesser of line 8d or $3000	15	N	332-2, Line 8e3	

	0375	Employee Name 9	25	A/N	332-2, Line 9a Name of first qualifying employee.	
	0380	Employee SSN 9	9	N	332-2, Line 9b	
	0385	Year of employee 9	1	A	332-2, Line 9c1 "X" if yes or blank.	
	0390	Year of employee 9	1	A	332-2, Line 9c2 "X" if yes or blank.	
	0395	Year of employee 9	1	A	332-2, Line 9c3 "X" if yes or blank	
	0400	Current year wages paid to employee 9	15	N	332-2, Line 9d	
	0405	Lesser of line 9d or $2000	15	N	332-2, Line 9e1	
	0410	Lesser of line 9d or $3000	15	N	332-2, Line 9e2	
	0415	Lesser of line 9d or $3000	15	N	332-2, Line 9e3	
	0420	Employee Name 10	25	A/N	332-2, Line 10a Name of first qualifying employee.	
	0425	Employee SSN 10	9	N	332-2, Line 10b	
	0430	Year of employee 10	1	A	332-2, Line 10c1 "X" if yes or blank.	
	0435	Year of employee 10	1	A	332-2, Line 10c2 "X" if yes or blank.	
	0440	Year of employee 10	1	A	332-2, Line 10c3 "X" if yes or blank	
	0445	Current year wages paid to employee 10	15	N	332-2, Line 10d	
	0450	Lesser of line 10d or $2000	15	N	332-2, Line 10e1	
	0455	Lesser of line 10d or $3000	15	N	332-2, Line 10e2	
	0460	Lesser of line 10d or $3000	15	N	332-2, Line 10e3	
	0465	1st Year employees	15	N	332-2, Line 11c1 Total number of "X" in column c1	
	0470	2nd Year employees	15	N	332-2, Line 11c2 Total number of "X" in column c2	
	0475	3rd Year employees	15	N	332-2, Line 11c3 Total number of "X" in column c3	
	0480	Total current year wages	15	N	332-2, Line 11d Total of column d	
	0485	Allowable year 1 wages	15	N	332-2, Line 11e1 Total of column e1	
	0490	Allowable year 2 wages	15	N	332-2, Line 11e2 Total of column e2	
	0495	Allowable year 3 wages	15	N	332-2, Line 11e3 Total of column e3	

Unformatted Record – Arizona Form 333 Credit for Employing National Guard Members						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
	0010	Record ID	26	A/N	Value "FRMb333bbb01PG01b(9n)* Note: (9n=Primary SSN)	8/28/2006
	0015	Business name	40	A/N	333, Part I, Line 1	NEW
	0020	Business Address	40	A/N	333, Part I, Line 2	NEW
	0025	Business City, State, Zip	40	A/N	333, Part I, Line 2	NEW
	0030	FEIN	9	N	333, Part I, Line 3	NEW
	0035	Qualifying employees placed on active duty during the current taxable year	10	N	333, Part II, Line 4	NEW
	0040	Credit per employee	10	N	333, Part II, Line 5 Value = "1000"	NEW
	0045	Credit Computation	10	N	333, Part II, Line 6 Multiply line 4 by the amount on line 5	NEW
	0050	S Corp Irrevocable Election for TYE	8	DT	33, Part III, , Line 7 CCYYMMDD or blank	NEW
	0055	Claim or Pass	1	A	33, Part III, Line 7 "C" = Claim "P" = Pass or blank	NEW
	0060	Name of shareholder	40	A/N	333, Part III, Line 8	NEW
	0065	Shareholder's TIN	9	N	333, Part III, Line 9	NEW
	0070	Shareholder's share of CR	10	N	333, Part III, Line 10	NEW
	0075	Name of partner	40	A/N	333, Part IV, Line 11	NEW
	0080	Partner's TIN	9	N	333, Part IV, Line 12	NEW
	0085	Partner's share	10	N	333, Part IV, Line 13	NEW
NOTE: Since 2006 is the first year for this credit, do not use lines 14 through 19 when completing the 2006 Arizona Form 333.						
