

*Include with your return.*

For the calendar year 2014 or fiscal year beginning   M     M     D     D     2     0     1     4   and ending   M     M     D     D     2     0     Y     Y  .

**All businesses must be certified by the Arizona Commerce Authority and submit a copy of the certification to the Department of Revenue for approval before using the certification for the purpose of any tax incentive.**

Name as shown on Form 140, 140PY, 140NR, 140X, 99T, 120, 120A, 120S, 120X or 165	Social Security or Employer Identification Number
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**Part 1 Business Information**

- 1 Name of Healthy Forest Enterprise: \_\_\_\_\_
- 2 Employer identification number: \_\_\_\_\_
- 3 Is this taxable year being filed under a 60-month certification?.....  Yes  No
- 4 Check one box to indicate the year this form represents for claiming the employment credit under A.R.S. §§ 43-1076 or 43-1162:  
 First Year  Second Year  Third Year  Fourth Year  Fifth Year  Sixth Year or more
- 5 Check one box to indicate the year this form represents for claiming the training credit under A.R.S. §§ 43-1076.01 or 43-1162.01:  
 First Year  Second Year  Third Year  Fourth Year  Fifth Year  Sixth Year or more

**Part 2 Average Number of Full-Time Employees**

6 Average number of full-time employees in the healthy forest enterprise during the current taxable year.....	<b>6</b>	
7 Average number of full-time employees in the healthy forest enterprise during the immediately preceding taxable year.....	<b>7</b>	
8 Net increase in average number of full-time employees: Subtract line 7 from line 6.....	<b>8</b>	

**Part 3 Net Increase in Qualified Employment Positions**

9 Total number of filled, qualified employment positions created in the current year .....	<b>9</b>	
If this taxable year is being filed under a twelve month certification, the business must create at least THREE new qualified employment positions in the first taxable year in which the credit is claimed.		
10 Net increase in average number of full-time employees: Enter the number from Part 2, line 8 .....	<b>10</b>	
11 Net increase in qualified employment positions for this healthy forest enterprise: Enter the lesser of line 9 or line 10 ..	<b>11</b>	

**Part 4 Limitation on Number of Qualified Employment Positions**

12 Maximum number of filled, qualified employment positions on which a credit may be calculated .....	<b>12</b>	200
13 Maximum number of new qualified employment positions on which you may claim the credit: Enter the lesser of line 11 or line 12 .....	<b>13</b>	

**Part 5 Employment Credit Calculation**

	(a) Number of Qualifying Employees	(b) Qualifying Wages	(c) Percentage	(d) Allowable Credit
14 Qualified new employees .....		00	25%	00
15 Previously qualified employees in the second year of continuous employment.....		00	33.33%	00
16 Previously qualified employees in the third year of continuous employment.....		00	50%	00
17 TOTAL .....				00



Name (as shown on page 1):	TIN:
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**Part 10 Partner's Share of Credits and Credit Recaptures**

Complete lines 42 through 45, as applicable, separately for each partner. If passing credit recapture through to the partners, complete line 46 and/or line 47, as applicable, separately for each partner. Furnish each partner with a copy of pages 1 through 4 of Form 332.

42 Name of partner: _____			
43 Partner's TIN: _____			
44 Partner's share of the amount of EMPLOYMENT credit on Part 5, line 17, column (d) .....	<b>44</b>		00
45 Partner's share of the amount of TRAINING credit on Part 6, line 21, column (b).....	<b>45</b>		00
46 Partner's share of the EMPLOYMENT CREDIT RECAPTURE from Part 7, line 27 .....	<b>46</b>		00
47 Partner's share of the TRAINING CREDIT RECAPTURE from Part 8, line 33 .....	<b>47</b>		00

