

Form 332-1 (2007)

Qualified Employees of Healthy Forest Enterprise

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, page 3) 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 Date of initial employment _____

6 If employee was previously employed by the business, list the last date of employment. (See instructions.)

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 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 \$ _____

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

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

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