	0090	Taxable Yr	4	N	333, Part V, Line 14a CCYY	NEW
	0095	Original Credit Amount	10	N	333, Part V, Line 14b	NEW
	0100	Amount Previously Used	10	N	333, Part V, Line 14c	NEW
	0105	Available Carryover	10	N	333, Part V, Line 14d	NEW
	0110	Taxable Yr	4	N	333, Part V, Line 15a CCYY	NEW
	0115	Original Credit Amount	10	N	333, Part V, Line 15b	NEW
	0120	Amount Previously Used	10	N	333, Part V, Line 15c	NEW
	0125	Available Carryover	10	N	333, Part V, Line 15d	NEW
	0130	Taxable Yr	4	N	333, Part V, Line 16a CCYY	NEW
	0135	Original Credit Amount	10	N	333, Part V, Line 16b	NEW
	0140	Amount Previously Used	10	N	333, Part V, Line 16c	NEW
	0145	Available Carryover	10	N	333, Part V, Line 16d	NEW
	0150	Taxable Yr	4	N	333, Part V, Line 17a CCYY	NEW
	0155	Original Credit Amount	10	N	333, Part V, Line 17b	NEW
	0160	Amount Previously Used	10	N	333, Part V, Line 17c	NEW
	0165	Available Carryover	10	N	333, Part V, Line 17d	NEW
	0170	Taxable Yr	4	N	333, Part V, Line 18a CCYY	NEW
	0175	Original Credit Amount	10	N	333, Part V, Line 18b	NEW
	0180	Amount Previously Used	10	N	333, Part V, Line 18c	NEW
	0185	Available Carryover	10	N	333, Part V, Line 18d	NEW
	0190	Total Available Carryover	10	N	333, Part V, Line 19	NEW
	0195	Current Yr CR	10	N	333, Part VI, Line 20	NEW
	0200	Available CR Carryover	10	N	333, Part VI, Line 21	NEW
	0205	Total Available CR	10	N	333, Part VI, Line 22	NEW

Unformatted Record – Arizona Form 334 Credit for Motion Picture Production Costs						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
	0010	**Record ID**	**26**	**A/N**	**Value "FRMb334bbb01PG01b(9n)* Note: (9n=Primary SSN)**	**9/20/2006**
	0015	**Name of individual who will maintain records of AZ expenditures**	**40**	**A/N**	**334, Part I**	**NEW**
	0020	**Address of individual who will maintain records**	**40**	**A/N**	**334, Part I**	**NEW**
	0025	**City, State, Zip of individual who will maintain records**	**40**	**A/N**	**334, Part I**	**NEW**
	0030	**Phone Number of individual who will maintain records**	**12**	**N**	**334, Part I**	**NEW**
	0035	**DOC Pre Approval Date 1**	**8**	**DT**	**334, Part II, Line 1 Column a1**	**NEW**
	0040	**DOC Pre Approval Date 2**	**8**	**DT**	**334, Part II, Line 2 Column a1**	**NEW**
	0045	**DOC Pre Approval Date 3**	**8**	**DT**	**334, Part II, Line 3 Column a1**	**NEW**
	0050	**DOC Pre Approval Date 4**	**8**	**DT**	**334, Part II, Line 4 Column a1**	**NEW**
	0055	**DOC Pre Approval Date 5**	**8**	**DT**	**334, Part II, Line 5 Column a1**	**NEW**
	0060	**DOC Post Approval Date 1**	**8**	**DT**	**334, Part II, Line 1 Column a2**	**NEW**
	0065	**DOC Post Approval Date 2**	**8**	**DT**	**334, Part II, Line 2 Column a2**	**NEW**
	0070	**DOC Post Approval Date 3**	**8**	**DT**	**334, Part II, Line 3 Column a2**	**NEW**
	0075	**DOC Post Approval Date 4**	**8**	**DT**	**334, Part II, Line 4 Column a2**	**NEW**
	0080	**DOC Post Approval Date 5**	**8**	**DT**	**334, Part II, Line 5 Column a2**	**NEW**
	0085	**Approval Number 1**	**16**	**A/N**	**334, Part II, Line 1 Column a3**	**NEW**
	0090	**Approval Number 2**	**16**	**A/N**	**334, Part II, Line 2 Column a3**	**NEW**
	0095	**Approval Number 3**	**16**	**A/N**	**334, Part II, Line 3 Column a3**	**NEW**
	0100	**Approval Number 4**	**16**	**A/N**	**334, Part II, Line 4 Column a3**	**NEW**
	0105	**Approval Number 5**	**16**	**A/N**	**334, Part II, Line 5 Column a3**	**NEW**
	0110	**Approved Credit Amount 1**	**10**	**N**	**334, Part II, Line 1 Column b**	**NEW**
	0115	**Approved Credit Amount 2**	**10**	**N**	**334, Part II, Line 2 Column b**	**NEW**
	0120	**Approved Credit Amount 3**	**10**	**N**	**334, Part II, Line 3 Column b**	**NEW**
