

**Arizona Enterprise Zone Program
Property Reclassification Application:
FOR INITIAL CERTIFICATION AS A QUALIFIED MANUFACTURING
OR QUALIFIED COMMERCIAL PRINTING BUSINESS
(Due on or before October 1st for the next valuation year)**

Circle the Property Tax Valuation Year for which the business is applying.
Example: if the business is submitting an application prior to October 1, 2007 circle 2008; if the business is submitting an application after October 2, 2007 circle 2009.

2008 2009 2010 2011 2012

Section A: General Information

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Enterprise Zone Address: _____

City: _____ State: _____ Zip: _____

Tax ID # _____

NAICS Code (3-6 digits) can be found on the first page of federal tax returns or at: <http://www.census.gov/epcd/www/naicstab.htm>: _____

Enterprise Zone the company is located in: _____

Date the Enterprise Zone business location was established: _____

Contact Person: _____ Contact Phone: _____

Contact Title: _____ Contact Fax: _____

Contact Email: _____

Is the business primarily involved in
(Please check only one): Commercial Printer¹ Manufacturer²

Describe the primary business activity at the zone location. Include a description of the materials used, the process involved and the final product. (Attach separate sheet if more space is required):

¹ **Commercial printing** means producing printed product through a lithographic or flexographic process, from material cut to press size on the premises, transferred with pressure and finished with a process that may include scoring, folding, die cutting, gluing, stamping, embossing or packaging. A.R.S. §41-1525.01(N)(2)

² **Manufacturing** means fabricating, producing or manufacturing products, wares or articles for use from raw or prepared materials, imparting to those materials new forms, qualities, properties and combinations. A.R.S. §41-1525.01(N)(6)

What is the percent of manufacturing or commercial printing conducted at enterprise zone location? (Must be more than 50%. This percentage can be determined by square feet or number of employees assigned to the manufacturing or commercial printing process) _____ %

What is the ownership structure of the business?

- C Corporation S Corporation Sole Proprietor Partnership LLC

What is the business' fiscal year end? _____

Section B: Eligibility

Eligibility for Certification is based upon: (Check all that apply & please attach all documentation required under Section G of this application.)

- Small Business
 - Fewer than 100 full-time employees located at the enterprise zone location **or**
 - Gross annual receipts of less than \$4 million company wide

- Woman-owned business (more than 50 percent of the business is owned by one or more women, and the management and daily business operations are controlled by one or more women.)

- Minority-owned business (more than 50% of the business is owned by a member or members of a designated group and the management and daily business operations are controlled by one or more of the following groups)
 - Asian Indian
 - Asian Pacific
 - Black
 - Hispanic
 - Native American

Section C: Property Information

County Assessor Account Number(s) for Personal Property (equipment):

Parcel Number(s) of Real Property (land & building):

Use of property:

- Is the real property at the enterprise zone location leased? Yes No
- If real property is leased, does the business directly pay property taxes to the county assessor? Yes No
- If personal property is leased, does the business directly pay property taxes to the county assessor? Yes No
- What is the "full cash value" of the real property at the zone location?³ \$ _____
- What is the "full cash value" of the personal property at the zone location?³ \$ _____

³ This information can be found under "full cash value" on the property tax bill and/or the business personal property tax statement sent to the business by the county assessor. If a business is new to a location and the personal property account number has not yet been assigned, please write N/A and contact the county assessor to establish an account.

Section D: Business Information

* Please list the business' gross receipts **at the zone location** for the last three years.

Year	Gross Amount
	\$
	\$
	\$

*Please list the investment in fixed assets **at the zone location** for the last three years.

Year	Fixed Asset Investment
	\$
	\$
	\$

** What percentage of the business' product **at the zone location** is sold:

Location	Percentage
Within the State of Arizona?	%
Outside the State of Arizona?	%
Outside of the United States?	%

**What percentage of products and raw materials needed to do businesses is purchased:

Location	Percentage
Within the State of Arizona?	%
Outside the State of Arizona?	%
Outside of the United States?	%

Please indicate where the **company's products were sold**:

If within Arizona, list counties: _____

If within the United States, list states: _____

If foreign, list countries: _____

Please indicate the **origin of purchased products and raw materials** needed for business at the zone location:

If within Arizona, list counties: _____

If within the United States, list states: _____

If foreign, list countries: _____

* If the business is newly located in the zone and data does not exist, write N/A.

** If the business is newly located in the zone, please estimate the percentages.

* Please list the average number of full-time employees **at the zone location** for the last three years (Do not include leased employees, part-time workers or contract workers).

Year	Average Number of Employees

Please list the average hourly wage paid to full-time employees **at the zone location** for the last three years.

Year	Average Hourly Wage
	\$
	\$
	\$

Please list the current number of employees **at the zone location** in each category.

full-time employees	part-time employees	contracted employees	leased employees	outsourced to foreign countries

What was the gross payroll (excluding benefits, bonuses and commissions) for this business location for the most recent fiscal year? If the business is new, provide the gross payroll paid to date for this business location. \$ _____

Please provide the following information for three of the business' major suppliers:

Company Name	Address	City/State/Zip	Contact Person	Telephone

Please provide the following information for three of the business' major customers:

Company Name	Address	City/State/Zip	Contact Person	Telephone

* If the business is newly located in the zone, please estimate the number of employees and hourly wage.

Section E: Business Benefits Information

Does the business offer health insurance benefits to full-time employees? Yes No

If Yes, what percentage does the business pay? _____ %

Section F: Enterprise Zone Program Evaluation

How important a factor was the enterprise zone program in the business' decision to locate, expand or remain in the enterprise zone?

