

# Idaho Hire One Act Credit Supplemental Schedule

Name(s) as shown on return	Social Security Number or EIN	Tax year ending
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A	B	C	D	E	F	G	H	I
Employee's Name	Social Security Number	Date Hired	Date Employment Ceased	County of Employment	Health Care Benefit Coverage (Single 80% or Family 70%)	Gross Wages Paid to Employee During the Employee's Initial 12 Months of Employment	Gross Wages in Counties with Unemployment Rate Equal to or more than 10% to Form 72, Part III, line 1a	Gross Wages in Counties with Unemployment Rate less than 10% to Form 72, Part III, line 1b
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