	0125	**Approved Credit Amount 4**	**10**	**N**	**334, Part II, Line 4 Column b**	**NEW**
	0130	**Approved Credit Amount 5**	**10**	**N**	**334, Part II, Line 5 Column b**	**NEW**
	0135	**Subtotal of credit**	**10**	**N**	**334, Part II, Line 6 Column b**	**NEW**
	0140	**Aggregate Total**	**10**	**N**	**334, Part II, Line 7 Column b**	**NEW**
	0145	**Total**	**10**	**N**	**334, Part II, Line 8 Column b**	**NEW**
	0150	**Original Credit this year**	**10**	**N**	**334, Part II, Line 9**	**NEW**
	0155	**Credits Transferred**	**10**	**N**	**334, Part II, Line 10**	**NEW**
	0160	**Subtotal this year**	**10**	**N**	**334, Part II, Line 11**	**NEW**
	0165	**Credits Transferred to others**	**10**	**N**	**334, Part II, Line 12**	**NEW**
	0170	**Available Credit**	**10**	**N**	**334, Part II, Line 13**	**NEW**
	0175	**TaxYear End**	**8**	**DT**	**334, Part II, Line 14**	**NEW**
	0180	**Claim or Pass Credit**	**1**	**A**	**334, Part II, Line 14 "C" = Claim "P" = Pass or blank**	**NEW**
	0185	**Name of Shareholder**	**40**	**A/N**	**334, Part II, Line 15**	**NEW**
	0190	**Shareholder TIN**	**9**	**N**	**334, Part II, Line 16**	**NEW**
	0195	**Shareholders Share of Credit**	**10**	**N**	**334, Part II, Line 17**	**NEW**
	0200	**Name of partner**	**40**	**A/N**	**334, Part II, Line 18**	**NEW**
	0205	**Partner's TIN**	**9**	**N**	**334, Part II, Line 19**	**NEW**
	0210	**Partner's share**	**10**	**N**	**334, Part II, Line 20**	**NEW**

	0215	Carryover Tax Year Ending 1	4	N	334, Part II, Line 21, Column A	NEW
	0220	Carryover Tax Year Ending 2	4	N	334, Part II, Line 21, Column B	NEW
	0225	Carryover Tax Year Ending 3	4	N	334, Part II, Line 21, Column C	NEW
	0230	Carryover Tax Year Ending 4	4	N	334, Part II, Line 21, Column D	NEW
	0235	Carryover Tax Year Ending 5	4	N	334, Part II, Line 21, Column E	NEW
	0240	Original Credit Amount 1	10	N	334, Part II, Line 22, Column A	NEW
	0245	Original Credit Amount 2	10	N	334, Part II, Line 22, Column B	NEW
	0250	Original Credit Amount 3	10	N	334, Part II, Line 22, Column C	NEW
	0255	Original Credit Amount 4	10	N	334, Part II, Line 22, Column D	NEW
	0260	Original Credit Amount 5	10	N	334, Part II, Line 22, Column E	NEW
	0265	Credit Transfer Received 1	10	N	334, Part II, Line 23, Column A	NEW
	0270	Credit Transfer Received 2	10	N	334, Part II, Line 23, Column B	NEW
	0275	Credit Transfer Received 3	10	N	334, Part II, Line 23, Column C	NEW
	0280	Credit Transfer Received 4	10	N	334, Part II, Line 23, Column D	NEW
	0285	Credit Transfer Received 5	10	N	334, Part II, Line 23, Column E	NEW
	0290	Available Credit 1	10	N	334, Part II, Line 24, Column A	NEW
	0295	Available Credit 2	10	N	334, Part II, Line 24, Column B	NEW
	0300	Available Credit 3	10	N	334, Part II, Line 24, Column C	NEW
	0305	Available Credit 4	10	N	334, Part II, Line 24, Column D	NEW
	0310	Available Credit 5	10	N	334, Part II, Line 24, Column E	NEW
	0315	Amount Previously Used 1	10	N	334, Part II, Line 25, Column A	NEW
	0320	Amount Previously Used 2	10	N	334, Part II, Line 25, Column B	NEW
	0325	Amount Previously Used 3	10	N	334, Part II, Line 25, Column C	NEW
	0330	Amount Previously Used 4	10	N	334, Part II, Line 25, Column D	NEW
	0335	Amount Previously Used 5	10	N	334, Part II, Line 25, Column E	NEW
	0340	Credit Transferred others 1	10	N	334, Part II, Line 26, Column A	NEW
	0345	Credit Transferred others 2	10	N	334, Part II, Line 26, Column B	NEW
	0350	Credit Transferred others 3	10	N	334, Part II, Line 26, Column C	NEW
	0355	Credit Transferred others 4	10	N	334, Part II, Line 26, Column D	NEW
	0360	Credit Transferred others 5	10	N	334, Part II, Line 26, Column E	NEW
