# 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 10th following the applicant's tax year to:

State of New Hampshire Division of Economic Development ERZ Program Administrator 100 North Main Street, 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 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 BEA.						
ERZ Project Description:						
<ol> <li>Describe the project and actual investment conseparate page and copies of documents as new</li> </ol>	sts in detail. Include copies of cost invoices, etc. Include a ecessary.					
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	6/1/2023	\$	20.00	40	\$	41,600	\$	250	\$	41,850
Example #2 Clerk	10/31/2023	\$	8.25	35	\$	15,015	\$	-	\$	15,015

Total number of new full-time incremental jobs created in the calendar year 2023 \_\_\_\_\_

Total number of full-time employees working for your company as of December 31, 2023\_\_\_\_\_

# 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

