



Enterprise Zone Application Submission System



Important information for Internet Explorer 8 users.

**2015
VIRGINIA ENTERPRISE ZONE PROGRAM
General Income Tax Credit Qualification Form**

Print on 8 1/2" x 14" paper.
Read General Income Tax Credit Instruction Manual before completing this form.

Form EZ-6E (Existing Firms)

PART I: BACKGROUND INFORMATION

1. Zone Name Zone # Zone Designation Date Date Bus. Began Operation in Zone

2. Business Firm Legal Name Trading name, if different than Legal Name

3. Federal Employment ID# (FEIN) Activity # (First three digits of the NAICS. See Instruction Manual)

4. Principal Mailing Address City State Zip Code

5. Physical Address of Zone Establishment (if different from above) City/County/Town

6. Business Firm Contact Person Name Title Daytime Phone # E-mail Address

7. Federal Employment ID# (FEIN) of Parent Company If the Firm is Subsidiary, Name of the Parent Company

8. Check the type of Existing Business (If a business completed a NEW FIRM form 6N in a previous year, it must continue to submit NEW FIRM 6N forms for each year of its ten-year qualification period.)

Relocation from outside zone to zone Business was assumed or purchased

Located in zone prior to zone designation date

9. Check the type of Business Organization. (If "other", explain type.)

Sole Proprietor Partnership Corporation Other

S Corporation Limited Liability Company

10. Check the type of state tax that applies to this firm.

Corporate Income Tax Franchise Tax on Net Capital Individual Income Tax

Franchise Tax or License Tax on Gross Receipts

PART II: QUALIFICATION INFORMATION

1. This application is qualification year number(Check the appropriate #):

2 3 4 5 6 7 8 9 10

2. Qualification is requested for taxable year beginning (MM/DD/YYYY) and ending (MM/DD/YYYY).

3. Base taxable year for business firm beginning (MM/DD/YYYY) and ending (MM/DD/YYYY).

4. Employment Test (Note: PFTE=Permanent full-time employee.)

A. Average # of PFTE who were employed by the firm in Virginia, OUTSIDE the zone during the BASE year. A

B. Average # of PFTE who were employed at the firm's ZONE ESTABLISHMENT during the BASE year. B

C. Average # of PFTE who were employed by the firm in Virginia, OUTSIDE the zone during the QUALIFICATION year. C

D. Average # of PFTE who were employed at the firm's ZONE ESTABLISHMENT during the QUALIFICATION year. D

E. Average # of PFTE who were shifted or transferred to the firm's ZONE ESTABLISHMENT after the BASE year. E

F. Average # of PFTE who were employed at the firm's zone establishment during the qualification year and were not shifted or transferred employees. Subtract line (E) from line (D). F

G. Average # of NEW PFTE who were hired at the zone location after the base year. Subtract line (B) from line (F). G

H. Percent increase in the average # of PFTE. Divide line (G) by line (B) and multiply by 100. Round to the nearest whole percent. If line (B) = 0, divide line (G) by line (A). H %

I. Average # of NEW PFTE who meet the definition of low-income. I

J. Average # of NEW PFTE who are zone residents. J

K. Total # of NEW PFTE who are low-income or zone residents. Add line (I) and (J). K

L. Percentage of the increase in the average # of NEW PFTE who are low-income or zone residents. Divide line (K) by line (G) and multiply by 100. Round to the nearest whole percent. L %

4. ACTUAL tax liability attributable to the conduct of trade or business within the enterprise zone. \$

5. If the business firm was involved in a negotiated general income tax credit, enter the negotiated amount. \$

This application is qualification year number (negotiated firms check the appropriate #.)

- 1 2 3 4 5 6 7 8 9 10

PART III: DECLARATION

1. BUSINESS FIRM REPRESENTATIVE: I, the undersigned representative of the business firm for which this request is made, declare that this request has been examined by me and is, to the best of my knowledge, an accurate statement. I am authorized to sign on behalf of the applicant.

Signature Typed or Printed Name Title Date(MM/DD/YYYY)

2. CERTIFIED PUBLIC ACCOUNTANT: I, the undersigned, declare that this form has been prepared by me and is, to the best of my knowledge, an accurate statement; I further affirm that this business firm meets the requirements for becoming a qualified firm as set forth in the Rules and Regulations of the Virginia Enterprise Zone Program and that the establishment listed in Part I, Item 2 is located within the boundaries of the enterprise zone. I further affirm that I am licensed by the Commonwealth of Virginia and I am not an employee of the business firm which is seeking to qualify for State incentives under this Program.

Signature of CPA Typed or Printed Name Date(MM/DD/YYYY)
VA License # Daytime Phone # E-mail Address
Accounting Firm Address City State Zip Code

KEEP A COPY OF THIS FORM FOR YOUR RECORDS. Due date is **May 1st** of the calendar year subsequent to the taxable qualification year (Part II, Item 2). Applicants must send original application materials using one of the following mechanisms: 1) United States Postal Service certified mail, return receipt requested and postmarked no later than May 1st; 2) UPS, Fed Ex or other services where shipping can be tracked with a shipped date no later than May 1st. Hand delivery is accepted but not preferred and must be received by DHCD by the close of business on May 1st. Late applications are handled on a first come, first served basis, and may only receive tax credits if an outstanding tax credit balance for the program remains for that year. **Applications for a previous tax year (amended return) are NOT accepted.**

PART IV: COMMENTS

Please enter your notes here:

[Home](#) | [RPIG](#) | [JCG](#) | [CPA Attestation Report](#) | [General Income Tax Credit](#)

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