	0365	Amount Unallowable 1	10	N	334, Part II, Line 27, Column A	NEW
	0370	Amount Unallowable 2	10	N	334, Part II, Line 27, Column B	NEW
	0375	Amount Unallowable 3	10	N	334, Part II, Line 27, Column C	NEW
	0380	Amount Unallowable 4	10	N	334, Part II, Line 27, Column D	NEW
	0385	Amount Unallowable 5	10	N	334, Part II, Line 27, Column E	NEW
	0390	Available Carryover 1	10	N	334, Part II, Line 28, Column A	NEW
	0395	Available Carryover 2	10	N	334, Part II, Line 28, Column B	NEW
	0400	Available Carryover 3	10	N	334, Part II, Line 28, Column C	NEW
	0405	Available Carryover 4	10	N	334, Part II, Line 28, Column D	NEW
	0410	Available Carryover 5	10	N	334, Part II, Line 28, Column E	NEW
	0415	Total Available Carryover	10	N	334, Part II, Line 29	NEW
	0420	Current Yr CR	10	N	334, Part II, Line 30	NEW
	0425	Available CR Carryover	10	N	334, Part II, Line 31	NEW
	0430	Total Available CR	10	N	334, Part II, Line 32	NEW

Unformatted Record – Arizona Form 334-1 Schedule of Credit Transferees						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
	0010	**Record ID**	**26**	**A/N**	**Value "FRMb3341bb01PG01b(9n)* Note: (9n=Primary SSN)**	**9/20/2006**
	0015	**Transferor Info Name 1**	**40**	**A/N**	**334-1, Part I, Line 1, Column a1**	**NEW**
	0020	**Transferor Info Name 2**	**40**	**A/N**	**334-1, Part I, Line 2, Column a1**	**NEW**
	0025	**Transferor Info Name 3**	**40**	**A/N**	**334-1, Part I, Line 3, Column a1**	**NEW**
	0030	**Transferor Info Name 4**	**40**	**A/N**	**334-1, Part I, Line 4, Column a1**	**NEW**
	0035	**Transferor Info TIN 1**	**9**	**N**	**334-1, Part I, Line 1, Column a2**	**NEW**
	0040	**Transferor Info TIN 2**	**9**	**N**	**334-1, Part I, Line 2, Column a2**	**NEW**
	0045	**Transferor Info TIN 3**	**9**	**N**	**334-1, Part I, Line 3, Column a2**	**NEW**
	0050	**Transferor Info TIN 4**	**9**	**N**	**334-1, Part I, Line 4, Column a2**	**NEW**
	0055	**MP Production Company Info Name 1**	**40**	**A/N**	**334-1, Part I, Line 1, Column b1**	**NEW**
	0060	**MP Production Company Info Name 2**	**40**	**A/N**	**334-1, Part I, Line 2, Column b1**	**NEW**
	0065	**MP Production Company Info Name 3**	**40**	**A/N**	**334-1, Part I, Line 3, Column b1**	**NEW**
	0070	**MP Production Company Info Name 4**	**40**	**A/N**	**334-1, Part I, Line 4, Column b1**	**NEW**
	0075	**MP Production Company Info TIN 1**	**9**	**N**	**334-1, Part I, Line 1, Column b2**	**NEW**
	0080	**MP Production Company Info TIN 2**	**9**	**N**	**334-1, Part I, Line 2, Column b2**	**NEW**
	0085	**MP Production Company Info TIN 3**	**9**	**N**	**334-1, Part I, Line 3, Column b2**	**NEW**
	0090	**MP Production Company Info TIN 4**	**9**	**N**	**334-1, Part I, Line 4, Column b2**	**NEW**
	0095	**DOC Approval Number 1**	**16**	**A/N**	**334-1, Part I, Line 1, Column c**	**NEW**
	0100	**DOC Approval Number 2**	**16**	**A/N**	**334-1, Part I, Line 2, Column c**	**NEW**
	0105	**DOC Approval Number 3**	**16**	**A/N**	**334-1, Part I, Line 3, Column c**	**NEW**
	0110	**DOC Approval Number 4**	**16**	**A/N**	**334-1, Part I, Line 4, Column c**	**NEW**
	0115	**Transfer Date 1**	**8**	**DT**	**334-1, Part I, Line 1, Column d**	**NEW**
	0120	**Transfer Date 2**	**8**	**DT**	**334-1, Part I, Line 2, Column d**	**NEW**
	0125	**Transfer Date 3**	**8**	**DT**	**334-1, Part I, Line 3, Column d**	**NEW**
	0130	**Transfer Date 4**	**8**	**DT**	**334-1, Part I, Line 4, Column d**	**NEW**
	0135	**Amount Received 1**	**10**	**N**	**334-1, Part I, Line 1, Column e**	**NEW**
	0140	**Amount Received 2**	**10**	**N**	**334-1, Part I, Line 2, Column e**	**NEW**
