

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  
APPLICATION FOR TRANSACTION PRIVILEGE TAX  
EXEMPTION**

(For TPT exemption under A.R.S. §41-1532(A))

**Section A. Company Information**

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

**Section B. Contract Information**

Requirements of the Contract. A.R.S. § 42-5075 (B)(4) provides the following:

“The gross proceeds of sales or gross income received from a **contract** entered into for the construction, alteration, repair, addition, subtraction, improvement, movement, wrecking or demolition of any building, highway, road, railroad, excavation, manufactured building or other structure, project, development or improvement located in a military reuse zone for providing **aviation or aerospace services** or for a manufacturer, assembler or fabricator of **aviation or aerospace products** within an active military reuse zone.... under section 41-1531. **To be eligible to qualify for this deduction, before beginning work under the contract the prime contractor must have applied for a letter of qualification from the department of revenue.**” (Emphasis added)

This application is being submitted because the company plans to enter or has already entered into a contract with a prime contractor that will result in the provision of aviation/aerospace services or products as stated above. Please describe the scope of the contract and specify the eligible activities that will result from the contract. **If the company has an executed contract please provide a copy.**

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Describe the location of the contract work.

What is the contract number?

\_\_\_\_\_ # \_\_\_\_\_

Anticipated start date of work under the contract?

(Please note: The prime contractor must apply for a Letter of Qualification from the Arizona Department of Revenue prior to beginning work under the contract. Failure to obtain the appropriate documentation prior to start of work will result in ineligibility for the transaction privilege tax exemption.)

Anticipated completion date of work under the contract?

1. City tax rate at MRZ location?

\_\_\_\_\_ %

2. Exempted tax rate. (State plus county tax rates)

\_\_\_\_\_ %

3. Total tax rate? (Add line 1 to line 2)

\_\_\_\_\_ %

4. Anticipated total cost of the contract pre-tax?  
(Base contract price excluding all taxes)

\_\_\_\_\_ \$

5. Anticipated total cost of the contract with all taxes?  
(Base contract price X 65% X line 3) plus base contract price

\_\_\_\_\_ \$

6. Anticipated total cost of the contract after the exemption?  
(Base contract price X 65% X line 1) plus base contract price

\_\_\_\_\_ \$

7. Estimated exemption amount? (Subtract line 6 from line 5)

\_\_\_\_\_ \$

**Please provide the name and address of your prime contractor, if known:**

Name \_\_\_\_\_ FEIN# \_\_\_\_\_

Address \_\_\_\_\_ City & Zip \_\_\_\_\_

**Please attach a Statement of Services from the airport authority at the MRZ regarding the company's 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 facility and a status report regarding the start of construction.

**Section C. Investment Information**

What was the investment amount in fixed assets made by the company at the MRZ in anticipation of this contract?

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

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

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

**Section D. Employee Information**

What was the number of full-time employees at the MRZ location in the tax year?

\_\_\_\_\_

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

\_\_\_\_\_ \$

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

\_\_\_\_\_ \$

Does the company offer health insurance to full-time employees:

Yes No

If Yes, what percentage does the company pay?

\_\_\_\_\_ %



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**Section E: Affidavit**

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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 meets the eligibility requirements under A.R.S. § 41-1532;
	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 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) <a href="http://www.uscis.gov/portal/site/uscis">http://www.uscis.gov/portal/site/uscis</a> ;
	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.

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Signature of Authorized Authority's Officer

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Title

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Print Name of Officer

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Date

