

**Arizona Enterprise Zone Program
Property Reclassification Application:
FOR RE-CERTIFICATION AS A QUALIFIED MANUFACTURING
OR QUALIFIED COMMERCIAL PRINTING BUSINESS
(Due on or before October 1st for the next valuation year)**

Circle the Property Tax Valuation Year for which you are applying.
Example if the business is submitting an application prior to October 1, 2009 circle 2010.

2010 2011 2012 2013 2014

Section A: General Information

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Enterprise Zone Address: _____

City: _____ State: _____ Zip: _____

Tax ID # _____ NAICS Code (6 digits): _____

NAICS Code (3-6 digits) can be found on the first page of federal tax returns
or at: <http://www.census.gov/epcd/www/naicstab.htm>: _____

Business Contact: _____ Contact Phone: _____

Contact Title: _____ Contact Fax: _____

Contact Email: _____

Has the business activity at the zone location changed since the initial certification? Yes No

Please describe the business activity at the zone location. Include a description of the materials used, the process involved and the final product. (Use an attachment if more space is needed)

What is the percent of manufacturing or commercial printing conducted at the enterprise zone location? _____ %

Has the percent changed since the initial certification? Yes No

What is the ownership structure of the business?

C Corporation S Corporation Sole Proprietor Partnership LLC

Did the ownership structure of the business change in the last fiscal year? Yes No

Did the ownership of the business changed in the last fiscal year? _____ Yes _____ No

If Yes, please complete "Section H: Statement of Ownership" document attached. Please note A.R.S. § 41-1525.01(H) provides that "If a certified manufacturing or commercial printer business is purchased by another entity or changes by more than 20% of the ownership interest through reorganization, stock purchase or merger, the certification is terminated. The new manufacturer or small commercial printer may apply for certification according to eligibility requirements of this section."

What is the business's fiscal year end? _____

Has the fiscal year end changed since last year? _____ Yes _____ No

Section B: Eligibility

Initial eligibility was based on: _____ Small _____ Woman-Owned _____ Minority-Owned

Eligibility for Recertification is based on: _____ Small _____ Woman-Owned _____ Minority-Owned

The statute allows for 5 years of reclassification. Please identify for which year the business is requesting recertification? _____ 2nd _____ 3rd _____ 4th _____ 5th

Section C: Property Information

County Assessor Account Number(s) for Personal Property for which reclassification is requested:

Parcel Number(s) of Real Property for which reclassification is requested:

Use of Property:

In what year did the tax benefit first appear on your real property tax statement? _____

In what year did the tax benefit first appear on your personal property tax statement? _____

What was the amount of the property tax savings on real property last year? \$ _____

What was the amount of the property tax savings on personal property last year? \$ _____

What is the "full cash value" of the real property at the zone location? ¹ \$ _____

What is the "full cash value" of the personal property at the zone location? ¹ \$ _____

¹ This information can be found under "full cash value" on the property tax bill and/or the business personal property tax statement sent to the business by the county assessor.

Section D: Business Information

Please list the business' gross receipts **at the zone location** for the last fiscal year.

Year	Gross Amount
	\$

Please list the investment in fixed assets **at the zone location** for the last fiscal year.

Year	Fixed Asset Investment
	\$

What percentage of the business' product **at the zone location** was sold:

Location	Percentage
Within the State of Arizona?	%
Outside the State of Arizona?	%
Outside of the United States?	%

What percentage of products and raw materials needed to do business was purchased:

Location	Percentage
Within the State of Arizona?	%
Outside the State of Arizona?	%
Outside of the United States?	%

Please indicate where the **business' products were sold**:

If within Arizona, list counties:

If within the United States, list states:

If foreign, list countries:

Please indicate the **origin of purchased products and raw materials** needed for business at the zone location:

If within Arizona, list counties:

If within the United States, list states:

If foreign, list countries:

Please list the average number of full-time employees **at the zone location** for the last fiscal year (Do not include leased employees, part-time workers or contract workers).

Year	Average Number of Employees

Please list the average hourly wage paid to full-time employees **at the zone location** for the last fiscal year.

Year	Average Hourly Wage
	\$

Please list the average number of employees **at the zone location** for last fiscal year in each category.

full-time employees	part-time employees	contracted employees	leased employees	outsourced to foreign countries

What was the gross payroll (excluding benefits, bonuses and commissions) for this business location last fiscal year?

\$ _____

Section E: Business Benefits Information

Does the business provide health insurance benefits to full-time employees? _____ Yes _____ No

If Yes, what percentage does the business pay? _____ %

Section F: Enterprise Zone Program Evaluation

How important a factor was the enterprise zone program in your decision to locate, expand or remain in the enterprise zone?

_____ Very important

_____ Important

_____ Not important

Please share comments regarding your experience with the enterprise zone program:

Section G: Additional Contact Information

Questions regarding the information on this form should be directed to:

Contact Name: _____

Telephone Number: _____

Email Address: _____

Section H: Statement of Ownership
Only complete Section H if the business' ownership changed in the last fiscal year

I, as an officer of the business, certify under penalty of perjury, the information provided on this **Statement of Ownership** is true and correct according to my best belief and knowledge of the undersigned after a reasonable investigation of the facts. If the documents contain information that is materially false, the taxpayer is ineligible for the tax benefits under A.R.S. §41-1525.01, all the property shall revert to Class 1 and the County Assessor may recapture taxes owed for the time of ineligibility.

Business Name: _____

Please check **all** that apply: Applicant Own the real property Own the personal property

Please select the box that indicates the ownership structure of the business.

C Corporation S Corporation Sole Proprietor Partnership LLC

Please select the type of ownership of the business.

Publicly Traded Closely Held Family Owned Employee Owned Individually Owned Other:

If other, please describe: _____

Please list the year and state in which the business was incorporated: _____

Please list all business officers and their percentage of ownership and list any shareholders or partners holding any percent of the business and the percentage they hold. (Use an attachment if more space is needed.)

Name	If Officer, State Title	Percent Owned
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

If the applicant is a wholly owned subsidiary attach a signed and dated ownership chart showing the names of the owners holding any percent of the business and the percentage of ownership held.

Signed: _____ Title: _____

Please print your name: _____ Date: _____

Section I: Recertification Affidavit

I, as an officer of the applicant business, certify under penalty of perjury, the information provided on the **Application for Recertification as a Qualified Manufacturing or a Qualified Commercial Printing Business** is true and correct according to my best belief and knowledge after a reasonable investigation of the facts. If the documents contain information that is materially false, the taxpayer is ineligible for the tax benefits under A.R.S. §41-1525.01, is subject to recovery of the amount of tax benefits allowed in preceding years based on the false information, including penalties and interest, and all the property shall revert to Class 1. Further, the undersigned agrees to provide annual re-certification applications by October 1st in order to maintain eligibility and to allow access by Arizona Department of Commerce (Commerce) staff to the facilities for further documentation or clarification of reported information.

The undersigned further acknowledges that according to state statute Commerce shall notify the Department of Revenue and the county assessor if a certified small manufacturing business or commercial printing business closes, moves from the enterprise zone or fails to maintain its eligibility and the county assessor shall make the appropriate changes to the tax roll.

Signed: _____ Title: _____

Please print your name: _____ Date: _____

Please be sure that all of the questions are answered. ***The law requires, for reclassification in the next valuation year, that this application form be completed and submitted on or before October 1st of each year.*** Please submit this report to:

Enterprise Zone Program
Arizona Department of Commerce
1700 West Washington, Suite 600
Phoenix, AZ 85007-2812
Phone: (602) 771-1154 Fax: (602) 771-1208