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:

NH Division of Economic Development
Program Administrator
PO Box 1856
Concord, NH 03302-1856

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: _____ Email address: _____

Type of Business: _____ Taxpayer's Filing Period: _____

ERZ Tax Credit Eligibility:

1. Provide Street Address of the Business within the 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 INFORMATION

ERZ Project Description:

3. Describe the project and investment cost in detail. Include actual cost invoices, etc. Include a separate page and copies of documents as necessary.

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.

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
Department of Resources of Economic Development