Credit for Employment of TANF Recipients

2006

For the calendar year 2006 or
fiscal year beginning |M,M|D,D|Y,Y,Y,Y| and ending |M,M|D,D|Y,Y,Y,Y|.

Attach to your return

NAME(S) AS SHOWN ON FORM 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X OR 165	YOUR SOCIAL SECURITY NO. OR FEDERAL EMPLOYER ID NO.

Part I   Business Information

1 Business name: _____

2 Business location: _____

_____

3 Federal Employer Identification Number: _____

Part II   Net Increase in Qualified Employment Positions

4	Average number of qualified employment positions during the current taxable year	**4**
5	Average number of qualified employment positions during the immediately preceding taxable year	**5**
6	Net increase in the number of qualified employment positions: *Subtract line 5 from line 4*.............	**6**
7	Number of positions on line 6 that are eligible for any other income tax credit under Arizona law....	**7**
8	Maximum number of positions eligible for the credit: *Subtract line 7 from line 6*............................	**8**

Part III   Qualifying New Employees

9	New employees hired during the year	**9**
10	Qualified new employees..	**10**
11	Maximum number of qualifying net new employees: Enter the smaller of line 8 or line 10	**11**

Part IV   Credit Calculation for Qualifying Employees

		(a) No. of Qualifying Employees	(b) Qualifying Wages	(c) Percentage	(d) Allowable Credit
12	Qualifying Net New Employees....... **12**			25%	
13	Previously Qualified Employees in the Second Year of Continuous Employment.................................... **13**			33 1/3%	
14	Previously Qualified Employees in the Third Year of Continuous Employment.................................... **14**			50%	
15	TOTALS.. **15**				

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

16 The S corporation has made an irrevocable election for the taxable year ending |M,M|D,D|Y,Y,Y,Y|
to (*check only one box*):

☐ Claim the credit, as shown on Part IV, line 15, column (d), for the taxable year mentioned above;
OR

☐ Pass the credit, as shown on Part IV, line 15, column (d), for the taxable year mentioned above
through to its shareholders.

_____   _____   _____
Signature   Title   Date

*If passing the credit through to the shareholders, complete lines 17 through 19 separately for each
shareholder. Furnish each shareholder with a copy of the completed Form 320.*

17 Name of shareholder: _____

18 Shareholder's TIN: _____

19 Shareholder's share of the amount on Part IV, line 15, column (d) **19**

Part VI   Partner's Share of Credit
Complete lines 20 through 22 separately for each partner. Furnish each partner with a copy of the completed Form 320.

20   Name of partner: _____

21   Partner's TIN: _____

22   Partner's share of the amount on Part IV, line 15, column (d) .... **22** |

Part VII   Available Credit Carryover

	(a) Carryover From Taxable Year Ending	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: *Subtract column (c) from column (b)*
23				
24				
25				
26				
27				
28	TOTAL AVAILABLE CARRYOVER...			

Part VIII   Total Available Credit

29   Current year's credit: Individuals, corporations, or S corporations that are claiming the credit, enter the amount from Part IV, line 15, column (d). S corporation shareholders, enter the amount from Part V, line 19. Partners of a partnership, enter the amount from Part VI, line 22....... **29**

30   Available carryover from Part VII, line 28, column (d).. **30**

31   Total available credit. *Add lines 29 and 30. Enter the total here and on Form 300, Part I, line 9, or Form 301, Part I, line 12* **31**

Qualifying Employees

	(a) Employee's Name	(b) Social Security Number	(c) Date of Hire	(d) Was this employee an Arizona resident on date of hire?	(e) Was this employee receiving TANF benefits on date of hire?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
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22					
23					
24					
25					

If you have more than 25 qualifying employees, complete additional schedules.

Form 320-2 (2006)   Qualifying Employees for Which You are Taking a Credit

	(a) Employee's Name	(b) Social Security Number	(c) Type of Employee *Check the appropriate box.* This employee is a:			(d) Total Wages Less Wages Subsidized as Provided by ARS §46-299 Paid to the Employee During the Current Taxable Year	(e) Maximum Allowable Wages *Enter the lesser of column (d) or the maximum allowed below.*		
			1st Year Employee c1	2nd Year Employee c2	3rd Year Employee c3		Year 1 $2000 e1	Year 2 $3000 e2	Year 3 $3000 e3
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12	TOTAL: *Add lines 1 through 11*...								

If you have more than 11 qualifying employees, complete additional schedules.

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