**Part 11 Recapture Summary for Employment Credit**

48 Enter the taxable year(s) in which you took an employment credit or credit carryover for the disqualified healthy forest enterprise: _____			
49 Enter the total amount of employment credit originally allowable for the disqualified healthy forest enterprise.....	<b>49</b>		00
50 Enter the total amount of the employment credit to be recaptured:			
• Individuals, corporations, exempt organizations with UBTI, and S corporations: Enter the amount from Part 7, line 27.			
• S corporation shareholders: Enter the amount from Part 9, line 40.			
• Partners of a partnership: Enter the amount from Part 10, line 46.....	<b>50</b>		00
51 Subtract line 50 from line 49 and enter the difference. This is the amount of employment credit allowable for the disqualified healthy forest enterprise .....	<b>51</b>		00
52 Amount of employment credit on line 49 that you have claimed on prior years' returns .....	<b>52</b>		00
53 Subtract line 52 from line 51 and enter the difference.....	<b>53</b>		00
• If the difference is a POSITIVE number, that is the amount of employment credit carryover remaining that you may use in future taxable years. Enter this positive number in Part 13, column (d), on the line for the year in which the disqualified employment credit arose.			
• If the difference is a NEGATIVE number, that is the amount of credit you must recapture. If a negative number, enter "zero" in Part 13, column (d), on the line for the year in which the disqualified employment credit arose.			
▪ Corporations, exempt organizations with UBTI, and S corporations, also enter this amount as a POSITIVE number on Form 300, Part 2, line 27.			
▪ Individuals, also enter this amount as a POSITIVE number on Form 301, Part 2, line 34.			

**Part 12 Recapture Summary for Training Credit**

54 Enter the taxable year(s) in which you took a training credit or credit carryover for the disqualified healthy forest enterprise: _____			
55 Enter the total amount of training credit originally allowable for the disqualified healthy forest enterprise .....	<b>55</b>		00
56 Enter the total amount of the training credit to be recaptured:			
• Individuals, corporations, exempt organizations with UBTI, and S corporations: Enter the amount from Part 8, line 33.			
• S corporation shareholders: Enter the amount from Part 9, line 41.			
• Partners of a partnership: Enter the amount from Part 10, line 47.....	<b>56</b>		00
57 Subtract line 56 from line 55 and enter the difference. This is the amount of training credit allowable for the disqualified healthy forest enterprise .....	<b>57</b>		00
58 Amount of credit on line 55 that you have claimed on prior years' returns.....	<b>58</b>		00
59 Subtract line 58 from line 57 and enter the difference.....	<b>59</b>		00
• If the difference is a POSITIVE number, that is the amount of training credit carryover remaining that you may use in future taxable years. Enter this positive number in Part 14, column (d), on the line for the year in which the disqualified training credit arose.			
• If the difference is a NEGATIVE number, that is the amount of credit you must recapture. If a negative number, enter "zero" in Part 14, column (d), on the line for the year in which the disqualified training credit arose.			
▪ Corporations, exempt organizations with UBTI, and S corporations, also enter this amount as a POSITIVE number on Form 300, Part 2, line 27.			
▪ Individuals, also enter this amount as a POSITIVE number on Form 301, Part 2, line 34.			

Continued on page 4 →

Name (as shown on page 1): TIN:

**Part 13 Available Employment Credit Carryover**

	(a) Taxable Year	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Credit Carryover: Subtract column (c) from column (b).
60		00	00	00
61		00	00	00
62		00	00	00
63		00	00	00
64		00	00	00
65	TOTAL AVAILABLE CARRYOVER: Add lines 60 through 64 in column (d) .....			65 00

**Part 14 Available Training Credit Carryover**

	(a) Taxable Year	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Credit Carryover: Subtract column (c) from column (b).
66		00	00	00
67		00	00	00
68		00	00	00
69		00	00	00
70		00	00	00
71	TOTAL AVAILABLE CARRYOVER: Add lines 66 through 70 in column (d) .....			71 00

**Part 15 Total Available Credit**

- 72 Current year's employment credit:
- Individuals, corporations, exempt organizations with UBTI, and S corporations:  
Enter the amount from Part 5, line 17, column (d).
  - S corporation shareholders: Enter the amount from Part 9, line 38.
  - Partners of a partnership: Enter the amount from Part 10, line 44.....
- 72  00
- 73 Current year's training credit:
- Individuals, corporations, exempt organizations with UBTI, and S corporations:  
Enter the amount from Part 6, line 21, column (b).
  - S corporation shareholders: Enter the amount from Part 9, line 39.
  - Partners of a partnership: Enter the amount from Part 10, line 45.....
- 73  00
- Individuals: Also enter the sum of lines 72 and 73 (total current year credit) on Form 301, line 17, column (a).  
Corporations, S corporations, and exempt organizations with UBTI: Also enter the sum of lines 72 and 73 (total current year credit) on Form 300, line 11, column (a).
- 74 Available employment credit carryover from Part 13, line 65, column (d) .....
- 74  00
- 75 Available training credit carryover from Part 14, line 71, column (d) .....
- 75  00
- Individuals: Also enter the sum of lines 74 and 75 (total carryover) on Form 301, line 17, column (b).  
Corporations, S corporations, and exempt organizations with UBTI: Also enter the sum of lines 74 and 75 (total carryover) on Form 300, line 11, column (b).
- 76 **Total available credit:** Add lines 72 through 75 .....
- 76  00
- Individuals: Also enter this amount on Form 301, Part 1, line 17, column (c).  
Corporations, exempt organizations with UBTI, and S corporations:  
Also enter this amount on Form 300, Part 1, line 11, column (c).

