New Hampshire Division of Economic Development
Economic Revitalization Zone Tax Credits

TAX CREDIT CERTIFICATION ~ FORM ERZ-2
for BUSINESS APPLICANTS

Complete and Mail by February 10th following the applicant's tax year to:

State of NH
Division of Economic Development
ERZ Program Administrator
172 Pembroke Road
Concord, NH 03301

Instructions: Follow the specific instruction given in each section and TYPE all information. **Provide** an **original, signed, and completed application**, including all attachments (electronic applications are not accepted).

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 or Tax Map / Lot of the Business within the ERZ and EIN #:

2. Provide a Copy of the ERZ Tax Credit Designation Letter of Certification issued to the City or Town by DRED.

ERZ Project Description:

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

4. Duration of the project – Start Date: _____ Completion Date: _____

SECTION B – JOB INFORMATION

Instructions:

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

LIST ALL NEW, INCREMENTAL FULL TIME POSITIONS CREATED IN THE LATEST CALENDAR YEAR

(Note: Full Time Position is defined as at least 35 hrs. per week and is a permanent year round position).

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	6/1/2017	$ 20.00	40	$ 41,600	$ 250	$ 41,850
Example #2 Clerk	10/31/2017	$ 8.25	35	$ 15,015	$ -	$ 15,015

SECTION C – DOCUMENT CHECKLIST

Instructions: Attach copies of the following with your application.

Checklist:

_____Documentation indicating detailed actual investment in the project (not estimated) in the calendar year.

_____Copy of the ERZ Tax Credit Designation Letter of Certification issued to the local City or Town by BEA.

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.

_____(INITIALS)

Signature of Taxpayer: _____ Date _____

Type/Print Name: _____ Title _____

~Office Use Only~

APPROVAL:

_____ _____

Taylor Caswell, Commissioner Date

Department of Business and Economic Affairs