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:			
-	lot of the business within the ERZ and EIN number: lit Designation Letter of Certification issued to the city or Economic Affairs.			
etc. Include a separate page and copie	estment costs in detail. Include copies of cost invoices, es of documents as necessary. e: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	6/1/2025	\$ 20.00	40	\$ 41,600	\$250.00	\$ 41,850
Example #2 Clerk	10/31/2025	\$ 8.25	35	\$ 15,015	\$ -	\$ 15,015

Total number of new full-time incremental jobs created in the calendar year 2025	
Total number of full-time employees working for your company as of December 31, 2025	

SECTION C – DOCUMENT CHECKLIST

Type/Print Name: ______ Title _____