**Form 332-1**

**Qualified Employees of Healthy Forest Enterprise**

**2014**

Complete a Form 332-1 for each qualified employee of the Healthy Forest Enterprise. See instructions for Form 332-1 (included with Instructions for Form 332) about providing the requested information in an alternative format.

1 Employee name: \_\_\_\_\_

2 Employee's taxpayer identification number (TIN) ..... \_\_\_\_\_

3 Did employee reside in Arizona on date of hire? .....  Yes  No

4 Brief description of employee's job duties:

5 Current date of employment .....   M     M     D     Y     Y     Y  

6 If employee was previously employed by the business, list the previous date of employment. (See instructions.) .....   M     M     D     Y     Y     Y  

7a Is the employee in a permanent full time position? .....  Yes  No

7b If the answer to line 7a is "Yes", list the number of hours the employee actually worked during the taxable year ..... \_\_\_\_\_

7c If the answer to line 7b is less than 1550 hours annually, explain:

8 Employee's annual compensation for the taxable year ..... \$ 

	00
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9a Total cost of health insurance provided by employer for employee. (See instructions.) ..... \$ 

	00
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9b Total cost of health insurance for employee paid by employer. (See instructions.) ..... \$ 

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

11 Check only one box:  First year employee  Second year employee  Third year employee

**Form 332-2** **Qualified Employees for Which You are Taking the Employment Credit** **2014**

	(a) Employee's Name	(b) Social Security Number	(c) Type of Employee			(d) Total Wages Paid to the Employee During the Current Tax Year	(e) Maximum Allowable Wages:		
			Check the appropriate box. This employee is a:				Enter the lesser of column (d) or the maximum allowed below.		
			(c1) 1 <sup>st</sup> Year Employee	(c2) 2 <sup>nd</sup> Year Employee	(c3) 3 <sup>rd</sup> Year Employee		(e1) Year 1 \$2000	(e2) Year 2 \$3000	(e3) Year 3 \$3000
1						00			
2						00			
3						00			
4						00			
5						00			
6						00			
7						00			
8						00			
9						00			
10						00			
11						00			
12						00			
13						00			
14						00			
15	TOTAL:								
	<ul style="list-style-type: none"> <li>For column (c), add the number of employees in each column (c1), (c2) and (c3), and enter the total for each column on line 15.</li> <li>For columns (d) and (e), add the amounts in each column and enter the total for each column on line 15..... 15</li> </ul>					00			

If you have more than 14 qualified employees, complete and include additional sheets of Form 332-2.

**Form 332-3** **Qualified Employees for Which You are Taking the Training Credit** **2014**

	(a) Employee's Name	(b) Social Security Number	(c) Type of Employee			(d) Net Cost of Training and Certifying the Employee during the Current Tax Year	(e) Maximum Allowable Wages:		
			Check the appropriate box. This employee is a:				Enter the lesser of column (d) or the maximum allowed below.		
			(c1) 1 <sup>st</sup> Year Employee	(c2) 2 <sup>nd</sup> Year Employee	(c3) 3 <sup>rd</sup> Year Employee		(e1) Year 1 \$3000	(e2) Year 2 \$3000	(e3) Year 3 \$3000
1						00			
2						00			
3						00			
4						00			
5						00			
6						00			
7						00			
8						00			
9						00			
10						00			
11						00			
12						00			
13						00			
14						00			
<b>15 TOTAL:</b>									
	<ul style="list-style-type: none"> <li>For column (c), add the number of employees in each column (c1), (c2) and (c3), and enter the total for each column on line 15.</li> <li>For columns (d) and (e), add the amounts in each column and enter the total for each column on line 15..... 15</li> </ul>					00			

If you have more than 14 qualified employees, complete and include additional sheets of Form 332-3.