	0145	**Amount Received 3**	**10**	**N**	**334-1, Part I, Line 3, Column e**	**NEW**
	0150	**Amount Received 4**	**10**	**N**	**334-1, Part I, Line 4, Column e**	**NEW**
	0155	**Total credit Transferred**	**10**	**N**	**334-1, Part I, Line 5, Column e**	**NEW**
	0160	**Original Production Company Info Name 1**	**40**	**A/N**	**334-1, Part II, Line 6, Column a1**	**NEW**
	0165	**Original Production Company Info Name 2**	**40**	**A/N**	**334-1, Part II, Line 7, Column a1**	**NEW**
	0170	**Original Production Company Info Name 3**	**40**	**A/N**	**334-1, Part II, Line 8, Column a1**	**NEW**
	0175	**Original Production Company Info Name 4**	**40**	**A/N**	**334-1, Part II, Line 9, Column a1**	**NEW**
	0180	**Original Production Company Info TIN 1**	**9**	**N**	**334-1, Part II, Line 6, Column a2**	**NEW**
	0185	**Original Production Company Info TIN 2**	**9**	**N**	**334-1, Part II, Line 7, Column a2**	**NEW**
	0190	**Original Production Company Info TIN 3**	**9**	**N**	**334-1, Part II, Line 8, Column a2**	**NEW**
	0195	**Original Production Company Info TIN 4**	**9**	**N**	**334-1, Part II, Line 9, Column a2**	**NEW**

	0200	DOC Approval Number 1	16	A/N	334-1, Part II, Line 6, Column b	NEW
	0205	DOC Approval Number 2	16	A/N	334-1, Part II, Line 7, Column b	NEW
	0210	DOC Approval Number 3	16	A/N	334-1, Part II, Line 8, Column b	NEW
	0215	DOC Approval Number 4	16	A/N	334-1, Part II Line 9, Column b	NEW
	0220	Credit Transferred 1	40	A/N	334-1, Part II, Line 6, Column c1	NEW
	0225	Credit Transferred 2	40	A/N	334-1, Part II, Line 7, Column c1	NEW
	0230	Credit Transferred 3	40	A/N	334-1, Part II, Line 8, Column c1	NEW
	0235	Credit Transferred 4	40	A/N	334-1, Part II, Line 9, Column c1	NEW
	0240	Credit Transferred TIN 1	9	N	334-1, Part II, Line 6, Column c2	NEW
	0245	Credit Transferred TIN 2	9	N	334-1, Part II, Line 7, Column c2	NEW
	0250	Credit Transferred TIN 3	9	N	334-1, Part II, Line 8, Column c2	NEW
	0255	Credit Transferred TIN 4	9	N	334-1, Part II, Line 9, Column c2	NEW
	0260	Credit Transferred Date 1	8	DT	334-1, Part II, Line 6, Column d	NEW
	0265	Credit Transferred Date 2	8	DT	334-1, Part II, Line 7, Column d	NEW
	0270	Credit Transferred Date 3	8	DT	334-1, Part II, Line 8, Column d	NEW
	0275	Credit Transferred Date 4	8	DT	334-1, Part II, Line 9, Column d	NEW
	0280	Latest Taxable Year Applied Credit 1	4	N	334-1, Part II, Line 6, Column e	NEW
	0285	Latest Taxable Year Applied Credit 2	4	N	334-1, Part II, Line 7, Column e	NEW
	0290	Latest Taxable Year Applied Credit 3	4	N	334-1, Part II, Line 8, Column e	NEW
	0295	Latest Taxable Year Applied Credit 4	4	N	334-1, Part II, Line 9, Column e	NEW
	0300	Credit Available for Transfer 1	10	N	334-1, Part II, Line 6, Column f	NEW
	0305	Credit Available for Transfer 2	10	N	334-1, Part II, Line 7, Column f	NEW
	0310	Credit Available for Transfer 3	10	N	334-1, Part II, Line 8, Column f	NEW
	0315	Credit Available for Transfer 4	10	N	334-1, Part II, Line 9, Column f	NEW
	0320	Credit Available for Transfer 5	10	N	334-1, Part II, Line 10, Column f	NEW
	0325	Amount Credit Transferred 1	10	N	334-1, Part II, Line 6, Column g	NEW
	0330	Amount Credit Transferred 2	10	N	334-1, Part II, Line 7, Column g	NEW
	0335	Amount Credit Transferred 3	10	N	334-1, Part II, Line 8, Column g	NEW
	0340	Amount Credit Transferred 4	10	N	334-1, Part II, Line 9, Column g	NEW
	0345	Amount Credit Transferred 5	10	N	334-1, Part II, Line 10, Column g	NEW
	0350	Credit Balance 1	10	N	334-1, Part II, Line 6, Column h	NEW
	0355	Credit Balance 2	10	N	334-1, Part II, Line 7, Column h	NEW
	0360	Credit Balance 3	10	N	334-1, Part II, Line 8, Column h	NEW
