

VIRGINIA ENTERPRISE ZONE PROGRAM Investment Tax Credit Qualification Form

Form EZ-6I Investment

Print on 81/2" x 11" paper. Contact DHCD at (804) 371-7030 about this negotiated credit before completing this form.

PAF	RT I: BACKGRO	DUND	INFORMATIC	N												
1.	Zone Name							Zone #				Zone Designation Date (MM/DD/YYYY)				
2.	Date Qualified	Project Announcement Date (MM/DD/YYYY)														
4.	Business Firm	Trading Name, if Different than Legal Name														
5.	Federal Employ	Activity # (First three digits of the NAICS. See Instruction Manual.)														
6.	Principal Mailin	ress		City	City			State		Zip Code						
7.	Physical Addre	ss of Z	Zone Establish	City/Co	City/County/Town											
8.	Business Firm	Title		Daytime Phone #				E-mail Address								
9.	If the Firm is a	Subsid	diary, Name of	ent Company		Federa	al Emplo	yment IDa	# (FEIN)	of Paren	t Compa	iny				
10.	Check the type of Business Organization. (If "other," explain type.) Sole Proprietor Partnership Corporation Corporation Other:															
11. Check the type of state tax that applies to this firm. ☐ Corporate Income Tax ☐ Franchise Tax on Net C☐ ☐ Franchise Tax or License Tax on Gross Receipts ☐ Individual Income Tax											apital					
PART II: QUALIFICATION INFORMATION (PFTP = permanent full- time positions)																
1.	Qualification is	reque	sted for taxabl	e year be	eginning		(MM	/DD/YY	YY) and e	nding			(MN	1/DD/YY	YY).	
2.	Employment and Investment Test															
	B. Total num	ber of	PFTP at the F	IRM'S Z	ONE ESTABLI	SHMENT a	t the time	of proje	ct annour	ncement				B		
	expansion	ı/locati	ion; Subtract B	from A.	FULL TIME P the difference	must be at	least equ	al to the	job creat	ion leve	I in the ne	gotiation	า			
agreement												D				
	Attach a li	st cert	tified by the CF	A that ite	emizes the type	es and cost	s of qualif	ied zone	e investme	ents mad	de to the	oroperty.				
3.							\$s us years\$s									
4. 5.		-	us years													
 Part III: DECLARATION BUSINESS FIRM REPRESENTATIVE: I, the undersigned representative of the business firm for which this request is made, declare that this request has been examined by me and is, to the best of my knowledge, an accurate statement. (The signer must be authorized to sign on behalf of the business firm.) 																
Signature					Typed or Print		Title			Date (MM/DD/YYYY			YYY)			
2.	2. CERTIFIED PUBLIC ACCOUNTANT: I, the undersigned, declare that this form has been prepared by me and is, to the best of my knowledge, an accurate statement; I further affirm that this business firm meets the requirements for becoming a qualified firm as set forth in the Rules and Regulations of the Virginia Enterprise Zone Program and that the establishment listed in Part I, Item 4 is located within the boundaries of the enterprise zone. I further affirm that I am licensed by the Commonwealth of Virginia and I am not an employee of the business firm which is seeking to qualify for State tax incentives under this Program.															
Signature of CPA							Typed or Printed Name						Date (MM/DD/YYYY)			
VAI	License #		Daytime Telep	phone N	umber	E-mail	ail address									
Accounting Firm Addres						City				City		S	tate	Zip		
DHO	CD Use Only:	Date	e Received:			Number Assigned:					☐ Approved ☐ Denied					

KEEP A COPY OF THIS FORM FOR YOUR RECORDS. Due date is May 1st of the calendar year subsequent to the taxable qualification year (Part II, Item 1). Send the original copy via US Postal Service certified mail (postmarked no later than May 1st) or hand deliver by 5 p.m. May 1st, to the Virginia Department of Housing and Community Development, Enterprise Zone Program, 600 East Main Street, Suite 300, Richmond, VA 23219. (UPS, Fed Ex

or other delivery services are considered hand delivery and must arrive at DHCD before 5 p.m., May 1st.) Late applications are handled on a first come, first served basis, and may only receive tax credits if an outstanding tax credit balance for the program remains for that year.

1/1/2015 Form EZ-6I