

New Hampshire Division of Economic Development Economic Revitalization Zone Tax Credits

TAX CREDIT CERTIFICATION ~ FORM ERZ-2 for BUSINESS APPLICANTS

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

State of New Hampshire
Division of Economic Development
ERZ Program Administrator
100 North Main St., Suite 100
Concord, NH 03301
bridgett.e.beckwith@livefree.nh.gov

Instructions: Follow the specific instruction given in each section and TYPE all information.
Provide an original, signed, and completed application, including all attachments

SECTION A – INFORMATION

Taxpayer/Business Name: _____ Telephone: _____

Mailing Address: Street/PO Box: _____

City/Town/State and Zip Code: _____

Contact: _____ 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 number:
2. Provide a copy of the ERZ Tax Credit Designation Letter of Certification issued to the city or town by the Department of Business and Economic Affairs.

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 hours 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	6/1/2024	\$ 20.00	40	\$ 41,600	\$250.00	\$ 41,850
Example #2 Clerk	10/31/2024	\$ 8.25	35	\$ 15,015	\$ -	\$ 15,015

Total number of new full-time incremental jobs created in the calendar year 2024 _____
 Total number of full-time employees working for your company as of December 31, 2024 _____

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 _____