



# Incentive Application

## Consolidated Incentive Act of 2003

### OFFICE USE ONLY

Project #

Project Manager

Date Received

### Incentive Program

Please select which of the following program(s) are applicable to this application:

**Job Creation:**

**Advantage Arkansas** (Income Tax Credit program)

**Investment:** (construction, expansion, modernization)

**Tax Back** (Sales and Use Tax Refund program)

For new or expanding businesses with a minimum required investment based on the tier in which the company locates. Tax Back must be combined with a job creation agreement.

### Applicant

Complete Company Name Filing for Advantage Arkansas Income Tax Credit

Physical Location of Project - Street Number/Street/City/State/Zip County

Name and Title of Local Company Contact

Phone Number

Company Contact E-mail Address

Company Website

**Information  
for Advantage  
Arkansas -  
Income Tax  
Credit**

Employer's Federal Tax ID Number \_\_\_\_\_

Arkansas Income Tax ID Number \_\_\_\_\_

**Ownership of Company** (Please check the appropriate box)

Individual

Partnership

LLC

Taxable Corporation  
(C Corporation)

Small Business Corporation  
(Sub S Corporation)

**If ownership of company is Individual, Partnership, LLC or Small Business Corporation, please provide the following information** (a separate attachment may be submitted if necessary):

Name(s) of Owner(s)	Percent Ownership	Social Security Number or Federal Tax ID Number

**When does your tax year end?** \_\_\_\_\_  
Month                      Date

**Information  
for Tax Back -  
Sales and Use  
Tax Refund**

Arkansas Sales and Use Tax ID Number \_\_\_\_\_

**If sales and use tax refund will be issued to an entity other than the applicant, please provide the following information:**

\_\_\_\_\_  
Complete Company Name Filing for Tax Back Sales and Use Tax Refund

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Mailing Address of Company Filing for Tax Back - City/State/Zip

**Employment**

Present employment: \_\_\_\_\_

Number of new employees resulting from this project: \_\_\_\_\_

Average hourly wage of new employees hired for this project: \$ \_\_\_\_\_

Total annual payroll of new employees hired for this project: \$ \_\_\_\_\_

**NOTE: To qualify for the income tax credits provided by the Advantage Arkansas program, the company must be an eligible business and meet the minimum payroll requirements for the Tier (county) in which the project is located. The Tier Map is available online at [www.ArkansasEDC.com](http://www.ArkansasEDC.com).**

**NAICS Classification Code**



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 Description of principal business activity, products manufactured, etc.

If the applicant is a computer-related company, office sector business, motion picture company or a scientific and technical services business, 51% of the applicant's sales revenue must be derived from out of state.

If the applicant is a distribution center, 75% of their sales revenue must come from out-of-state customers.

What percentage of the applicant's sales is derived from out of state? \_\_\_\_\_%

**NOTE: Information contained in this application is subject to audit by the Arkansas Department of Finance and Administration. If any of the above information is found to be inaccurate and does not qualify, the business will be decertified and shall not receive any benefits and may be required to repay any benefits received, plus penalty.**

**Consultant Information**  
(If Applicable)

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 Name of Consultant filing this application

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 Phone Number

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 Consultant Firm Name

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 Mailing Address

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 City/ State/ Zip

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 Consultant E-mail Address

## Project Plan

Please indicate the activity planned by the company associated with this application.

(Check all that apply)

**New Construction**     
  **Expansion of existing business**     
  **Modernization**

Estimated Start Date of Project: \_\_\_\_\_ Estimated Completion Date of Project: \_\_\_\_\_

<b>Project Description:</b>
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<b>Project Cost Estimates:</b>		
<b>Land:</b>	<b>Description:</b>	
		\$
<i>Land Total:</i>		\$
<b>Building:</b>	<b>New construction:</b>	
	<b>Expansion or Purchase of existing facility:</b>	
		\$
<i>Building Total:</i>		\$
<i>New Square Footage:</i>		
<b>Machinery and Equipment:</b>	<b>Description:</b>	
		\$
<i>Machinery &amp; Equipment Total:</i>		\$
<b>Total Estimated Project Cost:</b>		\$

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**Certification**

The undersigned authority, \_\_\_\_\_ acknowledges that he/she is  
Company Official (Printed Name)  
the owner or authorized official of the applicant company that has the authority to act on behalf of the applicant.

This affidavit is made for the specific purpose of verifying that the information contained in this application is true and correct. The applicant acknowledges that only those eligible project costs incurred and/or employees hired after the date this application is received by the Commission will be considered for refund or credit. The Advantage Arkansas program requires a separate financial incentive agreement, signed by the applicant company and the Commission, before hiring any new, full-time, permanent employees. **The applicant company does hereby agree to report new job creation and investment figures annually to the Arkansas Department of Finance and Administration for the term of the incentive agreement and to the Arkansas Economic Development Commission upon request.**

\_\_\_\_\_  
Signature of Company Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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**Contract Disclosure**

Any individual contracting with the State of Arkansas must make full disclosure if he or she is a current or former: member of the General Assembly, Constitutional Officer, Board or Commission member, State employee, or the spouse or immediate family member of any of the persons described herein; or if such persons having any position of control or any ownership interest of ten percent (10%) or greater in the entity currently applying to contract with the State. Please indicate if this disclosure is required for this application. Failure to disclose such information is a criminal offense and shall render any contract with the State of Arkansas null and void.

**Disclosure Required?:**  Yes or  No

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**Press Release Disclosure**

I  **do**  **do not** authorize the Arkansas Economic Development Commission to release to the press the new job creation and investment figures.

(Signing this authorization to release job creation and investment numbers is not mandatory. However, information about benefits received is public information and may be obtained through a Freedom of Information request filed with the Arkansas Department of Finance and Administration.)

\_\_\_\_\_  
Signature of Company Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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If you have questions about the incentive programs included in this application, please call the Arkansas Economic Development Commission at 501-682-7675 or visit the Commission's website at [www.ArkansasEDC.com](http://www.ArkansasEDC.com).

Submit this application to:  
**Business Development Division**  
**Arkansas Economic Development Commission**  
**1 Commerce Way, Suite 601**  
**Little Rock, AR 72202**

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#### **AEDC APPROVAL**

The Commission's approval of this application is based upon its content. The eligibility provisions of the individual incentive programs will be administered by the Arkansas Department of Finance and Administration upon audit at a later date.

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Signature of AEDC Incentives Manager