



IT-QBE

**GEORGIA DEPARTMENT OF REVENUE
2595 Century Parkway NE, Suite 501
Atlanta, Georgia 30345-3173**

**QUALIFIED BUSINESS EXPANSION
APPLICATION**

FOR DEPARTMENT USE ONLY

Project Number _____

Date Received _____

Date Forwarded to Panel _____

Date Approved _____

Date Denied _____

TO CLAIM THIS CREDIT, YOU MUST HAVE BEEN OPERATING IN GEORGIA FOR FIVE YEARS AND MEET THE REQUIREMENTS FOR AN EXISTING BUSINESS ENTERPRISE AS DEFINED BY O.C.G.A. 48-7-40.21. BY DEFINITION, RETAIL BUSINESSES ARE EXCLUDED. (Applicable to all taxable years ending on or after January 1, 2001.)

Tax Year End (year qualified business expansion occurred) _____

Name and address of Applicant/Taxpayer (Legal Name)

Nature of business:

- Manufacturing Processing
- Telecommunications Tourism
- Warehousing & Distribution
- Research & Development Broadcasting

Telephone Number/E-mail Address of Contact Person

Date company began doing business in Georgia

Contact Person, Title

Taxable year in which 500 new full time jobs created

Indicate the address of the facility(s) where the 500 new jobs were created. (Attach a list if necessary.)

1. _____

2. _____

Please check one:

- New facility construction Expansion of existing GA facility

Is the project located in more than one county? Yes No

If yes, please indicate each county. _____

A. TYPE OF BUSINESS (IF BUSINESS IS A CORPORATION, LIST STATE OF INCORPORATION)

- Sole Proprietor (SSN) _____ Partnership/LLC C Corporation _____
 S Corporation _____ Other (Specify) _____

- 1) Federal Employer ID Number _____ Georgia Withholding Number _____
2) NAICS Code (six-digit level) _____ County/Tier _____/_____

B. EXPLAIN THE PROPOSED BUSINESS EXPANSION AND HOW IT WILL HAVE A BENEFICIAL ECONOMIC IMPACT ON THE REGION FOR WHICH IT IS PLANNED. (ATTACH ADDITIONAL PAGES IF NECESSARY.)

C. QUALIFIED BUSINESS EXPANSION MEANS THE CREATION OF AT LEAST 500, NEW FULL-TIME JOBS WITHIN A TAXABLE YEAR.

- 1) How many full-time jobs existed at the end of the prior taxable year (by facility if applicable)? _____

- 2) How many new full-time jobs existed at the end of the current taxable year (by facility if applicable)? _____

- 3) Total job increase (Line 2 minus Line 1) (by facility if applicable) _____

- 4) List the Georgia income tax liability for the expansion taxable year _____

- 5) Indicate the total amount of Georgia withholding payments for the current taxable year. _____

- 6) Average hourly employee wage of new jobs (by facility if applicable) _____

- 7) Total annual payroll expense including benefits of new jobs (by facility if applicable) _____

- 8) Please provide the costs of any special infrastructure –roads, sewage, etc.- built by any government body to accommodate the project. (Please specify funding source, e.g. Federal, State, County) _____

9) Please provide the Georgia net taxable income for the past five years:

- 1) _____ (expansion year)
- 2) _____
- 3) _____
- 4) _____
- 5) _____

10) Projected increase in company/taxpayer gross revenue (in dollars) associated with the expansion in the year of the expansion and in the following year.

Year of expansion _____

Year 2 _____

11) Prepare a spreadsheet which projects corporate income tax for the next ten years including allowable credits, if this Qualified Business Expansion application is not granted. The spreadsheet should also project corporate income tax with allowable credits, and how it changes for the next ten years if you are granted QBE credit (reflect both income and withholding tax reductions).

12) If applicable, please describe any anticipated layoffs or closings either in the county in which the Project is planned or anywhere else in Georgia. Please specify by county and year the number of any layoffs and/ or closings planned for the subsequent four years for all the company's facilities in the state.

D. 1. DOES THE AMOUNT OF CREDITS EARNED UNDER SECTION 48-7-40 EXCEED 50 PERCENT OF YOUR LIABILITY?

Yes No

2. PLEASE INDICATE THE AMOUNT OF CREDITS ESTABLISHED UNDER SECTION 48-7-40 AND CARRIED FORWARD FROM TAX YEARS ENDING PRIOR TO JANUARY 1, 2001, WHICH YOU ARE REQUESTING TO BE CONVERTED TO WITHHOLDING ELIGIBLE CREDITS.

