

Return this signed application along with the signed Memorandum of Understanding and all supporting documentation to:

Military Reuse Zone Program
Arizona Commerce Authority
333 North Central Avenue, Suite 1900
Phoenix, AZ 85004

Questions can be directed to
cindyq@azcommerce.com

**Arizona Commerce Authority
MILITARY REUSE ZONE PROGRAM**

**AVIATION AND AEROSPACE COMPANIES APPLICATION
FOR TAX CREDITS AND PROPERTY RECLASSIFICATION
(For tax benefits under A.R.S. §41-1532 (B) and (C))**

Section A. Company Information

Company Name	_____	Base Tax Year ¹	_____
Mailing Address	_____	Tax Year	_____
City/State/Zip	_____	NAICS #	_____
Contact Name	_____	FEI Number	_____
Email Address	_____	Business Phone	_____
		Business Fax	_____

Name and location of the aviation/aerospace operation at the Military Reuse Zone (MRZ). If same as above, write "same as above"

NAME	ADDRESS	CITY/ZIP
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Due Date of State Income Tax Return:
(Applicant will provide prior notification to Commerce if it will file under an extension or otherwise change the due date)

Please provide a description of the business activities that qualify for MRZ status.

Please attach a Statement of Services from the airport authority at the MRZ regarding the services/products. This documentation is required before Commerce can acknowledge the eligibility of the company for MRZ benefits. The Statement of Services must be presented on the airport authority letterhead, must be signed by an authorized official and must contain a statement of use regarding the MRZ location and a status report regarding the start of construction.

¹ The base tax year is the year prior to the first tax year for which the business will claim credits.



What percentage of the company's product at the MRZ location is 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 businesses is purchased:	
Location	Percentage
Within the State of Arizona?	%
Outside the State of Arizona?	%
Outside of the United States?	%

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

If within Arizona, list counties: _____

If within the U.S., list states: _____

If foreign, list countries: _____

Please list the company's gross receipts at the MRZ location for the base tax year. \$ _____

Please list the company's gross receipts company-wide for the base tax year. \$ _____

Section B. MRZ Benefits Requested

Does the company have full-time employees primarily engaged in providing aviation or aerospace services or in manufacturing, assembling or fabricating aviation or aerospace products at the MRZ location? _____ Yes _____ No

Does the company plan to claim new job tax credits for jobs at the MRZ location? _____ Yes _____ No

Does the company have property devoted to providing aviation or aerospace services or to manufacturing, assembling or fabricating aviation or aerospace products at the MRZ location? _____ Yes _____ No

Does the company plan to request reclassification of real property at the MRZ location? _____ Yes _____ No

If yes, please provide the Parcel Numbers of Real Property for which reclassification is being requested:

What is the "full cash value" of the real property at the MRZ location?² \$ _____

Does the company plan to request reclassification of personal property at the MRZ location? _____ Yes _____ No

If yes, please provide the County Assessors Account Numbers for Personal Property for which reclassification is being requested:

What is the "full cash value" of the personal property at the MRZ location?² \$ _____

² This information can be found under "full cash value" on the owner's property tax bill and/or the business personal property tax statement sent by the County Assessor. If the real property is leased from an entity exempt from real property taxes, write "N/A".



Section B. Investment Information

What was the investment in fixed assets made by the company at the MRZ location during the base tax year? Include assets transferred into the zone from other company locations.

Buildings/Land	\$ _____
Equipment/Machinery	\$ _____
Total	\$ _____

Section C. Employee Information

What was the average number of FTEs at the MRZ location during the 4th quarter of the base year? _____

What was the average number of FTEs at the MRZ location in this tax year? _____

What was the gross payroll (excluding benefits) for the MRZ location in this tax year? \$ _____

What was the average hourly wage paid to employees at the MRZ location in this tax year? \$ _____

Does the company offer health insurance benefits to FTEs at the MRZ location? _____ Yes _____ No

If Yes, what percentage did the company pay? _____ %

Section D: Affidavit

I, as an officer of the company, swear that the information on this form and all other information provided to obtain MRZ benefits is true and correct. Further, the undersigned attests that:

Initial:

	The business location or contract activity is in a Military Reuse Zone;
	The applicant shall allow inspections and audits by the Arizona Commerce Authority as are reasonably necessary to verify the accuracy of the submitted information;
	The applicant meets the eligibility requirements under A.R.S. § 41-1532;
	The applicant has completed, signed and is submitting the required Memorandum of Understanding with this application;
	The applicant will file the MRZ Annual Report within 30 days of filing its Arizona tax returns for all years eligible for benefits;
	Agrees that to be considered complete, the applicant shall provide proof that it is registered with and is participating in the E-Verify program pursuant to ARS § 23-214(B) http://www.uscis.gov/portal/site/uscis ;
	In Accordance with ARS §35-393, certifies that the applicant does not have scrutinized business operations in Iran; and
	In Accordance with ARS §35-391, certifies that the applicant does not have scrutinized business operations in Sudan.

Signature of Authorized Company's Officer

Title

Print Name of Officer

Date