	0365	Credit Balance 4	10	N	334-1, Part II, Line 9, Column h	NEW
	0370	Credit Balance 5	10	N	334-1, Part II, Line 10, Column h	NEW

Unformatted Record – Arizona Form 336 Credit for Solar Energy Devices – Commercial and Industrial Applications						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
	0010	Record ID	26	A/N	Value "FRMb333bbb01PG01b(9n)* Note: (9n=Primary SSN)	9/20/2006
	0015	Application and certification from AZ Department of Commerce	1	A	Form 336, Part I, Line 1 Must be "Y" or ineligible for credit	New
	0020	Credit Certificate after installation from AZ Department of Commerce	1	A	Form 336, Part I, Line 2 Must be "Y" or ineligible for credit	New
	0025	Number of devices installed during year	10	N	Form 336, Part II, Line 3	New
	0030	Number of buildings on which a solar energy device was installed	10	N	Form 336, Part II, Line 4	New
	0035	Building 1: Street Address	40	A/N	Form 336, Part II, Line 5a	New
	0040	Building 1: City, State, Zip	40	A/N	Form 336, Part II, Line 5a	New
	0045	Building 2: Street Address	40	A/N	Form 336, Part II, Line 5b	New
	0050	Building 2: City, State, Zip	40	A/N	Form 336, Part II, Line 5b	New
	0055	Building 3: Street Address	40	A/N	Form 336, Part II, Line 5c	New
	0060	Building 3: City, State, Zip	40	A/N	Form 336, Part II, Line 5c	New
	0065	Building 1: Certificate Number	25	A/N	Form 336, Part II, Line 6a	New
	0070	Building 2: Certificate Number	25	A/N	Form 336, Part II, Line 6b	New
	0075	Building 3: Certificate Number	25	A/N	Form 336, Part II, Line 6c	New
	0080	Building 1: Installed Cost	10	N	Form 336, Part II, Line 7a	New
	0085	Building 2: Installed Cost	10	N	Form 336, Part II, Line 7b	New
	0090	Building 3: Installed Cost	10	N	Form 336, Part II, Line 7c	New
	0095	Building 1: Credit Factor	3	A/N	Form 336, Part II, Line 8a Value = .10 (10%)	New
	0100	Building 2: Credit Factor	3	A/N	Form 336, Part II, Line 8b Value = .10 (10%)	New
	0105	Building 3: Credit Factor	3	A/N	Form 336, Part II, Line 8c Value = .10 (10%)	New
	0110	Building 1: Potential CR	10	N	Form 336, Part II, Line 9a Line 7a x Line 8a	New
	0115	Building 2: Potential CR	10	N	Form 336, Part II, Line 9b Line 7b x Line 8b	New
	0120	Building 3: Potential CR	10	N	Form 336, Part II, Line 9c Line 7c x Line 8c	New
	0125	Building 1: Maximum CR	10	N	Form 336, Part II, Line 10a Value = 25000	New
	0130	Building 2: Maximum CR	10	N	Form 336, Part II, Line 10b Value = 25000	New
	0135	Building 3: Maximum CR	10	N	Form 336, Part II, Line 10c Value = 25000	New
	0140	Building 1: Allowable CR	10	N	Form 336, Part II, Line 11a Lesser of Line 9a or Line 10a	New
	0145	Building 2: Allowable CR	10	N	Form 336, Part II, Line 11b Lesser of Line 9b or Line 10b	New
	0150	Building 3: Allowable CR	10	N	Form 336, Part II, Line 11c Lesser of Line 9c or Line 10c	New

	0155	Total on this page	10	N	Form 336, Part II, Line 12 Add Lines 11a, 11b, and 11c	New
	0160	Total from continuation sheets	10	N	Form 336, Part II, Line 13 Add all Line 12 from multiple Forms 336, if any	New
	0165	Total all sheets	10	N	Form 336, Part II, Line 14 Add Lines 12 and 13	New
	0170	Maximum CR combined	10	N	Form 336, Part II, Line 15 Value = "50000"	New
	0175	Allowable combined CR	10	N	Form 336, Part II, Line 16 Lesser of Line 14 or Line 15	New
	0180	Credit Limitation	10	N	Form 336, Part III, Line 17 Subtract Line 16 from Line 15.	New
	0185	Credits Transferred to Third Party Financier	10	N	Form 336, Part III, Line 18	New
	0190	Allowable Credit to Third Party Financier	10	N	Form 336, Part III, Line 19	New
	0195	Irrevocable election for the taxable year ending	8	N	Form 336, Part IV, Line 20 CCYYMMDD	New
