

Return this signed application and MOU 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
cindyq@azcommerce.com

**Arizona Commerce Authority
MILITARY REUSE ZONE PROGRAM**

**INSURERS APPLICATION
FOR PREMIUM TAX CREDITS
(For tax benefits under A.R.S. §41-1532 (F) and A.R.S. §20-224.04)**

Section A. Insurer Information

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

Name and location of the insurer's 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 Premium Tax Return:
(Applicant will provide prior notification to Commerce, if it will file under an extension or otherwise change the due date)

A.R.S. § 20-224.04(A) provides that a tax credit is allowed against the premium tax liability incurred by an insurer located in an MRZ. According to A.R.S. § 20-224.04(F)(2) an insurer is any entity that is subject to premium tax liability pursuant to sections 20-224; 20-837; 20-1010; 20-1060 or 20-1097.07 of Arizona Revised Statutes. Insurers must have a valid Certificate of Authority from the Arizona Department of Insurance to transact insurance business in Arizona. **Please provide the following information from the insurer's current Certificate of Authority.**

Corporate Name _____

State of Domicile _____

Effective Date _____

Authorities Granted: _____

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

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

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



Section B. 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 all employees at the MRZ location in this tax year? \$ _____

Did the insurer offer health insurance benefits to all employees at the MRZ location during this tax year? _____ Yes _____ No

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

Section C. Investment Information

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

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

Section D: Affidavit

I, as an officer of the insurer, 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) 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 Insurer's Officer

Title

Print Name of Officer

Date

