2017

New Employment Credit

3554

A						
Attach to your California to				1		
Name(s) as shown on your California tax return				SSN or ITIN CA (Corporation no.	
				California Secretary of St	tate (SOS) file number	
				Camornia Secretary of Si	ate (500) file fluffiber	
A. Check the appropriate b	oox for your entity t	vpe				
☐ Individual	☐ Estate	☐ Trust	☐ C Corporation			
☐ S Corporation	·					
B. Enter the name of the en	tity "operating" in a	Designated Geographical Are	a (DGA)			
C. Enter one address (actu	ual location) of the h	business operating in the D	GA	/ X		
D. Does the business have☐ Yes☐ No	at least one location	on in a pilot area?				
E, Did the business receive	a tentative reserva	tion for all claimed employee	957			
Yes No If n			,,,,			
F. Principal Business Activi						
G. Previous taxable year's g						
Part I Net Increase in F		es				
Section A - Enter your			or hase year rules			
			alents working in California dur	ing the base year. See F	Part L instructions for	
base year rules.	and the total name	or or armaar ran time equiv	aronto working in oumorina dar	ing the base your coo i	are i, moti dottorio for	
1 Number of full-time hou	urly and salaried emp	olovees that were employed for	or the entire taxable year	1		
2 Number of full-time hou	urly employees that v	vere employed for less than 5	2 weeks during the taxable year			
3 Total number of hours v	worked by employees	s in line 2 (not to exceed 2,00	0 hours per employee)	3 _		
4 Divide line 3 by 2000. See instructions						
5 Number of full-time salaried employees that were employed for less than 52 weeks during the taxable year						
7 Divide line 6 by 52. See instructions						
8 Base year annual full-t	ime equivalents. Ad	ld lines 1, 4 and 7. See instru			•	
Section B - Taxable ye	ear 201 7 .					
		ber of annual full-time equiv	valents in California during the	current taxable year.		
•			or the entire taxable year	•		
10 Number of full-time hou	urly employees that v	vere employed for less than 5	52 weeks during the taxable year			
			000 hours per employee)			
				12 _		
13 Number of full-time sala	aried employees that	were employed for less than	52 weeks during the taxable yea	r		
					·	
			nstructions			
Part II Available Cred						
17 Net increase in full-time	amnlovees Subtrac	et line 8 from line 16. If the ar	nount on line 17 is zero			
or less, stop, you do no	ot qualify				<u></u> _	
18 Total qualified full-time	employees. See instr	ructions		18 _		
19 Applicable percentage.	Divide line 17 by line	16 (not to exceed 1.0000)			·	
20 Tentative credit. See ins	tructions			<u>)0 </u>	Loo	
21 Credit generated. Multip	oly line 20 by line 19	m Cabadula I/ 1 /1000 5/11	FGE or FGO) Con instructions		00	
22 Pass-tillough new emp	rior year	111 Schedule K-1 (1005, 541,	565, or 568). See instructions	22 -	00	
24 Total available new emp	llovment credit. Add	line 21. line 22, and line 23			00	
25a Credit claimed. Enter t	he amount of the cre	dit claimed on the current ye	ar tax return. See instructions.			
(Do not include any ass	signed credit claimed	on form FTB 3544A.)		<u></u> 25a _	00	
b Total credit assigned. E	nter the total amount	t from form FTB 3544, colum	n (g).	\bigcirc		
			tract the result from line 24		00	
		au nno 200 anu nne 200, SUD	tract the result from IIII6 24			
Part III Credit Recapt						
ZI Great recapture. See in	SUUCHORS				00	