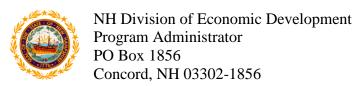


New Hampshire Division of Economic Development Economic Revitalization Zone Tax Credits

(Res 2500)

TAX CREDIT CERTIFICATION ~ FORM ERZ-2 for BUSINESS APPLICANTS

Complete and Mail by Feb. 10 to:



Instructions: Follow the specific instruction given in each section and TYPE all information. **Provide** an **original and two (2) copies of completed application**, including all attachments.

SECTION A – INFORMATION

Taxpayer/Business Name: _____ Telephone:

• •	-				
Mailing Address: Street/PO Box:					
City/Town/State and Zip Code:					
Contact Person: Em	ail address:				
Type of Business: Tax	payer's Filing Period:				
ERZ Tax Credit Eligibility:					
1. Provide Street Address of the Business within the I	ERZ:				
2. Provide a Copy of the ERZ Tax Credit Designation Letter of Certification issued to the city or town by DRED.					
SECTION B – JOB II	NFORMATION				
ERZ Project Description:					
3. Describe the project and investment cost in detail. Include a separate page and copies of documents as no	· · · · · · · · · · · · · · · · · · ·				
4. Duration of the project – Start date:	Completion date:				

Instructions:

1. Provide the following information and attach additional sheets if necessary.

LIST ALL NEW POSITIONS CREATED IN THE LATEST CALENDAR YEAR

(Include Full Time and Part Time Positions)

Position Title	Hiring Date	Hourly Wage Rate	Average Hours Worked Per Week	Annualized Base Wages (Rate x Hrs. x 52)		Bonus Paid (if any)		Total Compensation (Base plus Bonus)
Example #1 Manager	6/1/2014	\$ 20.00	40	\$	41,600	\$	250	\$ 41,850
Example #2 Clerk	10/31/2014	\$ 8.25	24	\$	10,296	\$	-	\$ 10,296
		_						

SECTION C - DOCUMENT CHECKLIST

Instructions: Attach copies of the following with your application.

Department of Resources of Economic Development

Checklist: Documentation indicating detailed investment in the project. Copy of the ERZ Tax Credit Designation Letter of Certification issued to the business by the local city or town. SECTION D – PROJECT GUARANTEE/SIGNATURES **Instructions:** Taxpayer must initial acceptance of the following guarantee. It shall be the responsibility of the Taxpayer to guarantee that all elements of the project are completed. Failure to complete a project shall result in the Taxpayer's forfeiture of remaining credits (Res 2506.1). _____(INITIALS) Signature of Taxpayer: _____ Date ____ Type/Print Name: ______ Title _____ ~Office Use Only~ APPROVAL: Jeffrey J. Rose, Commissioner Date