

Return this signed MOU and 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

**Arizona Commerce Authority
MILITARY REUSE ZONE PROGRAM**

**MEMORANDUM OF UNDERSTANDING
For Insurers
(AUTHORIZED UNDER A.R.S. §41-1532(D))**

**BETWEEN
and**

**ARIZONA COMMERCE AUTHORITY
ON BEHALF OF THE STATE OF ARIZONA**

Insurer Name _____

Mailing Address _____

City/State/Zip _____

FEIN _____

Base Tax Year¹ _____

Contact Name _____

Business Phone _____

Email Address _____

Business Fax _____

Name and location of the insurer's operation at Military Reuse Zone (MRZ). If same as above, write "same as above"

NAME

ADDRESS

CITY/ZIP

Employment Goals

MRZ statutes provide that the taxpayer must enter into a memorandum of understanding (MOU) with the State that contains employment goals. Each year the taxpayer shall report in writing to the Arizona Commerce Authority its performance in achieving the goals and set new goals for the following tax year. Provision of the following information will establish the goals.

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

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

How many FTEs does the insurer plan to have at the MRZ location at end of the next 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 FTEs at the MRZ location during this tax year? _____

Yes

No

If Yes, what percentage does the insurer pay? _____

%

¹ The base tax year is the year prior to the first tax year for which the insurer shall claim benefits.



Affidavit

In recognition of the tax benefits resulting from an eligible business activity in a designated Military Reuse Zone, the applicant acknowledges understanding of and agreement to:

1. Submit to the Arizona Commerce Authority within 30 days of filing its tax return an MRZ Annual Report regarding;
 - a. The insurer's performance in achieving the employment goals specified in this MOU;
 - b. The amount of tax benefits received each year; and
 - c. Other company data as requested by the Arizona Commerce Authority necessary for program administration and evaluation; and
2. Allow inspections and audits by the Arizona Commerce Authority as are reasonably necessary to verify the accuracy of the submitted information.

The applicant further acknowledges the right of the Arizona Commerce Authority to:

1. Revoke the MRZ eligibility upon failure to submit its report;
2. Stop, readjust or recapture all or part of the tax benefits as the result of failure by the applicant to meet the terms of this MOU;
3. Revoke MRZ benefits for failure to meet the requirements of A.R.S. § 41-1532; and
4. Notify the Arizona Department of Insurance (Insurance) of the conditions of noncompliance by the applicant.

In addition, the applicant acknowledges Revenue's and Insurance's right to require the filing of appropriate amended tax returns reflecting the recapture of the tax benefits upon notification by the Arizona Commerce Authority of noncompliance by the applicant with the terms of this MOU or the provisions of the MRZ statutes.

Finally, I, as an officer of the insurer, 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.

Name of Insurer Company

Signature of Authorized Insurer Officer

Print Name of Officer

Title

Date

Arizona Commerce Authority

Signature of Commerce Representative

Print Name

Title

Date