Very important Important Not important

How did you learn about the enterprise zone benefits?

Please share comments regarding your experience with the enterprise zone program:

Section G: Supplemental Documentation

Documentation to be submitted with this application. (Complete sections 1 or 2 and 3)

1. Small businesses MUST attach:

- Most recent Arizona Unemployment Tax & Wage Report (UCO 18) (if qualifying on basis of number of employees in the enterprise zone); **or**
- Most recent financial statement showing annual gross receipts (if qualifying on basis of gross receipts); **and**
- Documentation of investment made at the enterprise zone location. Acceptable documentation includes, but is not limited to, copies of paid invoices and cancelled checks, Arizona business property statement (from County Assessor), a signed real estate settlement sheet and/or county affidavit of property value. For the complete list of acceptable documentation, see Section 6 of the Program Guidelines.
- Please provide amount of documented investment (since 01/01/2001): _____

2. Woman- or Minority-Owned businesses MUST attach:

- Copy of Certification from Arizona Department of Transportation; City of Phoenix, Maricopa County or City of Tucson or other approved documentation of ownership (stated in Sec.3 of the Guidelines); **and**
- Documentation of investment in the enterprise zone. Acceptable documentation includes, but is not limited to, copies of paid invoices and cancelled checks, Arizona business property statement (from County Assessor), a signed real estate settlement sheet and/or county affidavit of property value. For the complete list of acceptable documentation, see Section 6 of the Program Guidelines.
- Please provide amount of documented investment (since 01/01/2001): _____

3. All Applicants:

- Signed Statement of Ownership (Section H of this application) for the applicant business and each entity owning real or personal property that is being counted towards eligible and documented investment; **and**
- Signed Eligibility Affidavit (Section I of this application) for enterprise zone reclassification of property; **and**
- Signed Investment Affidavit (Section J of this application) for enterprise zone reclassification of property.

Section H: Statement of Ownership

I, as an officer of the business, certify under penalty of perjury, the information provided on this **Statement of Ownership** is true and correct according to my best belief and knowledge of the undersigned after a reasonable investigation of the facts. If the documents contain information that is materially false, the taxpayer is ineligible for the tax benefits under A.R.S. §41-1525.01, all the property shall revert to Class 1 and the County Assessor may recapture taxes owed for the time of ineligibility.

Business Name: _____

Please check **all** that apply: Applicant Own the real property Own the personal property

Please select the box that indicates the ownership structure of the business.

C Corporation S Corporation Sole Proprietor Partnership LLC

Please select the type of ownership of the business.

Publicly Traded Closely Held Family Owned Employee Owned Individually Owned Other:

If other, please describe: _____

Please list the year and state in which the business was incorporated: _____

Please list all business officers and their percentage of ownership and list any shareholders or partners holding any percent of the business and the percentage they hold. (Use an attachment if more space is needed.)

Name	If Officer, State Title	Percent Owned
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

If the applicant is a wholly owned subsidiary attach a signed and dated ownership chart showing the names of the owners holding any percent of the business and the percentage of ownership held.

Signed: _____ Title: _____

Please print your name: _____ Date: _____

Section I: Eligibility Affidavit

I, as an officer of the applicant business, certify under penalty of perjury, the information provided on and with the **Application for Initial Certification as a Qualified Manufacturing or as Qualified Commercial Printing Business** is true and correct according to my best belief and knowledge after a reasonable investigation of the facts. If the documents contain information that is materially false, the taxpayer is ineligible for the tax benefits under A.R.S. §41-1525.01 and all the property shall revert to Class 1. Further, the undersigned agrees to provide by October 1st annual re-certification applications in order to maintain eligibility and to allow access by Arizona Department of Commerce (Commerce) staff to the facilities for further documentation or clarification of reported information.

In accordance with A.R.S. § 23-214 (b) and § 35-397, all applicant employers must be participating in the E-Verify program in order to receive enterprise zone income tax credits. Secondly, pursuant to the above statutes, by signing this application, the applicant is certifying that the business does not have scrutinized business operations in Iran or Sudan and is not otherwise lawfully precluded from participating in any public funding activity with any Federal, State or Local Government. Signing the application without disclosing all pertinent information about business investments and business operations in Iran or Sudan shall result in rejection or cancellation of the application. The State may also exercise any other remedy available by law.

The undersigned further acknowledges that according to state statute Commerce shall notify the Arizona Department of Revenue and the County Assessor if a certified small manufacturing business or commercial printing business closes, moves from the enterprise zone or fails to maintain its eligibility and the County Assessor shall make the appropriate changes to the tax roll.

Signed: _____ Title: _____

Please print your name: _____ Date: _____

► **Questions regarding the information on this form should be directed to:**

Contact Name: _____

Telephone Number: _____

Email Address: _____

Please be sure that all of the questions are answered. ***The law requires that this application form be completed and submitted before October 1st for the next valuation year to:***

Enterprise Zone Program
Arizona Department of Commerce
1700 West Washington, Suite 600
Phoenix, AZ 85007-2812
Phone: (602) 771-1214 Fax: (602) 771-1208

Section J: Investment Affidavit

I, as an officer of the applicant business, certify under penalty of perjury, that the account provided by the attached financial information is true and correct and includes all materials and information necessary to identify and explain the investment according to my best belief and knowledge after a reasonable investigation of the facts. If the documents contain information that is materially false, the taxpayer is ineligible for the tax benefits under A.R.S. §41-1525.01 and all the property shall revert to Class 1. Further, the undersigned agrees to provide by October 1st annual re-certification applications in order to maintain eligibility and to allow access by Arizona Department of Commerce (Commerce) staff to the facilities for further documentation or clarification of reported information.

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