

Return this signed application along with 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  
[cindyg@azcommerce.com](mailto:cindyg@azcommerce.com)

**Arizona Commerce Authority  
MILITARY REUSE ZONE PROGRAM**

**AVIATION AND AEROSPACE COMPANIES  
MRZ ANNUAL REPORT<sup>1</sup>**

(For companies claiming income tax credits or property reclassification under A.R.S. § 41-1532 (B) & (C))

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**Section A. Company Information**

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Company Name	_____		
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
_____		

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.) \_\_\_\_\_

Does the company still meet the requirements of A.R.S. § 41-1532? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has there been a material change in the business activities in this tax year? \_\_\_\_\_ Yes \_\_\_\_\_ No

**IF YES**, please describe the changes made. (Use an attachment if more space is needed.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<sup>1</sup> This annual report must be filed with the Arizona Commerce Authority within 30 days of filing Arizona tax return with the Department of Revenue.



**Section B. MRZ Benefits Received**

1. Did the company claim, use or carry forward an **income tax credit** in this tax year?  
 (If **Yes**, please answer the following) \_\_\_\_\_ Yes \_\_\_\_\_ No

What was the total amount of income tax credits **claimed** this tax year? \$ \_\_\_\_\_

What was the total amount of income tax credits **used** this tax year?  
 (Include carry forward amounts and current year credits.) \$ \_\_\_\_\_

What was the total amount of income tax credits **carried forward**?  
 (After subtraction of amounts used this tax year.) \$ \_\_\_\_\_

In each category please list the number of employees for which a tax credit was claimed during this tax year.

1 <sup>st</sup> year of employment	2 <sup>nd</sup> year of continuous employment	3 <sup>rd</sup> year of continuous employment	4 <sup>th</sup> year of continuous employment	5 <sup>th</sup> year of continuous employment

2. Did you receive **reclassification on real or personal property** this tax year?  
 (If **Yes**, please answer the following) \_\_\_\_\_ Yes \_\_\_\_\_ No

What was the total amount of the **tax savings** as a result of the reclassification? \$ \_\_\_\_\_

What were the **savings on real property** tax? \$ \_\_\_\_\_

What were the **savings on business personal property** tax? \$ \_\_\_\_\_

Please provide the Parcel Number of real property that was reclassified:  
 \_\_\_\_\_

Please provide the County Assessors Account Number for personal property that was reclassified:  
 \_\_\_\_\_

**Section C. Investment Information**

What was the investment in fixed assets made by the company at the MRZ facility during this tax year?

Buildings/Land \$ \_\_\_\_\_

Equipment/Machinery \$ \_\_\_\_\_

Total \$ \_\_\_\_\_



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**Section D. Employee Information**

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What was the average number of FTEs at the MRZ location during the 4<sup>th</sup> quarter of the previous tax year? \_\_\_\_\_

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

How many FTEs does the company plan to have at the MRZ location at the end of the next tax year? \_\_\_\_\_

What was the gross payroll (excluding benefits) for all employees at the MRZ location in this tax year? \$ \_\_\_\_\_

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

What was the gross payroll (excluding benefits) for employees on whom an income tax credit was claimed in this tax year? \$ \_\_\_\_\_

What was the average hourly wage paid to employees on whom an income tax credit was claimed in this tax year? \$ \_\_\_\_\_

In the application or in the last annual report employment goals were stated for this tax year. Please indicate how the above employment data relate to the employment goals established, e.g., met them, exceeded them, failed to meet them because.... (Use an attachment if more space is needed.)  
\_\_\_\_\_  
\_\_\_\_\_

Did the company offer health insurance benefits to full-time employees during this tax year? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, what percentage did the company pay? \_\_\_\_\_ %

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**Section E. MRZ Program Evaluation**

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

\_\_\_\_\_ Very important

\_\_\_\_\_ Important

\_\_\_\_\_ Not important

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**Section F. Affidavit**

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I, as an officer of the company, certify under penalty of perjury that the information contained herein is true and correct according to my best belief and knowledge after a reasonable investigation of the facts.

Further, I attest the company continues to meet the eligibility requirements of A.R.S. § 41-1532 and agree to submit an MRZ Annual Report every year the company is eligible for property reclassification or tax credits whether claimed, used or carried forward. Failure to submit the requested MRZ report within 30 days of the date of notice will result in revocation of eligibility for MRZ benefits.

\_\_\_\_\_  
Signature of Authorized Company Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

