Web 1-05

2004 Tax Credit Worker Training

North Carolina Department of Revenue

Legal Name (First 10 Characters)	NAICS Code of Primary Business	SSN or FEIN				
Part 1. Business Information (If you trained employees at more than one establishment, use a separate Form NC-478D for Parts 1-3 for each establishment.)						
 ▶ Type of Business (Fill in applicable circle.) ○ Air courier services ○ Central office or aircraft facility ○ Computer services ○ Customer service center for telecommunications or financial services company in Tier 1, Tier 2, or Tier 3 ○ Data processing ○ Electronic mail order house in Tier 1, Tier 2, or Tier 3 ○ Manufacturing ○ Warehousing if primary business ○ Warehousing if primary activity of an 	Name, Address, and County of Establishment	Tier, Development Zone, and Health Insurance Information (Fill in applicable circles.) Tier 1 ○ Tier 2 ○ Tier 3 ○ Tier 4 ○ Tier 5 Tier based on letter of commitment Date letter signed (MM-DD-YY) Establishment in a development zone Date zone designated (MM-DD-YY) Health insurance carrier				
establishment in Tier 1, Tier 2, or Tier 3 Wholesale trade	NAICS Code of Establishment	Health insurance policy number				
complete Lines 1-4; all others	Worker Training Provided in 2004 (If excomplete Lines 5-8. This credit may be takened during 2004 for Tier 1 or development zon	,				
2. Maximum credit for employees at Tier 1 or development zone locations Multiply Line 1 by \$1000						
3. Wages paid employees at Tier 1 or development zone locations during training (Not to exceed \$1000 of wages paid to each employee trained)						
4. Enter lesser of Line 2 or Line 3		>				



5. Number of eligible employees trained during 2004 for Tier 2, 3, 4, or 5 locations

6. Maximum credit for employees at Tier 2, 3, 4, or 5 locations

(Not to exceed \$500 of wages paid to each employee trained)

7. Wages paid employees at Tier 2, 3, 4, or 5 locations during training

Multiply Line 5 by \$500

8. Enter lesser of Line 6 or Line 7



Part 3. Information on Employees Trained (Attach additional pages if needed.)

Name

Trained Employee's Name	SSN	Hire Date	Number of Hours Worked

Part 4. Computation of Amount Eligible to be Taken in 2004

9.	Credit for 2004 training
	Enter the amount from Part 2, Line 4 or Line 8

10. CarryforwardsPortion of credit not taken for tax years 1999-2003

11. Eligible Credit Amount to Take in Tax Year 2004
Add Lines 9 and 10; enter here and on Form NC-478, Part 1, Line 4

	Franchise	Income
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•	,	,
•	,	



