

DRAFT

Request for Certification Capital Investment Tax Credit

Name of Business

Project Title (1-5 word description)

This request for certification must be completed and filed prior to commencement of operations for an existing business expanding in Florida or a new business locating in Florida to be eligible to receive an annual credit against the corporate income tax. Prior to receiving tax credits, the qualifying business must achieve and demonstrate its achievement of the minimum employment goal (100) beginning with the commencement of operations at a qualifying project. Each year thereafter during which the tax credits are available, the qualifying business must demonstrate that it has maintained the job creation level required. Credits granted may not be carried forward or backward with respect to a subsequent or prior year.

Submit this request to:

ENTERPRISE *FLORIDA*
Capital Investment Tax Credit
The Atrium Building, Suite 201
325 John Knox Road
Tallahassee, Florida 32303
Phone: (850) 488-0992 Fax: (850) 922-9595

FOR EFI USE ONLY	
<hr/> <p style="text-align: center;">Date Received</p>	<hr/> <p style="text-align: center;">Date Completed</p>
<hr/> <p style="text-align: center;">Project Number</p>	

Please Note: The following questions may not provide enough space for required answers. Please attach a separate page with tabs that refer to the question number. Please include supporting documentation or explanation with responses where appropriate.

Business Identification

1. Business information:
 - a) Name of Business: _____
 - b) Mailing Address: _____
 - c) Primary Business contact (please include phone and fax numbers) _____
 - d) Business's federal employer identification number: _____
 - e) Business's Florida unemployment compensation account number(s): _____

2. Business's current full-time equivalent employment in Florida (not including any new jobs created by this project): _____

Project Identification/Information

3. Description of the type of business activity or product covered by the project:
 - a) Designated High Impact Sector: _____
 - b) Brief descriptive title for project: _____
 - c) Full description of the business operations (production volume, capacity, etc.) and the product or service associated with the project: _____

4. County and specific location proposed for project: _____

5. Project employment and wages:
 - a) Total number of new jobs created by the project at the business): _____
 - b) Provide the job creation schedule (including month/year): _____

 - c) *Annualized* average wage (not including benefits) of the new jobs created by the project at the business indicated in item 1.a): \$ _____
 - d) *Annualized* average value of benefits associated with the new jobs created by the project at the business indicated in item 1.a): \$ _____

6. Anticipated date of beginning of construction for this project: _____
7. Description of activities (investment, employment, specific activities, volume of production, etc.) which will constitute "commencement of operations" for the business: _____

8. Anticipated date of commencement of operations for this project: _____
9. Full description of the facility and the cumulative amount of investment to be dedicated to this project from beginning of construction to commencement of operations. Include a breakdown of the major capital investment components (land, building construction, equipment, etc.) and scheduling: _____

The Capital Investment Tax Credit is an annual credit against the corporate income tax for up to 20 years in an amount equal to 5 percent of the eligible capital costs generated by a qualifying project. Eligible capital costs include all expenses incurred in the acquisition, construction, installation and equipping of a project from the beginning of construction to the commencement of operations.

The annual credit may not exceed a specified percentage of the annual corporate income tax liability generated by the project. Those percentages are:

- 100 percent, for a cumulative capital investment of at least \$100 million;
- 75 percent, for a cumulative capital investment of at least \$50 million but less than \$100 million; and
- 50 percent, for a cumulative capital investment of at least \$25 million but less than \$50 million.

10. Provide estimated value of the Capital Investment Tax Credits to be claimed per fiscal year of the state (July 1, 1998 to June 30, 1999 is FY 1998/1999):

FY 1998/99	\$ _____	FY 2003/04	\$ _____
FY 1999/00	\$ _____	FY 2004/05	\$ _____
FY 2000/01	\$ _____	FY 2005/06	\$ _____
FY 2001/02	\$ _____	FY 2006/07	\$ _____
FY 2002/03	\$ _____	FY 2007/08	\$ _____

11. a) Will project be locating or expanding in an enterprise zone, Wages designated area or rural city or county: YES _____ NO _____
 b) If YES, specify which zone/area: _____

12. Provide the estimated proportion of gross receipts or final sales resulting from project that will be made outside Florida: \$ _____

Project Impact Information

13. Specifically address the role the credits will play in the decision to locate or expand in Florida. This statement should include the impact of the credits on the viability of the project and on the Florida location's competitive positioning with alternate locations. Also include the probability the project will occur in Florida if such credits are awarded the applicant, taking into account the expected long-term commitment of the applicant to economic growth and employment in Florida.

14. Provide a statement concerning special impacts the project is expected to stimulate in the sector, the state or regional economy, and in state universities and community colleges.

Application completed by:

To the best of my knowledge, information included in this application is accurate.

(Signature)

(Signature)

(Name/Title)

(Name)

(Company/Phone)

(Title of Authorized Officer)

(Date)

(Company)

(Contact Person, if different from above)

(Date)

(Phone)