E. SUMMARY OF PROJECT COSTS –PREPARE BY COUNTY

- 1. Land Cost\$ _____
- 2. Building Cost (new construction)\$ _____

- 3. Purchase or Lease of Existing Facility (specify which).....\$ _____
- 4. Renovations or Improvements to Existing Structure.....\$ _____
- 5. Machinery and Equipment Cost.....\$ _____
- 6. Pollution Control Equipment.....\$ _____
- 7. Other (please identify separately).....\$ _____
- TOTAL PROJECT COSTS (by county).....\$ _____**

F. LIST ALL INCENTIVES/INDUCEMENTS (INCLUDING ANY TAX CREDITS CURRENTLY IN PLACE OR THAT WILL BE APPLIED FOR THE PROJECT DURING THE PERIOD THAT THE TAXPAYER WISHES TO USE THIS INCENTIVE). USE THE BLANKS BELOW TO STATE THE AMOUNT OF INCENTIVES/INDUCEMENTS FOR THE PROJECT AND ATTACH ADDITIONAL INFORMATION AND DOCUMENTATION IF NECESSARY. NOTE THAT AMOUNTS SHOULD INCLUDE PUBLIC INFRASTRUCTURE IMPROVEMENTS NECESSARY TO ACCOMMODATE PROJECT INVESTMENTS. (LINE 9)

- 1. **REBA GRANT**
YES ____ NO ____ AMOUNT _____
- 2. **EIP GRANT**
YES ____ NO ____ AMOUNT _____
- 3. **EIP LOAN**
YES ____ NO ____ AMOUNT _____
- 4. **ONE GEORGIA GRANT**
YES ____ NO ____ AMOUNT _____
- 5. **ONE GEORGIA LOAN**
YES ____ NO ____ AMOUNT _____
- 6. **BEST TAX CREDITS (STATE ONLY THE AMOUNTS EXPECTED TO BE USED AGAINST INCOME TAX LIABILITY DURING THE NEXT FIVE YEARS).**
YES ____ NO ____ AMOUNT _____
- 7. **OTHER STATE GRANTS**
YES ____ NO ____ AMOUNT _____
- 8. **OTHER STATE LOANS**
YES ____ NO ____ AMOUNT _____
- 9. **LOCAL TAX ABATEMENTS AND INFRASTRUCTURE EXPENSES**
YES ____ NO ____ AMOUNT _____

G. REPRESENTATIONS AND WARRANTIES BY THE COMPANY:

Except as reflected or as stated in a signed attachment hereto, the Company hereby makes the following representations and warranties and acknowledges and agrees that such representations and warranties have been material to the determination that the Company is a qualifying business which meets the criteria of O.C.G.A. § 48-7-40.21 by a panel consisting of the Commissioner of Economic Development, the Commissioner of Community Affairs and the Director of the Office of Planning and Budget. Further, the Company agrees that such representations and warranties are true, accurate and complete to the best of the knowledge of the Company:

(a) The Company is not in any material default (i) under its corporate organization or governing documents or under any statute, license, rule or regulation, (ii) under any order, writ, injunction, award or decree of which it has notice of any court, arbitrator, administrative agency or other governmental authority binding upon or affecting it by which any of its properties is bound or (iii) under any material indenture, mortgage, contract, agreement or other undertaking or instrument to which it is a party or by which it or its property is bound; and nothing has occurred which would materially adversely affect the ability of the Company to carry on its business or perform its obligations under any of the foregoing;

(b) All federal and Georgia tax returns and reports of the Company required by law to be filed have been duly filed and all taxes, assessments, fees and other governmental charges upon the Company or upon any of its respective properties, assets, income or franchises which are due and payable pursuant to such returns and reports, or pursuant to any assessment received by the Company have been paid, other than those which may be presently payable without penalty or interest (except to the extent that any such tax or assessment is being contested in good faith and as to which adequate reserves have been set aside); and

(c) The Company is not subject to any corporate or other legal restriction, or any judgment, decree, order, rule or regulation which in the judgment of the Company has or is expected in the future to have a materially adverse effect on the business, assets, financial condition or business prospects of the Project or the Company as a whole; the Company is not a party to any contract or agreement which in the judgment of the Company has or is expected to have any materially adverse effect on the business of the Company as a whole, except as otherwise reflected in adequate reserves.

Date: _____

Applicant: _____

By: _____
Signature of Authorized Officer

Title: _____

Phone Number: _____

H. CERTIFICATION BY APPLICANT

Applicant hereby certifies that all information contained above and in exhibits attached hereto are true to his/her best knowledge and belief and are submitted for the purpose of obtaining certification from the Panel.

Date: _____

Applicant: _____

By: _____
Signature of Authorized Officer

Title: _____

Phone Number: _____

Subscribed and sworn to before me, a Notary Public in and for said County and State, this ____ day of _____, 20__.

My commission expires:

Signature: _____

Printed: _____

Resident of _____ County

State of _____

**Submit application to:
Georgia Department of Revenue
2595 Century Parkway NE, Suite 501
Atlanta, GA 30345-3173**