	0200	Claim or Pass	1	A	Form 336, Part IV, Line 20 "C" = Claim "P" = Pass or blank	New
	0205	Name of third party	40	A/N	Form 336, Part IV, Line 21	New
	0210	Third party TIN	9	N	Form 336, Part IV, Line 22	New
	0215	Commerce Credit Certificate Number for the financed device	16	A/N	Form 336, Part IV, Line 23	New
	0220	CR to be transferred to third party	10	N	Form 336, Part IV, Line 24	New
	0225	Total CR to be transferred to third parties	10	N	Form 336, Part IV, Line 25	New
	0230	Amount from Part II, Line 16	10	N	Form 336, Part V, Line 26	New
	0235	Amount from Part III, Line 19	10	N	Form 336, Part V, Line 27	New
	0240	Add the amounts from Line 26 and Line 27	10	N	Form 336, Part V, Line 28	New
	0245	Amount from Part IV, Line 25	10	N	Form 336, Part V, Line 29	New
	0250	Subtract the amount on Line 29 from the amount on Line 28	10	N	Form 336, Part V, Line 30	New
	0255	S-Corp irrevocable election for the taxable year ending	8	N	Form 336, Part VI, Line 31 CCYYMMDD	New
	0260	S-Corp claim or Pass	1	A	Form 336, Part VI, Line 31 "C" = Claim "P" = Pass or blank	New
	0265	Name of shareholder	40	A/N	Form 336, Part VI, Line 32	New
	0270	Shareholders TIN	9	N	Form 336, Part VI, Line 33	New
	0275	Shareholder's share	10	N	Form 336, Part VI, Line 34	New

	0280	Name of Partner	40	A/N	Form 336, Part VII, Line 35	New
	0285	Partner's TIN	9	N	Form 336, Part VII, Line 36	New
	0290	Partner's share	10	N	Form 336, Part VII, Line 37	New
	0295	Carryover from 1st taxable year ending	8	N	Form 336, Part VIII, Line 38a CCYYMMDD	New
	0300	Original CR amount from 1st taxable year	10	N	Form 336, Part VIII, Line 38b	New
	0305	Amount previously used from 1st taxable year	10	N	Form 336, Part VIII, Line 38c	New
	0310	Available carryover from 1st taxable year	10	N	Form 336, Part VIII, Line 38d Subtract Column c from Column b	New
	0295	Carryover from 2nd taxable year ending	8	N	Form 336, Part VIII, Line 39a CCYYMMDD	New
	0300	Original CR amount from 2nd taxable year	10	N	Form 336, Part VIII, Line 39b	New
	0305	Amount previously used from 2nd taxable year	10	N	Form 336, Part VIII, Line 39c	New
	0310	Available carryover from 2nd taxable year	10	N	Form 336, Part VIII, Line 39d Subtract Column c from Column b	New
	0295	Carryover from 3rd taxable year ending	8	N	Form 336, Part VIII, Line 40a CCYYMMDD	New
	0300	Original CR amount from 3rd taxable year	10	N	Form 336, Part VIII, Line 40b	New
	0305	Amount previously used from 3rd taxable year	10	N	Form 336, Part VIII, Line 40c	New
	0310	Available carryover from 3rd taxable year	10	N	Form 336, Part VIII, Line 40d Subtract Column c from Column b	New
	0295	Carryover from 4th taxable year ending	8	N	Form 336, Part VIII, Line 41a CCYYMMDD	New
	0300	Original CR amount from 4th taxable year	10	N	Form 336, Part VIII, Line 41b	New
	0305	Amount previously used from 4th taxable year	10	N	Form 336, Part VIII, Line 41c	New
	0310	Available carryover from 4th taxable year	10	N	Form 336, Part VIII, Line 41d Subtract Column c from Column b	New
	0295	Carryover from 5th taxable year ending	8	N	Form 336, Part VIII, Line 42a CCYYMMDD	New
	0300	Original CR amount from 5th taxable year	10	N	Form 336, Part VIII, Line 42b	New
	0305	Amount previously used from 5th taxable year	10	N	Form 336, Part VIII, Line 42c	New
	0310	Available carryover from 5th taxable year	10	N	Form 336, Part VIII, Line 42d Subtract Column c from Column b	New
	0315	Total available carryover	10	N	Form 336, Part VIII, Line 43 Sum of Lines 38d, 39d, 40d, 41d, and 42d	New
	0320	Amount from Part V, Line 30	10	N	Form 336, Part IX, Line 44	New
	0325	Amount from Part VII, Line 43	10	N	Form 336, Part IX, Line 45	New
