

Form 304-1 (2011) Employees at Enterprise Zone Location

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

1 Employee name _____

2 Employee's taxpayer identification number (TIN) _____

3 Employee's residence address _____

4 What year is this employee? First Second Third Fourth or more

5a Is the residence address listed on line 3 inside or outside of an enterprise zone that is located in the same county in which the business is located? inside outside

5b If the answer on line 5a is inside, list the name of the enterprise zone in which the employee's residence address is located

6 Employee's residence address AT DATE OF HIRE _____

7a Is the residence address listed on line 6 inside or outside of an enterprise zone that is located in the same county in which the business is located? inside outside

7b If the answer on line 7a is inside, list the name of the enterprise zone in which the employee's residence address was located

8 Current date of employment _____

9a If employee was previously employed by the business, list the previous date of employment. (See instructions.)

9b If employee was previously employed by the business, list the date of separation _____

10a Is the employee in a permanent full time position? Yes No

10b If the answer to line 10a is yes, list the number of hours the employee actually worked during the taxable year (see instructions) _____

11a Employee's annual compensation for the taxable year \$ _____

11b Employee's hourly wage \$ _____ /hour

12a Total cost of health insurance provided by employer for employee. (See instructions.) \$ _____

12b Total cost of health insurance for employee paid by employer. (See instructions.) \$ _____

13 Is this employee in a new qualified employment position? Yes No

14a Has this employee been substituted for another employee in a qualified employment position? Yes No

14b If answer on line 14a is yes, list the date of substitution _____ and indicate whether the individual is a second year employee or a third year employee. See instructions before answering this question.

Check only one box. second year employee third year employee

Enterprise zone name _____ Zone location address _____

Name: _____

TIN: _____

(a) If the business has more than 7 employees in qualified employment positions, complete additional Form(s) 304-2. Arizona resident employee names and addresses	(b) Check the appropriate box. This employee is a: 1st year employee (b)1 2nd year employee (b)2 3rd year employee (b)3			(c) Wages paid to this employee during the current taxable year	(d) Maximum allowable wages: Enter the lesser of column (c) or the maximum allowed below. year 1 year 2 year 3 \$2,000 \$3,000 \$3,000 (d)1 (d)2 (d)3			(e) Limitation on total number of credits is 200 QEPs per taxpayer each year. See instructions before checking this box.
	1							
2								
3								
4								
5								
6								
7								
8	Total - Add lines 1 through 7, including only lines with checkmarks in column (e). Enter the total here.							