	0330	Total available CR	10	N	Form 336, Part IX, Line 46 Sum of Line 44 and Line 45	New

Unformatted Record – Arizona Statement 1, Dependent Overflow and Other Additions/Other Subtractions						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
	0010	Record ID	**29**	A/N	Value "{SCHb1bbbbb01bPG01b}(9n)* Note: (9n=Primary SSN)	**11/17/2006**
	0015	Dependent Name 7	25	A/N		**NEW**
	0020	Dependent SSN 7	9	N		**NEW**
	0025	Dependent Relation 7	11	A		**NEW**
	0030	Months in Home 7	2	N		**NEW**
	0035	Dependent Name 8	25	A/N		**NEW**
	0040	Dependent SSN 8	9	N		**NEW**
	0045	Dependent Relation 8	11	A		**NEW**
	0050	Months in Home 8	2	N		**NEW**
	0055	Dependent Name 9	25	A/N		**NEW**
	0060	Dependent SSN 9	9	N		**NEW**
	0065	Dependent Relation 9	11	A		**NEW**
	0070	Months in Home 9	2	N		**NEW**
	0075	Dependent Name 10	25	A/N		**NEW**
	0080	Dependent SSN 10	9	N		**NEW**
	0085	Dependent Relation 10	11	A		**NEW**
	0090	Months in Home 10	2	N		**NEW**
	0095	Dependent Name 11	25	A/N		**NEW**
	0100	Dependent SSN 11	9	N		**NEW**
	0105	Dependent Relation 11	11	A		**NEW**
	0110	Months in Home 11	2	N		**NEW**
	0115	Dependent Name 12	25	A/N		**NEW**
	0120	Dependent SSN 12	9	N		**NEW**
	0125	Dependent Relation 12	11	A		**NEW**
	0130	Months in Home 12	2	N		**NEW**
	0135	Dependent Name 13	25	A/N		**NEW**
	0140	Dependent SSN 13	9	N		**NEW**
	0145	Dependent Relation 13	11	A		**NEW**
	0150	Months in Home 13	2	N		**NEW**
	0155	Dependent Name 14	25	A/N		**NEW**
	0160	Dependent SSN 14	9	N		**NEW**
	0165	Dependent Relation 14	11	A		**NEW**
	0170	Months in Home 14	2	N		**NEW**
	0175	Dependent Name 15	25	A/N		**NEW 10/11/2006**
	0180	Dependent SSN 15	9	N		**NEW**
	0185	Dependent Relation 15	11	A		**NEW**
	0190	Months in Home 15	2	N		**NEW**

	0195	Dependent Name 16	25	A/N		**NEW**
	0200	Dependent SSN 16	9	N		**NEW**
	0205	Dependent Relation 16	11	A		**NEW**
	0210	Months in Home 16	2	N		**NEW**
	0215	Dependent Name 17	25	A/N		**NEW**
	0220	Dependent SSN 17	9	N		**NEW**
	0225	Dependent Relation 17	11	A		**NEW**
	0230	Months in Home 17	2	N		**NEW**
	0235	Parent Name 1	25	A/N		**NEW**
	0240	Parent SSN 1	9	N		**NEW**
	0245	Parent Relation 1	11	A		**NEW**
	0250	Parent months in home 1	2	N		**NEW**
	0255	Parent Name 2	25	A/N		**NEW**
	0260	Parent SSN 2	9	N		**NEW**
	0265	Parent Relation 2	11	A		**NEW**
	0270	Parent months in home 2	2	N		**NEW**
	0275	Parent Name 3	25	A/N		**NEW**
	0280	Parent SSN 3	9	N		**NEW**
	0285	Parent Relation 3	11	A		**NEW**
	0290	Parent months in home 3	2	N		**NEW**
	0295	Parent Name 4	25	A/N		**NEW**
	0300	Parent SSN 4	9	N		**NEW**
	0305	Parent Relation 4	11	A		**NEW**
	0310	Parent months in home 4	2	N		**NEW**
	0315	Other Additions Description 1	40	A/N		**NEW**
	0320	Other Additions Amount 1	10	N		**NEW**
	0325	Other Additions Description 2	40	A/N		**NEW**
	0330	Other Additions Amount 2	10	N		**NEW**
	0335	Other Additions Description 3	40	A/N		**NEW**
	0340	Other Additions Amount 3	10	N		**NEW**
	0345	Total Other Additions	10	N		**NEW**
	0350	Other Subtractions Description 1	40	A/N		**NEW**
	0355	Other Subtractions Amount 1	10	N		**NEW**
	0360	Other Subtractions Description 2	40	A/N		**NEW**
	0365	Other Subtractions Amount 2	10	N		**NEW**
	0370	Other Subtractions Description 3	40	A/N		**NEW**
	0375	Other Subtractions Amount 3	10	N		**NEW**
	0380	Total Other Subtractions	10	N		**NEW**

Unformatted Record – Arizona Statement 2, Preparer Notes and Miscellaneous						
TY 2005 FIELD	TY 2006 FIELD	FIELD NAME	LENGTH	TYPE	FIELD DESCRIPTION	CHANGE
	0010	Record ID	**29**	A/N	Value "{SCHb2bbbbb01bPG01b}(9n)* Note: (9n=Primary SSN)	**11/17/2006**
	0015	Notes	3500	A/N	Free-form text	**NEW**